

SNOQUALMIE VALLEY SCHOOL DISTRICT

P. O. Box 400
 Snoqualmie, Washington 98065
 Telephone (425) 831-8000
 Fax (425) 831-8040
 www.svsd410.org

CLASSIFIED ADMINISTRATOR
 APPLICATION FOR EMPLOYMENT

“AN EQUAL OPPORTUNITY EMPLOYER”

Date _____ Position for which you are applying _____

Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Message Phone () _____

Employment Experience – Beginning with your present or most recent employment, list your employment history, including military service (attach a separate sheet, if necessary). Complete this section even if you are submitting a résumé in addition to this application. Do not indicate “SEE ATTACHED RÉSUMÉ.”

Employer (Firm and Executive or Supervisor)	Area Code and Telephone	Mailing Address	Position	Dates Employed (Month/Year)
District/Company:	()			From:
Supervisor:				To:
District/Company:	()			From:
Supervisor:				To:
District/Company:	()			From:
Supervisor:				To:
District/Company:	()			From:
Supervisor:				To:
District/Company:	()			From:
Supervisor:				To:

Education – List all schools attended, including high school/GED. List most recent first.

Degrees completed: _____ High School Diploma/GED _____ Bachelor's Degree _____ Master's Degree _____ Doctorate Degree

Name of Institution City and State	Dates Attended Mo/Yr to Mo/Yr	No. Years Completed	Degree Earned and Date	Field of Study (or Major/Minor)

Employment History

Are you a former employee of our district? _____ If so, dates and position _____

Other name(s) under which you are known to references or other employers _____

Have you ever been dismissed, discharged or have you separated employment in order to avoid discipline or discharge? _____ If yes, please explain _____

Are you presently involved in an employment situation where discharge or discipline is being discussed? _____

Have you been convicted of any crime involving child abuse, child molestation, assault, rape, coercion, embezzlement, fraud, theft, robbery, extortion, blackmail, or any crime which involved drugs? _____ *If yes, explain the nature of crime, place, and date. A conviction record will not necessarily bar you from district employment.*

References – List individuals who are familiar with your professional qualifications.

NAME	ADDRESS	PHONE	POSITION
		()	
		()	
		()	
		()	
		()	
		()	
		()	

List all licenses, certificates, or credentials you hold and professional affiliations to which you belong relative to the position for which you are applying.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Describe any special abilities, skills, experiences, and knowledge that you possess which may further qualify you for this position.

Miscellaneous Information

Applicants must apply for each specific position for which they are interested. For candidates with an active, completed application on file, an application letter must be received in order to be considered for the desired position. Open positions are listed on the Snoqualmie Valley School District website located at: www.svsd410.org , on WATeach located at: www.wateach.com, and on our 24-hour jobline, (425) 831-8496.

Applications will remain in active status for one year only, unless renewed at the request of the applicant.

Certification, Authorization, And Release

I hereby certify that all information I have provided in this application is true and correct. I authorize the Snoqualmie Valley School District to make any investigation of my personal, educational, and employment history. I further authorize any current/former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the Snoqualmie Valley School District with information regarding me. I hereby release and discharge the Snoqualmie Valley School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I understand and agree that falsification of any part of this application shall be sufficient cause for dismissal or refusal to hire. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me.

I understand that any offer of employment that may be made to me is conditional and subject to the acceptable outcome of a criminal history background information check and approval of the district's Board of Directors.

Signature of Applicant _____ Date _____

The Snoqualmie Valley School District complies with all state and federal rules and regulations and does not discriminate on the basis of race, color, national origin, gender, disability or sexual orientation. This holds true for all district employment and opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/Chapter 28A.640 RCW officer and/or Section 504/ADA coordinator, Nancy Meeks, PO Box 400, Snoqualmie, Washington 98065, (425) 831-8000.

SNOQUALMIE VALLEY SCHOOL DISTRICT NO. 410
Affirmative Action Information Sheet

The Snoqualmie Valley School District prohibits discrimination on the basis of race, creed, color, national origin, age, sex, marital status, the presence of a disability (Title VII of the Civil Rights Act of 1974 and RCW 19.60), sexual orientation. The district is an equal opportunity employer and supports the spirit, policies, and practices of affirmative action. Your response to the following questions will assist the district in accurately reporting our employment practices to state and federal agencies. THE INFORMATION REQUESTED IS VOLUNTARY.

Name _____
Last First M.I.

Sex: _____ Male _____ Female _____ Aged (40 and above)

Disabled: _____ Yes _____ No If yes, please explain _____

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

- | | |
|--|---|
| _____ Asian or Pacific Island American | Chinese, Japanese, Korean, Hawaiian, Samoan, or Filipino and Peoples of the Far East and Southeast Asia |
| _____ Black American | Black or African American descent |
| _____ American Indian * | Native American Indian descent, including Canadian and Alaskan Natives |

*If you have identified yourself as American Indian/Alaskan Native, please answer the following questions:

I am affiliated with the _____ Tribe.

I am an enrolled member of this tribe. _____ Yes _____ No

_____ Hispanic American All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin

_____ Caucasian White American

_____ Other (please specify) _____

Disabled and Vietnam-Era Affirmative Action Program

A. Vietnam-Era Veteran: The term "Veteran of the Vietnam Era: means a person who (1) served on active duty for a period of more than 180 days, any part of which occurred during August 5, 1964 through May 7, 1975 and was discharged or released therefrom with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the Vietnam Era.

I meet the definition provided for "Vietnam-Era Veteran." _____ Yes _____ No

B. Disabled Veteran: The term "disabled veteran" means a person entitled to disability compensation under laws administered by the Veterans' Administration for a disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

I meet the definition for "Disabled Veteran." _____ Yes _____ No

Signature _____ Date _____

This supplemental information is confidential and for record keeping only. Your responses will be kept separate from other documents relating to your application. This document will not be used by the individuals who process your application.