DAVENPORT SCHOOL DISTRICT
Certified Employee File Checklist

Name: _______________________________

Thank you for requesting an application -

When applying for a position with the Davenport School District please provide the following documentation and return to the District Secretary before the deadline date. Thank you.

For a substitute position OR emergency substitute position:

- District Application
- Washington State Sexual Misconduct Disclosure
- Copy Teaching Certificate (if available)
- Copy of Photo ID
- Copy of Immunizations

For a full time position:

- Letter of Interest
- Resume
- District Application
- Washington State Sexual Misconduct Disclosure
- Teaching Certificate
- Unofficial Transcripts
- 3 Reference Letters (one being from a current employer/teacher)
- Copy of Photo ID
- Copy of Immunizations

If you have questions please contact
District Administrative Assistant...Stephanie Linstrum
(509) 725-1481 or slinstrum@davenportsd.org
Address: 801 7th Street, Davenport, WA 99122

May 2021
Full Name: __________________________  Application Date: ____________

Full Address: __________________________  Email: ____________________

Telephone Number: _______________  Citizenship _______

Special Job Certifications? (List type, certificate number, expiration date, issuing agency)

Position(s) for which you are applying: ________________________________

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Institution Name &amp; Location</th>
<th>Date From</th>
<th>Date To</th>
<th>Degree</th>
<th>Major</th>
<th>Minor</th>
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<tr>
<th>OTHER APPLICABLE TRAINING</th>
<th>Institution Providing Training</th>
<th>Month &amp; Year</th>
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<tr>
<td>(Workshops, Clinics, Inservice)</td>
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<tr>
<td>Employer, Address and Supervisor (Most recent first)</td>
<td>Your Title/Duties</td>
<td>Dates From and To</td>
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<th>Type of Experience</th>
<th>Where?</th>
<th>When?</th>
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<tr>
<th>Name and Title or Position</th>
<th>Address</th>
<th>Phone Number</th>
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Davenport School District is an Equal Opportunity Employer

Davenport 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.

Questions/complaints of alleged discrimination should be directed to: **Civil Rights, Compliance Coordinator/Title IX Coordinator/ADA Coordinator** Mr. Jim Kowalkowski, Superintendent, 509-725-1481, 801 7th Street, Davenport, WA 99122 / **Section 504 Coordinator** Mrs. Maria Howes, School Psychologist, 509-725-1261, 601 Washington Street, Davenport, WA 99122.
APPLICANT DISCLOSURE FORM PURSUANT TO CHAPTER 486, LAW OF 1987

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved. Use additional paper if needed.

1. Have you ever been convicted of any crimes against persons as defined in Section 1 or Chapter 486, Laws of 1987, and listed as follows: 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 statutory rape; 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?

   ANSWER ___________________  IF YES, EXPLAIN. __________________________________________

   __________________________________________

2. Have you ever been 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?

   ANSWER ___________________  IF YES, EXPLAIN. __________________________________________

   __________________________________________

3. Have you ever been 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 or in your capacity as teacher or coach or otherwise as an adult have you engaged in any inappropriate conduct with a student(s) including but not limited to, hitting, slapping, sexually harassing behaviors, any sexual conduct, or sexual relationship?

   ANSWER ___________________  IF YES, EXPLAIN. __________________________________________

   __________________________________________

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

   ANSWER ___________________  IF YES, EXPLAIN. __________________________________________

   __________________________________________

5. In your capacity as teacher or coach or otherwise as an adult have you engaged in any inappropriate conduct with a student(s) including but not limited to, hitting, slapping, sexually harassing behaviors, any sexual conduct, or sexual relationship?

   ANSWER ___________________  IF YES, EXPLAIN. __________________________________________

   __________________________________________

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature: ____________________________

Date & Place: ____________________________

3
NOTICE

The Davenport School District may request the Washington State Patrol, as provided in Chapter 486, your record for convictions of offenses against persons, adjudications of child abuse in civil action and disciplinary board final decisions. If this record is requested, you will be notified of its receipt within 10 days.

Within the last 10 years, have you ever been discharged or forced to resign for misconduct or unsatisfactory service from a position? YES ________ NO ________ If yes, please explain.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOU THAT MIGHT AFFECT OUR DECISION? If YES, Please briefly describe below.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

SIGNATURE RELEASE

All of the information I have provided in this application is true, correct, and complete. I authorize the Davenport School District No. 207 to inquire with former employers or references and obtain any and all information regarding my job related background. I release and waive Davenport School District No. 207, my former employer(s), 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 of Applicant Date

Thank you for your interest in applying to help in providing an education to the students of Davenport. Should you be one of the applicants selected for interview, we will contact you through the number(s) listed on page 1. If there is a different number we should also use, then please list that number in the following space:

________________________________________________________________________
WASHINGTON STATE SEXUAL MISCONDUCT 
DISCLOSURE RELEASE

To:
SCHOOL DISTRICT EMPLOYER
PERSONNEL DEPARTMENT
STREET ADDRESS
CITY, STATE, ZIP

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 180-87-080. Your assistance is appreciated.

APPLICANT’S NAME (FIRST, MIDDLE, LAST)
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION
SOCIAL SECURITY NUMBER
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 committed by me as defined by the state board of education. 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 ____________

☐ No sexual misconduct materials were found. Complaint of sexual misconduct was filed with OSPI. ☐ Yes ☐ No
☐ Yes, sexual misconduct materials are being forwarded to requesting school district.

Former Employer Signature __________________________________________ Title ____________ Date ____________

Return all completed information to:
SCHOOL DISTRICT
Davenport School District #207
ADDRESS
801 7th St., Davenport, WA 99122
PHONE (509) 725-1481
FAX (509) 725-2260

Employing School Receipt Date ____________ Recipient Name __________________________________________

FORM SPI 1588 (5/04)