



Educational Service Center
3717 Grandview Drive West
University Place, Washington 98466-2138

(253) 566-5600
Fax (253) 566-5607

OFFICE OF THE SUPERINTENDENT

MEMORANDUM

TO: Administrative Applicants
FROM: Paul Harvey, Executive Director of Human Resources
RE: **Application for Administrative Position**

Below is our administrative application form. To complete your file with us, in addition to your application, it will be necessary for you to provide the following:

1. A letter of application that specifically addresses the identified criteria (see position brochure).
2. Resume of employment history, education, and experience.
3. A minimum of three current letters of reference (at least one from direct supervisor).
4. Copies of transcripts. Originals will be required if hired.
5. Copy of certificate.

We thank you for your interest in University Place School District.

Certificated Personnel Application
UNIVERSITY PLACE SCHOOL DISTRICT
Teaching and Learning Since 1895

RETURN TO: University Place School District Date of Application _____
 3717 Grandview Drive West
 University Place WA 98466-2138

Name _____
Last First Middle Social Security Number _____
 Telephone _____
 Address _____
 Message Phone _____
 E-Mail _____

Zip Code

Present Position or Employment Status _____

Please indicate the position you are applying for: _____

Position Sought:

Teaching	<u>Grade Level(s) Preferences</u>	<u>Subject(s)</u>
<input type="checkbox"/> Primary	_____	_____
<input type="checkbox"/> Intermediate	_____	_____
<input type="checkbox"/> Junior High	_____	_____
<input type="checkbox"/> Senior High	_____	_____
<input type="checkbox"/> Other	_____	_____

Specialist	<u>Grade Level(s) Preferences</u>	
<input type="checkbox"/> Music	_____	Nurse <input type="checkbox"/>
<input type="checkbox"/> Librarian	_____	Occupational Therapist <input type="checkbox"/>
<input type="checkbox"/> Physical Education	_____	Physical Therapist <input type="checkbox"/>
<input type="checkbox"/> Special Education	_____	Psychologist <input type="checkbox"/>
<input type="checkbox"/> Counselor	_____	Speech Pathologist <input type="checkbox"/>
<input type="checkbox"/> Other (Specific Title)	_____	

Administrative	<u>Grade Level(s) Preferences</u>	
<input type="checkbox"/> Principal	_____	Special Services <input type="checkbox"/>
<input type="checkbox"/> Assistant Principal	_____	Personnel <input type="checkbox"/>
<input type="checkbox"/> Other (Specific Title)	_____	Assistant Superintendent <input type="checkbox"/>
		Superintendent <input type="checkbox"/>
		Curriculum & Instruction <input type="checkbox"/>

The University Place School District complies with all federal laws, rules, and regulations and does not discriminate on the basis of race, color, national origin, gender or disabilities in student education programs, co-curricular activities, and employment practices. The district is an equal opportunity/affirmative action employer encouraging application of qualified minorities, women and disabled persons for employment and other opportunities. For elevator access at school sites, contact the principal's office. The University Place School District is a drug-free/smoke-free workplace and educational setting. Direct inquiries regarding compliance, grievance, or appeal procedures should be made to the District Affirmative Action Officer/Section 504/ADA/ Title IX Officer, Paul Harvey, (253) 566-5600.

Certification

	Type	Number	Date Issued	Expiration Date	Endorsements
Teaching					
ESA					
Vocational					
Administration					

Have you ever had a certificate revoked, suspended, or denied or have you voluntarily relinquished a certificate to avoid revocation procedures? Yes No If yes, name of state _____

Have you taken the PRAXIS? Yes No If yes, please include a copy with your application.

Education Information

(add pages as needed)

Name of Institute List in Order of Attendance	Location	Degree Earned	Dates of Attendance	
			From	Until

Copies of all transcripts must be included in application packet. (Originals will be required if hired.)

Major _____	Major _____
Minor _____	Minor _____

Undergraduate GPA _____ Graduate GPA _____

Please Check Box: BA BA+15 BA+30 BA+45 BA+90

*BA+135 MA MA+45 MA+90

*(Unavailable if not already reached) or PhD

Teaching/Administrative Experience

(add pages as needed)

List in chronological order K-12 public/private teaching, Educational Staff Associate, or administrative positions. Do not include substitute and student teaching.

School/Program Mailing Address	Grades and/or Secondary Subjects Taught or Positions Held	Number of Years	Dates	
			From	Until

Was all teaching, ESA, or administrative experience, on previous page FULL TIME UNDER CONTRACT?

Yes No (If no, please explain) _____

Reason for leaving last position _____

Total number of years of contracted K-12 teaching, ESA, or administrative experience: Public Private

Extracurricular activities you can supervise? _____

Student Teacher Information

Dates (from-to)	Name & Location of School	Subjects Taught or Position Held

Substitute Teacher Information

Dates (from-to)	Name & Location of School	Number of Days	Subjects Taught or Position Held

Other Educational Employment Information

Educational Agency/Institution or College/University	Positions Held	Number of Years	Dates	
			From	Until

References

Give at least three references we may contact such as principals, supervisors, or others with firsthand knowledge of your professional performance.

Name	Official Position	Address	Phone Number

PLEASE ANSWER:

1. Have you been convicted in the last seven years of a drug-related offense, sex offense, or child abuse offense? Yes No
2. Have you been released from prison, jail, or other confinement in the last seven years where your confinement was in connection with a drug-related offense, sex offense, or child abuse offense?
Yes No
3. Is there anything in your past that would preclude you from being covered under a fidelity bond?
Yes No **Conviction does not automatically exclude an applicant from consideration for employment.*
4. Are you presently authorized to work in the United States for any United States employer?
Yes No

What is the nature of your authorization? _____

Agreement

I hereby certify that, to the best of my knowledge, the application information is true, accurate, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the District that reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District.

I hereby authorize the District to conduct work history, personal references or police record inquiries to determine my acceptability for employment. References and personal information that become a part of this application will be regarded as confidential and shall not be revealed to me. I agree to hold harmless from any liability (suit, claim or other action) anyone supplying such information to University Place School District.

I understand that any job offer is conditional on (1) Board approval; (2) satisfactory completion of a criminal background check; and (3) proof of identity and eligibility to work in the United States.

Signature of Applicant/Date

District Mission Statement

The mission of the University Place School District, in partnership with the University Place Community, is to develop competent, contributing citizens.

We believe that...

- Education is essential to a quality life.*
- Public education is essential to the successful functioning of a democracy.*
- A shared set of basic values and ethical standards is essential to a community.*
- Trust is fundamental to a quality relationship.*
- A diverse population enriches a community.*
- The success of every individual is dependent upon meeting the challenges and opportunities brought about by change.*
- Every individual can learn.*
- Every individual has value.*
- Every individual has the right to have the basic needs of food, clothing, shelter, and safety met.*
- Every individual has a responsibility to others.*
- Every individual is responsible for his or her decisions and behavior.*
- Every individual has the right and the responsibility to reach for his or her potential.*
- Every individual has responsibility for the environment.*

District Goals...

- To have 100% of our students, by graduation, demonstrate: a broad knowledge base, proficiency in basic skills, proficiency in thinking skills, self-directed learning, concern for others, responsibility and accountability, positive self-esteem.*
- To have a significant increase each year in parent and community involvement and support.*

All new employees will be hired based on their ability to commit to the District's mission, beliefs, and goals. Your signature below indicates that you have read the District's Mission Statement, beliefs and goals, and that you would commit to their implementation.

Signature of Applicant/Date

TO THE APPLICANT: This application should be filled out as completely as possible.

DISCLOSURE STATEMENT

UNIVERSITY PLACE SCHOOL DISTRICT
3717 Grandview Drive West
University Place, WA 98466

Pursuant to the requirements of RCW 43.43.834 and Washington Administrative Code 246-320-105, we must ask you to complete the following Disclosure Statement. This information will be kept confidential.

1. Have you ever been convicted of a crime? Yes No

If "yes," please identify the offense(s), provide the date(s) of the convictions(s), the name of the court, (e.g. King County Superior Court) and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings as well as finding by DSHS or the Department of Health that you have not administratively challenged or appealed.

Yes No

If "yes," please identify the specific finding(s), which agency or court made it, the date(s) of the finding(s) and the penalty(ies) imposed.

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.*

I have signed this Disclosure Statement on the date shown below at _____, Washington.

DATE: _____ Signature: _____

Print Name: _____

* If we receive an unsatisfactory report from the State Patrol, you will be notified within ten days and we will make a copy of the report available to you upon your request.

Fingerprint Instructions

Washington State law (RCW28A.400.303) requires school districts, educational service districts, state school for the deaf, state school for the blind, and their contractors hiring employees who will have regularly scheduled unsupervised access to children be fingerprinted for a record check through the Washington State Patrol (WSP) and the Federal Bureau of Investigation (FBI).

You may select one of the following options to complete the fingerprint process:

1. You may complete the fingerprint process in person at one of the ESD locations listed below; a fingerprint card is not required. Fingerprint scans are subject to a processing fee. Please contact the ESD of your choice for information regarding the submission of your fingerprints through the live scan process and processing fee. Please provide the district with a receipt showing that you have been fingerprinted.
2. You may have your fingerprints processed by an outside agency. If you are fingerprinted by an agency other than an ESD office, you must pick up a fingerprint card from the University Place School District, take it to the outside agency following the instructions below and then return the card to UPSD with a check to University Place School District in the amount of \$50.25.

Enter your name (including aliases), complete mailing address, social security number*, citizenship, date of birth and personal information (sex, race, etc.). The spaces for OCA, FBI, MNU numbers may be left blank if you do not have one of those numbers. **A card with other missing or incomplete information will be rejected.**

Mandatory Information:

Name	Place of Birth	Date of Birth	Race	Sex	Eye Color	Hair Color	Height	Weight
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- * Entering your social security number is optional. However, it is very useful for verifying we have the correct individual's file when a public school district or college/university requests clearance information. Your social security number will only be used for this purpose; it will not be disseminated.

Take the fingerprint card you received from the district office to a law enforcement agency or to an agency authorized to take fingerprints. The agency may charge a separate fee for this service. Example the County City Building fee is \$5.00 cash Pierce County residents only. Please bring one form of picture identification to the agency taking fingerprints.

Please do not bend the card when mailing; this can cause the card to be rejected by the WSP.

3. You may have your fingerprints processed by a private fingerprinting service. If you choose to do this, make sure the fingerprinting service prints out a hard copy of your completed fingerprint card. Then return the card to UPSD with a check to OSPi in the amount of \$50.25

ESD 113	Olympic ESD 114	Puget Sound ESD 121
601 McPhee Rd. S.W.	105 National Ave. N.	800 Oaksdale Ave SW
Olympia, 98502	Bremerton, 98312	Renton, 98055
(360) 464-6714	(360) 478-6868/6870	(425) 917-7612
http://www.esd113k12.wa.us	http://www.oesd.wednet.edu	http://www.psesd.org http://www.psesd.org/
County City Building		
930 Tacoma Ave S		
2 nd Floor, Room 239		
(253-798-7535		

**University Place School District
Affirmative Action Questionnaire**

Last Name _____ First Name _____ Date _____

For the purpose of effectively implementing the District's Affirmative Action Plan, we would appreciate your providing the information below. This is entirely voluntary and will remain confidential. This information will not be filed with or made part of your application.

Please check the appropriate items in each of the following categories:

POSITION APPLIED FOR:

<u>RACE:</u>	<input type="checkbox"/> American Indian		<input type="checkbox"/> Administrative
	<input type="checkbox"/> Asian/Pacific Islander	(Specify Title) _____	
	<input type="checkbox"/> Black		<input type="checkbox"/> Certificated Teacher
	<input type="checkbox"/> Hispanic	(Specify Subject) _____	
	<input type="checkbox"/> White		<input type="checkbox"/> Specialist
	<input type="checkbox"/> Other (Specify): _____	(Specify Title) _____	
			<input type="checkbox"/> Classified
<u>SEX:</u>	<input type="checkbox"/> Female	(Specify Position) _____	
	<input type="checkbox"/> Male		