

TOPPENISH SCHOOL DISTRICT #202
306 Bolin Drive, Toppenish, WA 98948-1644
www.toppenish.wednet.edu
An Equal Opportunity Employer
Certificated Application For Employment

Name: _____
Last First Middle

Present Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Permanent Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Current Work Phone: _____ Message Phone: _____

Other name(s) under which records may be listed: _____

Are you Bilingual ? If yes, specify languages: _____

POSITION PREFERENCE

If you are appropriately certified and interested in being considered for one or more of the areas listed below, indicate your preference with 1 (one) being your first choice, 2 (two) being second choice, etc:

___ Elementary ___ Secondary ___ Special Education ___ Specialist ___ Administrative
___ Substitute Teacher ___ Other (please specify): _____

ELEMENTARY

Prioritize grade level(s)/subject(s) you are prepared to teach, 1 (one) being first choice, 2 (two) being second choice, etc:

Kdg ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ PE ___ Rdg ___ Art ___ Vocal ___ Instrumental ___ Computers ___

SECONDARY

Prioritize grade level(s), 1 (one) being your first choice, 2 (two) being your second choice, etc: 7-9 _____ 10-12 _____ Alt School _____

Prioritize the subjects you are prepared to teach AND list quarter hour credits for each.

<u>PRIORITY</u>	<u>CREDITS</u>	<u>PRIORITY</u>	<u>CREDITS</u>	<u>PRIORITY</u>	<u>CREDITS</u>
___ LANGUAGE ARTS		___ VOCATIONAL		___ MUSIC	
Annual _____		Business Ed. _____		Vocal _____	
Debate _____		Diversified Occ. _____		Instrumental _____	
Drama _____		Graphics _____		___ FOREIGN LANGUAGE	
English/Comp _____		Agriculture _____		French _____	
ESL _____		Woods _____		Japanese _____	
Journalism _____		Home & Fam. Life _____		Spanish _____	
Reading _____		___ COMPUTERS		___ ART	
___ MATHEMATICS		___ SCIENCE		___ SOCIAL STUDIES	
Algebra _____		Life Science _____		Economics _____	
Calculus _____		Earth Science _____		History _____	
General Math _____		Biology _____		Geography _____	
Geometry _____		Chemistry _____		Psychology _____	
Trigonometry _____		Physics _____		Sociology _____	
___ TRAFFIC SAFETY		___ PHYSICAL ED.		___ HEALTH	
___ PHOTOGRAPHY		___ OTHER (specify) _____			

SPECIAL EDUCATION

Indicate priorities for grade level and specific position(s): Preschool ___ K-2 ___ 3-5 ___ 6-8 ___ 9-12 ___

- Behaviorally Disordered Mildly Mentally Retarded Other (specify): _____
 Hearing Impaired Moderately Mentally Retarded _____
 Visually Impaired Severely Mentally Retarded _____
 Learning Disabled Orthopedically Handicapped _____

Indicate the number of quarter credits earned in special education: _____

SPECIALIST

List specific position (i.e., CDS, counselor, librarian, psychologist, OT/PT): _____

SUPPLEMENTAL ACTIVITIES

Check those you are capable and willing to supervise.

- Band Annual Baseball Tennis Soccer
 Chorus Cheerleaders Basketball Track Softball
 Debate Drill Team Football Wrestling Volleyball
 Drama Newspaper Golf Intramurals Cross Country
 Other (specify): _____

SPECIAL TRAINING

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

Instructional Improvement

Curriculum

Special Student Needs

- ITIP/Hunter Model Child Abuse/Personal Safety Drug/Alcohol Problems
 Peer Coaching Sex Equity Awareness Gifted
 TESA Computer Training Language Learning Disabled
 Student Team Learning Math Problem-Solving Remedial
 Whole Language Instruction Other Curriculum Training Other Student Need Training
 (Integrated Language Arts) (specify): _____ (specify): _____
 Other Instructional Training
 (specify): _____

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

EDUCATIONAL TRAINING

Check one ___ BA ___ BA+15 ___ BA+30 ___ BA+45 ___ BA+90 ___ MA ___ MA+45 ___ MA+90 ___ PhD

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

Undergraduate GPA _____ Post Graduate GPA _____

CERTIFICATION

TYPE	ENDORSEMENTS	CERT. NO.	STATE	DATE ISSUED	EXPIR. DATE

EMPLOYMENT HISTORY

What is your present position? _____
 List Titles, Duties, Additional Assignments: _____
 Are you under contract? _____ If yes, until when? _____

CERTIFICATED EXPERIENCE

List most recent experience first. Include student teaching only if you are a beginning teacher.

Dates From/To	Name of School and Location	No. of Years	Full or Part Time	Subjects Taught or Position	Reason for Leaving

OTHER EXPERIENCE

Dates	Name of Employer	Location	No. of Years	Type of Work	Reason for Leaving

REFERENCES

If current information is not included in your placement credentials, give references including superintendents, principals, teachers, college supervisors under who you have taught, that have firsthand knowledge of your personal and professional competencies.

Name	Address	Official Position	Phone

Are you a former Toppenish School District employee? _____ If so, dates and position: _____

Name, relationship, and position of relatives now working for Toppenish School District:

Have you ever been convicted of any crimes or offenses? _____ If so, please explain nature of crime or offense, place, and date: _____

QUESTIONS

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

During your first five years of teaching in Toppenish, what do you anticipate to be your major accomplishment?

With what kind of student do you like to work and with what kind of student do you feel you could be most effective?

Explain what plans you have for continuing your education and indicate why you have made these plans?

REMINDER

Please use the following checklist as your guide to fulfilling the requirements for a complete application file.

- _____ Completed application form, including inserts
- _____ Current resume
- _____ College placement file in route
- _____ Copies of college transcripts enclosed or in route
- _____ Copy of valid Washington State Certificate(s) enclosed or explanation of status
- _____ Professional reference forms in route from at least two recent supervisors

Application will remain in active status through December 1 of each year, unless renewed at the request of the applicant.

I hereby certify that all the information I have provided in this application is true and correct. I give my permission for the Toppenish School District to contact any references or prior employers given in conjunction with this application. I further agree that if I am employed, I will provide verification of my certification, education, and experience. I also agree that falsification of any part of this application shall be sufficient cause for dismissal. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me.

Signature of Applicant: _____

Date: _____

The policy of the Toppenish School District shall be to select the best-qualified applicant for a position as needed. There shall be no discrimination against any applicant or employee because of race, creed, color, national origin, sex, age, or disability. Toppenish School District shall take all necessary actions to comply with the letter and spirit of state and federal law prohibiting discrimination in employment in keeping with the District's Affirmative Action Plan.

Revised 4-14-06

**TOPPENISH SCHOOL DISTRICT
CERTIFICATED APPLICATION
INSTRUCTIONS FOR COMPLETION**

**FOR REGULAR EMPLOYMENT ONLY OR REGULAR EMPLOYMENT
AND SUBSTITUTE TEACHING**

**IF APPLYING FOR REGULAR EMPLOYMENT ONLY OR REGULAR EMPLOYMENT AND
SUBSTITUTE TEACHING, COMPLETE ENTIRE APPLICATION FORM, INSERTS, AND SUBMIT
ADDITIONAL INFORMATION STATED IN “REMINDER SECTION” ON BACK OF APPLICATION
FORM.**

FOR SUBSTITUTE TEACHING ONLY

COMPLETE THE FOLLOWING SECTIONS:

FRONT PAGE OF APPLICATION

- Personal information at top of page (name, social security number, address, phone, etc.)
- Bilingual information
- Position Preference check “Substitute Teacher”

SECOND PAGE OF APPLICATION

- Educational Training

THIRD PAGE OF APPLICATION

- Certification
- Employment History

BACK PAGE OF APPLICATION

- Read “Reminder Section,” sign and date the application

INSERT PAGES (required)

- Complete “Applicant Release and Authorization” form
- Complete “Applicant Disclosure Form”

**BE SURE TO ENCLOSE A COPY OF YOUR CURRENT WASHINGTON STATE
TEACHING CERTIFICATE OR PERMIT TO TEACH**

If you have questions about completing the application, contact the Personnel Department or Receptionist at (509) 865-4455.

Applicant's name: _____ Date: _____
(please print)

TOPPENISH SCHOOL DISTRICT
SUPPLEMENT TO CERTIFICATED APPLICATION
(to be completed by all applicants)

Please respond to the questions below and return with your application.

1. Are you Bilingual? If yes, specify languages: _____
2. Why did you choose to work in a position in education?
3. What are your major strengths?
4. Describe what you would consider to be the most favorable relationship with students.
Why?
5. What have you found to be the most effective means of communicating with students?
6. What approaches do you find to be most effective in motivating students?
7. What do you do when students question your instructional plans?
8. What, about your work in education, is most rewarding to you?

Applicants should distribute forms to their two most recent supervisors (i.e. principals, student teaching supervisors, evaluators).

TOPPENISH SCHOOL DISTRICT PROFESSIONAL REFERENCE FORM

(Name of Applicant) _____ has applied for a certificated position with the Toppenish School District. We ask that you carefully evaluate the applicant in terms of your professional contact with the applicant.

- > In what capacity did the applicant work with you? _____
- > Have you observed this applicant: very few times equal to one year several years
- > What was your title at the time you worked with the applicant? _____

NOTE: Please rate the applicant in each of the following areas by comparing this individual with others of comparable training and experience.

Area	Upper 10%	Upper 25% but not Upper 10%	Upper 50% but not Upper 10%	Lower 50% but not Lowest 10%	Lowest 10%	No Basis for Judgement
1. <u>Flexibility</u> Willingness to learn new concepts or ways of doing things. Cooperativeness with youth and adults. Democratic approach to teaching.						
2. <u>Commitment to Accomplishment</u> Exertion of effort to attain particular goals. A desire for producing results. Organization of ideas, time, materials, and space in such a way that accomplishment occurs.						
3. <u>Enthusiasm</u> Displays overall optimism and zeal for what one is doing. Willingness to be involved. Enthusiasm develops positive interpersonal relationships with others.						
4. <u>Clarity of Expression</u> Understands and correctly interprets concepts presented or discussed. Presents and discusses concepts precisely; answers questions clearly.						
5. <u>Scholarship and Conceptual Skills</u> Needed for substantive and methodological aspects of teaching. This includes the ability to learn new ideas and skills.						
6. <u>Relation to Students</u> Ability and willingness to develop favorable relationships with students. Exhibits listening, patience, caring, and liking for students. Shows empathy for students, is interested in their learning and welfare, is responsive to student needs, is accepting of students and has a high regard for them as they are, is open and desires to have strong relationships with students.						
7. <u>Professional Orientation</u> Has knowledge of current approaches to teaching, breadth of background and willingness to use this background for the benefit of school, willingness to work with others in a team of faculty situations. In general, exhibits a high interest in students, but also maintains high interest in working out problems for the satisfaction of all involved.						
8. <u>Modeling Appropriate Behavior</u> Dress, appearance, courteousness, and behavior of individual.						

Signature _____ Print Name _____ Title _____
 Address _____ City _____ State _____ Zip _____
 Date _____ Telephone Number _____

Please return completed form to: TOPPENISH SCHOOL DISTRICT #202
 PERSONNEL DEPARTMENT
 306 BOLIN DRIVE
 TOPPENISH WA 98948

WHEN COMPLETED, THIS FORM IS CONFIDENTIAL AND SHOULD NOT BE GIVEN TO APPLICANT.

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TOPPENISH SCHOOL DISTRICT

APPLICANT RELEASE AND AUTHORIZATION

My signature below authorizes the school district to conduct a background investigation and authorizes the release of information in connection with my application for employment. This 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, without limitation, and in consideration of the district's review of this application, I hereby release the 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 local Washington State Patrol, information from the Federal Bureau of Investigation of either data on all criminal convictions, or certification that no data on criminal convictions are maintained, information from SPI, the Washington or other State 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 investigations involving me.

Signature of applicant: _____ Date: _____

AFFIRMATIVE ACTION FORM
(OPTIONAL FOR JOB APPLICANT)

Government agencies at times require reports on the sex, ethnic, handicap, veteran, and other protected status of applicants and employees. The information below will be used only for the **Affirmative Action Program** and will be separated from your application form.

THIS INFORMATION IS VOLUNTARY

Date: _____

Name of applicant: _____

Type of position(s) applying for: _____

Please check those that apply: Female Male Handicapped
 Vietnam Era Veteran Disabled Veteran

If you are in age protected class, please specify age: _____

ETHNIC GROUP: Caucasian Asian Black Native American
 Hispanic Other (please specify): _____

Place of birth: _____

Optional comments: _____

