



LAKEWOOD

SCHOOL DISTRICT

APPLICATION PROCEDURES FOR CLASSIFIED SUBSTITUTE EMPLOYEES

Thank you for applying to be a substitute with the Lakewood School District. Our application procedures are as follows:

1. Complete a district Classified Substitute Application Packet which includes:
 - a) Employment Application - Classified
 - b) Applicant Disclosure Statement
 - c) Applicant Optional Data (Equal Opportunity Employer Form).
2. Those applying for Paraeducator positions will need to provide proof of:
 - a) High school diploma and completion/passing of the ParaPro Assessment Test

Or

 - b) High School Diploma and an Official Transcript with an Associate's Degree, or 2 years of college with 72 credits earned
3. Call 360-652-4500 to schedule an interview with Tim Haines, Executive Director of Human Resources.
4. Washington State Law requires that any person hired by a school district must be fingerprinted for a state and a national background check. Receipt of that clearance is a requirement for employment. The cost of this background check is \$50.00 payable to O.S.P.I. Cash is not accepted. The cost is to be paid by the applicant.

The district will supply the fingerprint card. After you have had your fingerprints taken, you will need to bring the card, along with the \$50.00 to the Human Resources Office. The district will mail the fingerprint cards and payment to O.S.P.I. for processing.
5. All Substitute employment is contingent upon satisfactory completion of a background investigation, which will include sexual misconduct allegations and convictions.

If you have any questions, please call Tina Bustad, Human Resources Officer at (360) 654-2071.

LAKEWOOD SCHOOL DISTRICT #306
APPLICATION PACKET
CLASSIFIED SUBSTITUTES

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP _____

WORK PREFERENCES:	<u>GRADE LEVELS</u>	<u>SUBJECT</u>
1 st Preference	_____	_____
2 nd Preference	_____	_____
3 rd Preference	_____	_____

Special Consideration: (Preferred days, hours)

EMPLOYMENT APPLICATION – CLASSIFIED SUBSTITUTE

Lakewood School District #306

P.O. Box 220

North Lakewood, WA 98259

www.lwsd.wednet.edu

Print Last Name _____ First Name _____ Middle Name _____

Present Address _____ Phone _____

Social Security # _____ E-Mail Address _____

EDUCATIONAL TRAINING

	School/Institution Location	Degree	# of years	Year Graduated
High School/G.E.D.				
College/University				
Vocational School				

Non-credit night school, correspondence courses, other education and training. (List name of course, grade achieved, and year taken.)

List any other education, training, special skills, or certificates/licenses you possess.

List any machines or equipment you are qualified and experienced at operating

WORK EXPERIENCE – List work experience beginning with the most recent

Dates From-To (month/yr)	Employer or Company Name and address	Job title and describe your work	Reason for leaving	Supervisor Name Title/Position and Telephone Number	May we contact?

MILITARY

From _____ To _____ Branch of Service _____ Name of Supervisor _____ Type of Discharge _____

Personal References:

EMPLOYMENT HISTORY (please indicate your responses and attach explanations for any questions, 1-12, for which you have answered YES)

Yes No 1. Are you presently under contract? If Yes, with whom? _____

What is your present position/title? _____

Yes No 2. Are you a former employee of the Lakewood School District? _____

If Yes, state name, date, and position _____

Yes No 3. Are you applying as a retire/rehire employee?

Yes No 4. Have you ever been on a plan of improvement or probation plan?

Yes No 5. Have you ever been placed on administrative leave pending investigation of allegations of misconduct?

Yes No 6. Have you ever been the subject of a complaint to the Superintendent of Public Instruction or any other disciplinary board or licensing body?

Yes No 7. Have you ever resigned or otherwise separated from any employment (inclusive of regular or extra curricular positions) in order to avoid discharge or non-renewal?

Yes No 8. Have you ever been discharged or non-renewed from any employment (inclusive of regular or extra-curricular positions)?

Yes No 9. Within the last ten years, have you ever pled guilty, been convicted, fined, imprisoned, or placed on probation for violation of any law, police regulation, or ordinance, excluding minor traffic violations? (Note: a conviction record will not necessarily bar you from employment.)

Yes No 10. Do you have any arrests for which you are awaiting trial?
If you answer YES to questions 8 or 9, please identify, on a separate attached page, the conviction(s) or arrest(s), the state in which the arrest(s) or conviction(s) took place and any other facts and circumstances that you would like us to consider. (Note: convictions or arrests will not automatically bar employment.)

Yes No 11. Have you ever had a certificate revoked, suspended, or denied, or have you voluntarily relinquished a teaching certificate to avoid revocation procedures?

Yes No 12. Can you, after an employment offer is made, submit verification of your right to work in the United States?

SIGNATURE

I authorize Lakewood School District to make any investigation of my personal, educational, vocational, or employment history. I further authorize any former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the Lakewood School District with information they have regarding me. I hereby release and discharge the Lakewood School District and those who provide information from any and all liability as a result of furnishing, receiving, or using this information.

In the event of employment, I understand that if I provide false or misleading information, including omissions in my application or interview(s), I will be subject to dismissal at any time during my period of employment with the Lakewood School District. I will provide verification of my certification, education, and experience. I understand also that any offer of employment that may be made to me is conditional and subject to verification of all required endorsements, certifications and/or documents and acceptable outcome of a criminal history background information check. Employment is subject to final approval of the Lakewood School District’s Board of Directors. I also agree to abide by all rules and regulations of the Lakewood School District. I certify that answers given herein are true and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

In accordance with RCW49.60, the Lakewood School District does not discriminate in employment and schools. The Lakewood School District provides Equal Educational and Employment Opportunity without regard to race, creed, color, national origin, sex, handicap/disability, sexual orientation including gender expression or identity, creed, religion, age, veteran or military status, use of a trained dog to guide or service animal by a person with a disability, and provides equal access to the Boy Scouts and designated youth groups. The district complies with all applicable state and federal laws and regulations to include, but not limited to, Title IX, Title VI of the Civil Rights Acts, Section 504 of the Rehabilitation Act, RCW 49.60 "The Law Against Discrimination," and RCW 28A.640 "Sex Equity," and covers, but is not limited to, all district programs, courses, activities, including extracurricular activities, services, access to facilities, etc. Inquiries regarding compliance procedures should be directed to Lakewood School District, 17110 16th Drive NE, Marysville, WA 98271, Attention: Title IX and Civil Rights Officer, Tim Haines 360-652-4500, thaines@lwsd.wednet.edu or ADA Compliance Officer and Section 504 Compliance Officer, Lissan Wiipfli, 360-652-4500, lwipfli@lwsd.wednet.edu

LAKEWOOD SCHOOL DISTRICT #306
APPLICANT DISCLOSURE STATEMENT

Pursuant to the requirements of RCW 43.43.834 and Washington Administrative Code 246-320-105, we must ask you to complete the following Disclosure Statement. This information will be kept confidential.

1. Have you ever been convicted of a crime?

_____Yes _____No

If "yes", please identify the offense(s), provide the date(s) of the conviction(s), the name of the court, (e.g. King County Superior Court) and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings as well as finding by DSHS or the Department of Health that you have not administratively challenged or appealed.

_____Yes _____No

If "yes" please identify the specific finding(s), which agency or court made it, the date(s) of the finding(s) and the penalty(ies) imposed.

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.* I have signed this Disclosure Statement on the date shown below at _____, Washington.

Date: _____

Signature: _____

Print Name: _____

*You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

LAKEWOOD SCHOOL DISTRICT

Applicant Optional Data

Lakewood School District is an Equal Opportunity Employer. In completing the following data you will assist us in monitoring our Equal Employment Opportunity effectiveness. The following information is **STRICTLY VOLUNTARY** and will not be part of your application for employment. Any information provided will be kept confidential. If you choose not to answer any of these questions, you will not be subject to any adverse treatment.

Name: _____

Date: _____

Position you are applying for: _____

GENDER:

Female ☐

Male ☐

ETHNIC GROUP:

I consider myself to be a member of the following ethnic group:

<input type="checkbox"/>	Asian or Pacific Islander	Chinese, Japanese, Korean, Hawaiian, Samoan, Filipino and Peoples of the Far East and Southeast Asia
<input type="checkbox"/>	Black (not Hispanic)	Black or African American descent
<input type="checkbox"/>	Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin
<input type="checkbox"/>	American Indian	Native American Indian descent, including Canadian and Alaskan natives
<input type="checkbox"/>	Multiracial	More than one ethnic group
<input type="checkbox"/>	Caucasian	White American
<input type="checkbox"/>	Other (Please Specify)	

DISABLED STATUS:

Do you have a physical, sensory, or mental condition that would affect your working conditions? Yes ☐ No ☐
(Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.)

AGE GROUP:

Are you in the protected age group (age 40 or over?) Yes ☐ No ☐

VETERAN STATUS:

Check if any of the following are applicable:

- ☐ Vietnam-Era Veteran
☐ More Recent Military Action Veteran
☐ Disabled Veteran

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