

# Brewster School District

PO Box 97 | 503 S. 7th Street  
Brewster, WA 98812

## District Employment Application

### Applicant Information

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Last

First

M.I.

Address: \_\_\_\_\_

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States?

YES  NO

If no, are you authorized to work in the U.S.?

YES  NO

Have you ever worked for this School District?

YES  NO

If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony?

YES  NO

## The Following Three Sections Are Optional If Included On Resume

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_



Brewster School District  
 PO Box 97 | 503 S. 7th Street  
 Brewster, WA 98812  
 www.brewsterbears.org

# BACKGROUND INFORMATION

**All applicants must complete and submit this supplement.**

Last Name	First Name	Middle Initial	Former Name(s)	
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Mailing Address: (Street, RFD, PO Box)	City	State	ZIP
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Social Security Number
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Certificate(s)	Yes	No
Do you currently hold a Washington Educator License?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently hold or have ever held a professional certificate, license, or other credential in any other field? If yes, please provide: State or Jurisdiction _____ Type of License _____ Certificate Number _____ Issue Date _____ Expiration Date _____	<input type="checkbox"/>	<input type="checkbox"/>

Answer each of the following questions by checking "Yes" or "No." If the answer to any of the questions below is "Yes," please attach a separate signed, dated, and detailed explanation of each event, including the date of the event and the circumstances surrounding the event.

The questions apply to your experiences in Washington or in any other state or country.		Yes	No
<b>1</b>	Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in any field, including teaching, or is any such action pending? Adverse action includes, but is not limited to, letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, cancellation or failure to renew.	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct or is any such action pending? The scope of this question includes being dismissed from any teaching, administrative or specialist position for failure or refusal to fulfill an employment contract or any other misconduct associated with the teaching profession.	<input type="checkbox"/>	<input type="checkbox"/>

BACKGROUND INFORMATION (Continued)		Yes	No
3	<p>Have you ever been convicted of a felony or misdemeanor crime in Washington or any other state or country or is any such action pending? You may omit minor traffic violations, such as speeding tickets, but you must include DWIs, DUIs, reckless driving or similar violations. You must include cases in which you were found guilty, entered into a plea agreement, or entered a plea of "no contest" (or similar plea). We encourage you to be as inclusive as possible. If you are uncertain about whether to include a particular experience, contact Brewster School District Superintendent at (509) 689-3418.</p> <p>If the answer to this question is "Yes" please include the court name and address and the case name and number if available. If you have copies of court documents, please provide copies with your statement regarding the circumstances.</p>	<input type="checkbox"/>	<input type="checkbox"/>

**Release of Information:** I am seeking employment with Brewster School District. I hereby expressly and voluntarily authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information, to the Brewster School District and its agents.

I understand and agree that such information may be necessary for the evaluation of my application for employment in Brewster School District.

I release the Brewster School District and any agency, court, organization, company, institution, or person furnishing this information from any liability for damage that may result from any dissemination of the information requested. My signature below confirms this consent.

I hereby declare under penalty of perjury the information included in or with this supplement is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentation, or omission of material fact in or with this application may lead to the denial, revocation or suspension of the license I am seeking.

\_\_\_\_\_

Applicant Signature \_\_\_\_\_  
Date

Return all application materials to: Debbie Riggan, District Secretary, Brewster School District, P.O. Box 97, Brewster, Washington 98812-0097

Completed Application consists of:

<input type="checkbox"/>	Letter of Interest
<input type="checkbox"/>	District Application
<input type="checkbox"/>	Resume
<input type="checkbox"/>	Current Placement File/Transcripts
<input type="checkbox"/>	Three Letters of Recommendation
<input type="checkbox"/>	Copies of WEST E and NES results (Teachers Only)
<input type="checkbox"/>	Copy of WA State Teaching Certificate (Teachers Only)

Brewster School District No. 111/203J complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, sex or handicap. This holds true for all district employment and opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to Dianne Johnson (drjohnson@brewsterbears.org) Title IX/RCW 28A.85