

MARY M. KNIGHT SCHOOL DISTRICT NO. 311
"An Equal Opportunity Employer"
and
Maintains a "Drug-Alcohol-Tobacco-Free" Environment
Mailing Address: W 2987 Matlock Brady Rd., Elma WA 98541
(360) 426-6767
Actual Location: Matlock WA

CERTIFICATED APPLICATION

Last Name	First Name	Middle Name	Date
Present Address	City	State	Zip
Telephone			
Permanent Address	City	State	Zip
Telephone			
Social Security No. _____		Message Telephone _____	

CERTIFICATION: (List teaching, administrative or special certificates held.)

TYPE (initial, continuing, etc.)	ENDORSEMENTS	NUMBER	STATE	ISSUED	EXPIRES

Designate the type of employment and type of position(s) for which you are applying: ☐ Full Time ☐ Part Time ☐ Substitute
☐ Elementary Teacher ☐ Secondary Teacher ☐ Specialist ☐ Administration

Designate the order of preference the level at which you wish to work by writing 1, 2, 3 by the following:

____ Birth To Age Three ____ Three to Age Five ____ Kindergarten ____ Primary (1-3) ____ Intermediate (4-5) ____ Middle School (6-8)
____ High School (9-12) ____ All (K-12)

HQT QUALIFYING:

LANGUAGE ARTS

Annual _____

Debate _____

Drama _____

English/Comp _____

English as a _____

Second Lang _____

Journalism _____

Reading _____

FOREIGN LANGUAGE

ART _____

PHOTOGRAPHY _____

Other (Specify) _____

CREDITS BEYOND DEGREE

MATHEMATICS

Algebra _____

Calculus _____

General Math _____

Geometry _____

Trigonometry _____

SCIENCE

Life Science _____

Earth Science _____

Biology _____

Chemistry _____

Physics _____

COMPUTERS _____

MUSIC

Vocal _____

Instrumental _____

Other (Specify) _____

SOCIAL STUDIES

WA State History _____

History _____

Psychology _____

Sociology _____

Economics _____

PHYSICAL ED _____

HEALTH _____

TRAFFIC SAFETY _____

VOCATIONAL

Business Ed _____

Diversified _____

Occupations _____

Welding _____

Woods _____

Metal _____

Engines _____

Commercial _____

Foods _____

Drafting _____

Agriculture _____

SPECIAL EDUCATION:

Administration _____	Preschool _____	Elementary _____	Secondary _____
Ed Specialist _____	Physical Therapist _____	Audiologist _____	
Psychologist _____	Occupat. Therapist _____	Hearing Impaired _____	
Social Worker _____	Adaptive PE _____	Blind/Vis Impaired _____	
	CDS _____	Classroom Teacher _____	

Specialized Program Areas

Mild _____ Voc. _____

Severe _____

Behavior Disorders _____

SPECIALIST: List specific position, i.e. counselor, librarian, nurse _____

SUPPLEMENTAL ACTIVITIES (Check those you are capable and willing to supervise; **CIRCLE** if experience includes head experience.)

___ Band	___ Drill Team	___ Baseball	___ Tennis	___ Soccer
___ Chorus	___ Cheerleaders	___ Basketball	___ Track	___ Softball
___ Orchestra	___ Annual	___ Football	___ Swimming	___ Volleyball
___ Debate	___ Newspaper	___ Golf	___ Wrestling	___ Diving
___ Drama	___ Photography	___ Gymnastics	___ Intramurals	___ Cross
_____ Other	_____ Other	_____ Other	_____ Other	___ Country

LEADERSHIP INTEREST (e.g., Department head, Team leader, etc.):

Other (specify) _____

EDUCATION (List all colleges attended)

Name of Institution City and State	Dates Attended Mo/Yr to Mo/Yr	No. Years Completed	Degree Earned	Major	Minor

SPECIAL TRAINING: If you have completed any of the following specific classes and/or workshops, please provide the number of contact class hours:

Instructional Improvement

ITIP _____
 TESA _____
 Cooperative Learning _____
 Mastery Learning _____
 Direct Instruction _____
 Other Instructional
 training _____

Curriculum

Computer Training _____
 Child Abuse/Personal Safety _____
 Math Problem-Solving _____
 Sex Equity Awareness _____
 Multi-cultural Awareness _____
 Outcome Based Ed _____
 Other special curriculum training _____

Training in Specialized Student Needs

Learning Styles _____
 Language Learning/Dyslexia _____
 Multi-age Classrooms _____
 Gifted _____
 Remedial _____
 Drug/Alcohol Problems _____
 Other student need training _____

List any other special training you feel is pertinent to the position for which you are applying. _____

EMPLOYMENT HISTORY

What is your present position? _____ Title, Duties, Additional assignments _____

_____ Are you under contract? _____ If yes, until when? _____

Practice Teaching and internships: _____
(district) (grade) (subject) (dates taught)

Why do you wish to be employed at Mary M. Knight? _____

EXPERIENCE OTHER THAN TEACHING: (Please include names and addresses of persons familiar with your work.)

EMPLOYER	ADDRESS	POSITION	DATES OF EMPLOYMENT

CERTIFICATED EXPERIENCE: (Final approval of experience shall be determined by personnel upon employment by individual district.)

District Name, Address Street, City, State	Grade Taught	Subject Taught	Dates of Employment	Total Years	Reason for Leaving

REFERENCES

NAME	ADDRESS	TELEPHONE NUMBER

QUESTIONS

Please respond, **in your own handwriting**, to the following questions in the space provided.

1. Describe the type of teaching situation in which you would like to work and the type of supervisor with whom you would like to work.
2. During your first five years of teaching in a district, what do you anticipate to be your major accomplishment?
3. With what kind of student do you like to work and with which kind of student do you feel you could be most effective? Explain why you feel this way.

REMINDER

In order to assure that you will have a complete file, please check to make sure you have taken care of the following:

- _____ Completed application form
- _____ Current resume
- _____ College placement file en route
- _____ Copies of college transcripts enclosed or en route
- _____ Copy of valid Washington State Teaching Certificate(s) enclosed or to be sent when received

I authorize Mary M. Knight School District No. 311 to make any investigation of any personal educational, vocational or employment history, I further authorize any former employer, person, firm, corporation, educational or vocational institution or government agency to provide Mary M. Knight School District No. 311 with information they have regarding me. I hereby release and discharge Mary M. Knight School District No. 311 and those who provide information from any and all liability as a result of furnishing this information. I certify that the information presented in this application is true and complete to the best of my knowledge. I further agree that if I am employed, I will provide verification of my certification, education and experience. I understand if I am employed, false statements on this application may be cause for dismissal.

SIGNATURE OF APPLICANT _____

DATE _____

The Mary M Knight School District No. 311 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 trained dog guide or service animal and provides equal access to the Boy Scouts: and other designated youth groups. Inquiries regarding compliance or complaints of alleged discrimination should be directed to MMK Title IX and Affirmative Action Officer, Dr. Ellen Perconti: 2987 W Matlock Brady Road, Elma, WA 98541. Tel # 306-426-6767.

Mary M. Knight School District No. 311

APPLICANT DISCLOSURE FORM PURSUANT TO RCW 43.43.834

Have you ever been:

- a. Convicted of any crime against persons which means a conviction of any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second, or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future? Yes _____ No _____ **If yes, explain on reverse side.**
- b. Found in any dependency action under RCW 13.34.030 (2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor? Yes _____ No _____ **If yes, explain on reverse side.**
- c. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? Yes _____ No _____ **If yes, explain on reverse side.**
- d. Found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor? Yes _____ No _____ **If yes, explain on reverse side.**
- e. Have you ever been arrested, charged or convicted of any crime for any violation of any law (excluding minor traffic violations)? For the purposes of this question, the term "convicted" means and includes: (1) all instances in which a plea of guilty or nolo contendere is the basis for the conviction and (2) all proceedings in which a charge has been deferred from prosecution or the sentence has been suspended or deferred. Yes _____ No _____ **If yes, explain on reverse side.**

(An inquiry to the Washington State Patrol and/or state and federal law enforcement agency may be made.)

Signature Release:

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under laws of the State of Washington that the foregoing is true and correct. I authorize the Mary M. Knight School District No. 311 to inquire with former employers or references and obtain any and all information regarding my job-related background. I release and waive the Mary M. Knight School District No. 311 my former employer and all references from any and all liability in obtaining or disclosing such information. I agree that if I have provided false or incomplete statements, the district may, at its sole discretion, without notice or due process procedures, terminate my employment contract. If such action is taken by the district, the contract shall be deemed void from its inception.

Signature: _____ Date: _____ Place: _____