

Application
for
Classified Employment
with the
Orcas Island School District

Name _____
 Mailing Address _____

 Telephone (daytime) _____
 Telephone (evening) _____
 E-Mail Address _____
 Social Security Number _____

Application Routing

- I am applying for the following classified support service position: _____
- I am applying for the following co-curricular position: _____
- I am applying for substitute assignments in the following classified support service categories:

___ Para-Educator	___ Custodian	___ Food Service Department
___ School Offices	___ Maint/Grounds Technician	___ Transportation Department
___ Technology Specialist	___ Business Office	___ Other Professional Technician

General Information

Present Employer _____ May we contact? __Yes __No
 Your Position _____ __Full Time __Part Time
 Annual Salary \$ _____ Are you currently on a "lay off" status, subject to recall? __Yes __No
 Name of supervisor _____ Telephone _____

Are you physically and otherwise able to perform the duties of the job for which you are applying? __Yes __No

Are you prevented from lawfully becoming employed in this country because of immigration status? __Yes __No
 Proof of citizenship or immigration status will be required upon employment.

Have you ever been employed by OISD before? __Yes __No
 If yes, when and in what capacity? _____
 Name of supervisor: _____

Have you ever been employed by another school district before? __Yes __No
 If yes, when and in what capacity? _____
 Name of school/school district _____

Have you ever been convicted of a crime? __Yes __No
 If yes, what was the type of offense and the date of conviction?

 (Conviction will not necessarily disqualify an applicant from employment.)

You do understand that Washington law requires fingerprint background checks of all school employees through the Washington State Patrol and the FBI? __Yes __No

Can you travel if a job requires it? __Yes __No

If hired, on what date would you be available to report for work? _____

Education

Please list all schools you have attended. You may include your elementary, middle and high school education and any colleges, universities, vocational/technical and/or professional training institutes you have attended.

School Name City & State	Dates Attended	Full time Part time	Diploma Degree	Course of Study

Special Skills and Qualifications

Please summarize special job-related skills and qualifications acquired from employment or other experiences.

References

List three references who have first hand knowledge of your character, personality, talents and abilities:

Name/Address	Area Code/Telephone/ email	In what capacity did they become familiar with you/your work?

Employment Experience

Please provide the following information, starting with your present or last job. If you need additional space, please continue on a separate sheet of paper or attach your current resume.

Dates From-To	Position Title/Description	Salary or Wage/Hr	Employer Name and Address	Name of Supervisor & Telephone
			-----	-----
Reason for Leaving:				
			-----	-----
Reason for Leaving:				
			-----	-----
Reason for Leaving:				
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Reason for Leaving:				
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Reason for Leaving:				
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Reason for Leaving:				
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Reason for Leaving:				

Please list any volunteer positions, participation in civic activities and/or offices you have held:

Military Service, Peace Corps, VISTA, etc.

Dates: From-To	Organization	Duties, Rank, etc.

Personal Information

List your hobbies, special interests or travel that you would like to share:

Briefly explain why you are interested in the Orcas Island School District:

Would you be willing to come for an interview at your own expense? Yes No

Applicant's Statement:

I hereby certify that the information herein is a true and complete statement of my personal and work history to date to the best of my knowledge.

I authorize the Orcas Island School District to check my references and investigate any information provided in my application for employment. I am aware I may exclude naming any organization in this application that may indicate my race, color, religion, gender, sexual orientation, including gender identity, age, marital status, national origin or disability.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by the laws and regulations of the state of Washington and the policies/procedures of the Orcas Island School District.

Signature of Applicant

Date of Application

Applicant Information:

All applicants are screened on the basis of application materials submitted. This application for employment shall be considered active for a period of time not to exceed one year. Send all application information to:

**Superintendent of Schools, Orcas Island School District
557 School Road, Eastsound, Washington 98245**

A copy of the negotiated Agreement between the OISD and the Public School Employees union is available in the district office for inspection by applicants for classified support service positions.

OISD complies with all federal rules and regulations and does not discriminate on the basis of race, color, national origin, gender, sexual orientation including gender identity, religion, age, marital or veteran status or disability. This holds true for all district employment and opportunities. Inquiries regarding compliance procedures may be directed to the Title IX/RCW Officer (Superintendent of Schools) at 557 School Road, Eastsound, Washington 98245, or the Section 504 Coordinator (School Counselor) at 715 School Road, Eastsound, Washington 98245.

Thank you...

for your time, effort and interest in submitting this application to the Orcas Island School District.

APPLICANT PROFILE DATA SURVEY

Completing this form will enable Washington State to assess the many talents and skills that are available throughout the workforce. To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential, and will be available *only* to authorized personnel.

Name: _____ Date: _____

1. IS YOUR ETHNIC GROUP: Check either Yes or No

Hispanic/Latino **YES** **No**

2. RACE CATEGORIES: Check all that apply:

AMERICAN INDIAN/ALASKA NATIVE (I): A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

ASIAN (A): A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent; including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

BLACK (B): A person having origins in any of the Black racial groups of Africa.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (P): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE (W): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

3. Gender: ___Male ___Female

4. Have you ever been on active duty in the U.S. Armed Services?

___No ___Yes (if Yes, see 4a and 4b)

4a. Dates served: from: _____ to _____

4b. Are you a disabled veteran? Yes (____%) No

5. Do you have any physical, sensory, or mental condition that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself or performing manual tasks? No Yes

Date of Birth: ___/___/___ Signature: _____

Please assist our agency in its recruitment efforts by indicating how you learned of this career opportunity.

___ Recruitment Announcement

___ District Website

___ Newspaper

___ Other Professional Listing/Service _____

___ Other Website (please specify) _____

___ Other _____

Thank you for responding to our survey.