



Classified Employment Application Packet

Application Process:

1. Access the Classified application form from the [District Employment page](#).
 2. Complete all required information, then email, mail or deliver to the address below.
 - **Email signed copy to** hr@lopezislandschool.org or,
 - **Mail or deliver signed copy to:**
Human Resources
Lopez Island School District #144
86 School Road
Lopez Island, WA 98261
- Contact Human Resources at (360) 468-2202 ext 2303 with any questions about this process.

A complete Classified application must include the following documents:

- ☐ Letter of intent indicating the job title, posting number, and your training and/or experience as it relates to the position.
- ☐ Classified application completed and signed.
- ☐ Current resume.
- ☐ Completed and signed 'Disclosure/Background Check Authorization' form.
- ☐ Completed and signed 'Sexual Misconduct Disclosure Release' form. Complete one form for **each** school district in which you have been employed.
- ☐ **Para educator position* applications must include the following:**
 - College Transcripts reflecting AA degree earned, or
 - College Transcripts reflecting at least 70 credits successfully completed, or
 - Certificate of successful completion of the [ETS Para Pro Assessment](#) (or willingness to complete this assessment within 30 days of hire).

**Does not apply to substitute para educator applicants.*

We will only screen complete application packets. We keep applications on file for one year. During that time if you wish to apply for another position please email an updated letter of intent and reference the job code. We will reference your application on file for the position.

Our District commitment to non-discrimination: The Lopez Island School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination: Civil Rights Compliance Coordinator, Superintendent Brady Smith – bsmith@lopezislandschool.org, HR Specialist and Title IX Coordinator Beth Stanford – bstanford@lopezislandschool.org, Section 504 Academic Case Manager, K-12 Counselor Robb Ellis – rellis@lopezislandschool.org, OR contact by phone, 360-468-2202, OR mail to 86 School Rd, Lopez Island, WA 98261.



APPLICATION for CLASSIFIED EMPLOYMENT

Position Applying for:	Position #:	Substitute <input type="checkbox"/>
Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you a 2008 ERFs retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Personal Information

Last Name	First Name	M.I.	Former Name(s)
Mailing address: Street		City	State ZIP
Home phone #- Primary? <input type="checkbox"/>		Cell phone #- Primary? <input type="checkbox"/>	Work phone #- Primary? <input type="checkbox"/>

Education

Please list all schools attended. If you are applying for a Para educator position (non-substitute), please include college transcripts or evidence of successful completion of the [ETS Para Pro Assessment](#).

Name of High School	City	State	Dates Attended	Diploma Earned?
Name of School	City	State	Dates Attended	Degree Granted
Name of School	City	State	Dates Attended	Degree Granted
Name of School	City	State	Dates Attended	Degree Granted

Work Experience

1	Dates Employed	Employer	Position
	Reason for leaving		Supervisor's Name
2	Dates Employed	Employer	Position
	Reason for leaving		Supervisor's Name
3	Dates Employed	Employer	Position
	Reason for leaving		Supervisor's Name
4	Dates Employed	Employer	Position
	Reason for leaving		Supervisor's Name

References

Please list three references. These references must include current or most recent (if not currently employed) employer or supervisor and who have first-hand knowledge of your professional ability, character and personality. Please do not include family members or relatives.

Name	Phone #	Company Name	Relationship
Name	Phone #	Company Name	Relationship
Name	Phone #	Company Name	Relationship

If you wish to place any restrictions on contacting these or other references, please explain.

General Information

Please identify your strengths and skills below: What interests, hobbies, life experience do you have that will contribute to this position?

Date available to start work

All information given on this application is true and accurate. I understand that any deliberate falsification on the application or on my enclosed resume can be grounds for dismissal. Should I be offered the position, I agree to be fingerprinted for a background check from the Washington State Patrol and the FBI at my expense, with results made available to district officials. I understand that all Lopez Island School District property is a drug, alcohol and smoke free work environment.

Signature

Date



AFFIRMATIVE ACTION QUESTIONNAIRE

PRINTED NAME (Last, First)

Date

Discrimination in the Lopez Island School District is prohibited under Title VII of the Civil Rights Act of 1964. Recognizing the legal as well as social obligation to make equal employment opportunity a reality, the San Juan Island School District is implementing an Affirmative Action Program. The goal of the program is proportionate representation of the entire community at all levels of the School District's program.

For the purpose of effectively implementing the 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, or made part of your application.

PLEASE CHECK THE APPROPRIATE ITEMS IN EACH OF THE FOLLOWING CATEGORIES:

☐ Male ☐ Female

PLEASE INDICATE THE ETHNIC GROUP TO WHICH YOU FEEL YOU MOST BELONG:

☐ Caucasian ☐ Hispanic ☐ American Indian
☐ Asian/Pacific Islander ☐ Black/African American ☐ Other

OPTIONAL EMPLOYMENT QUESTIONNAIRE

Section 504 of the Rehabilitation Act of 1973 and Section 402 of P.L. 93-508, Viet Nam Era Veterans Readjustment Act of 1974 encourages the employment of handicapped persons and Viet Nam Era Veterans.

The information solicited on this form is for the use of the Lopez Island School District No. 144 pursuant to its voluntary affirmative action efforts. The information is requested on a voluntary basis and will be kept confidential. Refusal to provide the requested information will not subject you to any adverse treatment and will not prejudice your application for employment.

Title of position applied for:

CHECK APPROPRIATE ANSWER:

	YES	NO
1) Do you have a disability? If yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
2) Are you a Veteran?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you a Viet Nam Era Veteran? (Service between 8/5/64 & 5/7/75)	<input type="checkbox"/>	<input type="checkbox"/>
4) Are you 40 or more years old?	<input type="checkbox"/>	<input type="checkbox"/>

I do not wish to provide the information requested. ☐



DISCLOSURE/BACKGROUND CHECK AUTHORIZATION

UNDER RCW 43.43.830 public school districts in the state of Washington are authorized to conduct a criminal history check on all potential employees and volunteers. The Board of Directors of the Lopez Island School District has determined that all potential employees will be subject to this check as a condition of employment. Please provide the information requested below in order to facilitate this process.

Full Legal Name (Last, First MI)	
Date of Birth	
Place of Birth	
Current Address	
Phone Number	
Driver's License # & State	

HAVE YOU EVER BEEN?

- 1) Convicted of any crime against persons (reckless endangerment; simple assault; unlawful imprisonment; communication with a minor; first degree promoting prostitution, vehicular homicide, incest, indecent liberties; first or second degree extortion; first, second or third degree statutory rape; first, second, or third degree rape; first, second or third degree assault; aggravated murder; first or second degree murder; first or second degree kidnapping; sexual exploitation of minors; first or second degree criminal mistreatment?)
☐ YES ☐ NO
- 2) Found in any dependency action under RCW 13.34.030 to have sexually assaulted or exploited any minor or to have physically abused any minor?
☐ YES ☐ NO
- 3) Found by a court in domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
☐ YES ☐ NO
- 4) Found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?
☐ YES ☐ NO
- 5) Found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?
☐ YES ☐ NO
- 6) In the last seven years released from prison or convicted of any offense that involves drugs, embezzlement, or fraud?

If you answered yes to any of the above questions, please explain here:

I hereby authorize Lopez Island School District, San Juan County Sheriff's Department and/or the Washington State Patrol to conduct a criminal background check as a condition of employment as authorized in RCW 43.43.830, RCW 13.34.030 and RCW 9A72085.

Signature of Applicant

Date



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

To :	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	PERSONNEL DEPARTMENT	
	STREET ADDRESS	
	CITY, STATE, ZIP	
	FAX #	

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 181-87 and WAC 181-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed below, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature	Date
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This section to be completed by former school district employer(s) only.

<input type="checkbox"/> No sexual misconduct materials were found. <input type="checkbox"/> Yes, sexual misconduct materials are available. Please contact for more information. <input type="checkbox"/> No record of employment	Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No
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_____ Former Employer Representative Signature	_____ Title	_____ Date
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Return all completed information to:

SCHOOL DISTRICT Lopez Island School District – Attention HR		
ADDRESS 86 School Road, Lopez Island		PHONE 360-468-2202
STATE WA	ZIP 98261	FAX 360-468-2212

Employing School Receipt

Date: _____

Received By: _____

FORM SPI 1588 (Rev. 7/17)

FINGERPRINTING FOR SCHOOL DISTRICT EMPLOYEES

This is only a consideration after hire

Employment is contingent on verification. Fingerprint records and background checks are required by Washington state law for:

- Applicants who do not possess a valid Washington teaching certificate at the time of application. ([RCW 28A.410.010](#))
- New employees of a school district, an educational service district, state school for the deaf, state school for the blind, and their contractors who have regularly unsupervised access to children be fingerprinted for a background record check. ([RCW 28A.400.303](#))

Please contact the ESD of your choice for information regarding the submission of your fingerprints through the live scan process and method of payment accepted. The Anacortes office (NWESD) is closest to Lopez, although you may choose any of the 9 locations.

Northwest ESD 189

1601 R Avenue,

Anacortes 98221

360-299-4000

<https://www.nwesd.org/fingerprinting/>

NWESD provides LiveScan fingerprinting services using digital technology, which creates high-quality prints that are transmitted directly to the Washington State Patrol (WSP) and Federal Bureau of Investigations (FBI) enabling a faster turn-around time for fingerprint clearance than the traditional ink method. The results of the WSP and FBI background check are forwarded to OSPI and entered into the online Educational Data System (EDS).

To be fingerprinted at NWESD, you will need:

- Picture ID (driver's license, passport, etc.)
- Appropriate payment as outlined below
- Expect the process to take approximately 30-40 minutes

Fingerprinting is available by appointment only and on weekdays between the hours of 8:30 a.m. and 3:30 p.m. Fingerprinting fees are approximately \$80, of which \$45.25 transfers directly to OSPI for the WSP and FBI background check fee. This fee is the responsibility of the applicant. ***Appointments are required!***

Another option you have is to get Fingerprinted at the Sherriff's office on Friday Harbor, and then mail your fingerprints in to OSPI. You need to call them to make an appointment for a Thursday between 9:10 and 11. You will need to bring a valid photo id and \$15 cash or check. They will give you the fingerprints and then send a copy of your fingerprints, with a check made out to OSPI for \$45.25 to: OSPI

Attention Fiscal Office

PO Box 47200

Olympia, WA 98504-7200