

Please list any honors/achievements you have received in coaching/activities:

Have you accumulated any clock hours from coaching/extra curricular activities? NO _____ YES _____
If Yes, # of hours: _____

Do you have the following?

First Aid Card: NO _____ YES _____ Expiration Date _____
CPR Card: NO _____ YES _____ Expiration Date _____
Van Driver's License: NO _____ YES _____ Expiration Date _____

List three references that are knowledgeable about your coaching/activities qualifications:

Name Title Address Telephone

If an offer of employment is made, new employees must complete a fingerprint check by the Washington State Patrol and the Federal Bureau of Investigation. Any offer of employment is conditional upon the successful outcome of the criminal history background check and completion of a first aid/CPR course.

Classified staff that would be in an overtime situation (more than 40 hours per week in cumulative work hours) if they received this position are not eligible for this opening.

Applicant Signature

Date

The Nine Mile Falls School District prohibits discrimination based on race, color, religion, creed, national origin, gender, marital status, age, pregnancy, or the presence of a disability or any other basis prohibited by law. The Nine Mile Falls School District is an equal opportunity employer, supports the spirit, policies, and practices for affirmative action, and has implemented programs to address the diversity of our community. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/RCW 28A.640 Compliance Officer Debbie Lahue and 504/ADA Coordinator Marc Bell (509) 340-4300.

Nine Mile Falls School District #325
 10110 W Charles Rd.
 Nine Mile Falls, WA 99026
 (509) 340-4300 FAX (509) 340-4301

PRE-EMPLOYMENT BACKGROUND QUESTIONNAIRE

Please complete the following questions and sign the declaration. All questions must be answered. All required documentation requested below must accompany this form. If additional space is needed, attach separate sheets of paper.

SECTION I – PERSONAL INFORMATION			
	Last	First	Middle
1. Name:			
2. Mailing Address	City	State	Zip
3. Home Phone Number	Message Phone Number		
4. Please list all former names you have used when working for another employer or by which you are known.			
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SECTION II – PERSONAL FITNESS		
If you answer “yes” to any questions 1-4, give a complete explanation, including dates, circumstances, and supporting documentation on a separate sheet of paper.		
Y	N	
		1. Have you ever been dismissed, discharged or fired from any employment?
		2. Have you ever resigned from or otherwise left any employment while allegations of misconduct on your part were pending or under investigation?
		3. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
		4. Are you currently the subject of any investigation or inquiry by an employer because of allegations of misconduct or harassment on your part or have you ever been found guilty of misconduct or harassment by an employer?

SECTION III – PROFESSIONAL FITNESS		
Y	N	
		1. Are you able to perform the essential functions of a certificated position with or without reasonable accommodation?
		2. Do you currently use illegal drugs?
		3. Have you used illegal drugs in the last year? If you answer “yes”, explain on a separate sheet of paper.
		4. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor? If yes, attach copies of all court orders entered in the proceeding.
		5. Have you ever been found in any dependency or domestic relation matter to have physically abused any person? If yes, attach copies of all court orders entered in the proceeding.

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IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS 1 THROUGH 8 OF SECTION IV, PLEASE PROVIDE THE FOLLOWING:

- 1) A detailed statement including what occurred, the nature of the offense, charge or warrant. 2) The name and address of the arresting agency. 3) The date of arrest. 4) The final disposition, if any. 5) If a court was involved, the name and address of the court. 6) The complete arrest report, sentence and judgment. 7) A complete driving abstract for five years if the arrest was driving related.

SECTION IV – CRIMINAL HISTORY

1. CHECK ANY OF THE FOLLOWING FOR WHICH YOU HAVE BEEN CONVICTED, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED: (the term "convicted" includes all instances in which a finding of guilty, a plea of guilty or nolo contendere, or stipulation to facts or deferred or suspended sentence occurred.)

<input type="checkbox"/> Custodial Assault	<input type="checkbox"/> First, Second, or Third Degree Child Molestation	<input type="checkbox"/> First or Second Degree Manslaughter	<input type="checkbox"/> First, Second or Third Degree Assault of a child
<input type="checkbox"/> First or Second Degree Sexual Misconduct with Minor(s)	<input type="checkbox"/> First, Second, or Third Degree Rape	<input type="checkbox"/> First, Second, or Third Degree Assault	<input type="checkbox"/> Patronizing a Juvenile Prostitute
<input type="checkbox"/> First or Second Degree Robbery	<input type="checkbox"/> Simple Assault	<input type="checkbox"/> Selling or Distributing Erotic Material to Minor(s)	<input type="checkbox"/> Indecent Liberties
<input type="checkbox"/> First or Second Degree Custodial Interference	<input type="checkbox"/> Sexual Exploitation of Minor(s)	<input type="checkbox"/> Felony Indecent Exposure	<input type="checkbox"/> Incest
<input type="checkbox"/> Communication with a Minor for Immoral Purposes	<input type="checkbox"/> Vehicular Homicide	<input type="checkbox"/> First, Second, or Third Degree Rape of a Child	<input type="checkbox"/> First Degree Arson
<input type="checkbox"/> Unlawful Imprisonment	<input type="checkbox"/> Child Abandonment	<input type="checkbox"/> First Degree Burglary	<input type="checkbox"/> Malicious Harassment
<input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020	<input type="checkbox"/> Aggravated Murder	<input type="checkbox"/> Criminal Abandonment	<input type="checkbox"/> Violation of Child Abuse Restraining Order
<input type="checkbox"/> First or Second Degree Murder	<input type="checkbox"/> First or Second Degree Criminal Mistreatment	<input type="checkbox"/> Child Buying or Selling	<input type="checkbox"/> First or Second Degree Kidnapping
<input type="checkbox"/> Promoting Pornography	<input type="checkbox"/> First Degree Promoting Prostitution		

Y	N	
		2. Have you been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult as defined in RCW Chapter 43.43.830(6) as amended, and listed as follows: First, second, or third degree extortion, first, second or third degree theft; forgery, or any of these crimes as they may be renamed?
		3. Have you ever been found in any dependency action under RCW Chapter 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
		4. Have you ever been found by a court in a protection proceeding under RCW Chapter 74.34 to have abused or financially exploited a vulnerable adult?
		5. Have you ever been found in any disciplinary board final decision, or by the director of the department of licensing in the following businesses or professions, to have sexually or physically abused any minor, or developmentally disabled person, or to have abused or financially exploited any vulnerable adult: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, psychology, real estate brokers, and salesperson?
		6. Have you ever been convicted of any crime? For the purpose of this question "convicted" includes (1) all instances in which a plea of guilty or nolo contendere is the basis of conviction, and (2) all proceedings in which a sentence has been suspended or deferred. You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed.
		7. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in Washington or any other state, province, territory, and/or country?
		8. Are you presently under investigation in any jurisdiction for possible criminal charges? If yes, identify agency and location (street address, city, state)

CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.

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CERTIFICATION, AUTHORIZATION AND RELEASE

CERTIFICATION

I, _____ certify (or declare) under perjury of the laws of the State of Washington that all information included in the questionnaires and application for employment in the Nine Mile Falls School District is true and correct.

I understand I must answer the application and questionnaires truthfully and completely. I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application.

Any falsification or misrepresentation, including omission of a material fact or failure to complete any part of the application or questionnaires can be sufficient grounds for denial of employment or my discharge should I become employed with the Nine Mile Falls School District.

If the information provided or answer(s) to any questions on the application or the Pre-Employment Background Questionnaires change prior to my being hired, I understand that I must immediately notify the Nine Mile Falls School District.

Signature

Date

AUTHORIZATION AND RELEASE

My signature below authorizes the Nine Mile Falls School District to conduct a background investigation and authorizes the release of information in connection with my application for employment. The investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources.

I waive my right of access to any such information, and without limitation hereby release the Nine Mile Falls School District and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: The Washington State Patrol and the Federal Bureau of Investigation of data on criminal convictions or certification that no data on criminal convictions are maintained, information from OSPI, any information from any Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigation involving me. I understand that my fingerprints will be required for this process.

Print Name

Signature

Date

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VOLUNTARY AFFIRMATIVE ACTION PROGRAM QUESTIONNAIRE

For the purpose of effectively implementing the Nine Mile Falls School District's Affirmative Action Plan, we would appreciate you providing the information below. This is entirely voluntary and will remain confidential. This information will not be filed with nor made a part of your application. Your response to the following questions will assist the Nine Mile Falls School District in accurately reporting their employment practices to state and federal agencies.

Name:	Date:
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POSITION APPLIED FOR:

Administrative Certificated Classified

RACE:

Native American Asian American African American

Caucasian Other-Specify: _____

GENDER:

Male Female

DISABILITY:

Please state the nature of your disability: _____

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