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**PROFESSIONAL EXPERIENCE**

List below your last four employers, beginning with current or most recent.

Dates: Month/Year	Name, Address, Zip and Telephone Number of Employer	Position Held Supervisor/Telephone	Reason For Leaving

(Attach additional sheet, if necessary, using same format.)

**PROFESSIONAL REFERENCES**

(Must include current employer if employed, or last employer if not currently employed)

Name/Position	Company Name and Address	Telephone Number

**PERSONAL INFORMATION**

U.S. Citizen or are you eligible for lawful employment in the U.S.?      Yes\_      No\_

Proof of citizenship or legal right to work and identity will be required after hire.

Have you ever been discharged, excluding lay-off, or forced to resign for misconduct or unsatisfactory service from any position? \_      If yes, attach a statement explaining circumstances and disposition.

Within the last seven years have you ever pled guilty, been convicted, fined, imprisoned or placed on probation for violation Of any law, police regulation or ordinance, excluding minor traffic violations?

If yes, explain, \_

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Driver's License Number: \_

State: \_

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~~All of the information I have provided in this application is true, correct, and complete. I authorize WISHRAM School District to inquire with former employers and/or references and obtain any and all information regarding my job related background. I also authorize WISHRAM School District to check for any conviction(s) on record. I release and waive WISHRAM School District, my former employers 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.~~

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Applicant Signature

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Date

Wishram 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. The following employee(s) has been designated to handle questions and complaints of alleged discrimination: Civil Rights Coordinator: Superintendent P: 509-767-6090, tye.churchwell@wishramschool.org; Title IX Coordinator/Principal P-509-767-6090, brent.cameron@wishramschool.org; and 504 Coordinator: Title I/LAP Coordinator, P-509-767-6090, @wishramschool.org Address: P.O. Box 8, Wishram, WA 98673.

**WISHRAM SCHOOL DISTRICT #094  
APPLICANT DISCLOSURE FORM**

Pursuant to RCW 43.43.830-834, prospective employees or volunteers who will or may have unsupervised access to children less than sixteen years of age during the course of his or her employment or involvement with this organization must complete this disclosure. Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the crime(s) or finding(s), the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against children or other persons as defined in RCW 43.43.830 (5), 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; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation or child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?

ANSWER \_                      If "YES", explain below.

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2. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER \_                      If "YES", explain below.

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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?

ANSWER                      If "YES", explain below.

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

ANSWER \_                      If "YES", explain below.

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WISHRAM School District is required to obtain a record check from the Washington State Patrol and FBI for all hires who will have regularly scheduled unsupervised access to children. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment.

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 and Place \_\_\_\_\_

WISHRAM SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

WISHRAM SCHOOL DISTRICT  
PO BOX 8  
WISHRAM, WA 98673

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

**VOLUNTARY, CONFIDENTIAL INFORMATION**  
**FOR AFFIRMATIVE ACTION PURPOSES**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

POSITION APPLYING FOR: \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

RACE/ETHNIC GROUP:

\_\_\_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE

\_\_\_\_\_ ASIAN OR PACIFIC ISLANDER

\_\_\_\_\_ BLACK, NOT OF HISPANIC ORIGIN

\_\_\_\_\_ HISPANIC

\_\_\_\_\_ WHITE, NOT OF HISPANIC ORIGIN

\_\_\_\_\_ PROTECTED AGE GROUP (40-70)

**AUTHORIZATION TO CHECK WORK HISTORY  
AND RELEASE OF PRIOR EMPLOYERS**

I authorize WISHRAM School District to check my references and to investigate any information provided in my application for employment. I further authorize my current and past employers or anyone with information concerning my work history, education, or qualifications to provide such information to WISHRAM School District in response to their inquiry. I agree to hold harmless from my liability (suite, claim, or other action) anyone supplying such information to WISHRAM School District.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

As required by Chapter 29, Laws of Washington 2004 and Chapter 28.400 RCW, I hereby authorize my current and past employers to disclose to the WISHRAM School District copies of all documents in the previous employer's personnel, investigative, or other files relating to sexual misconduct. I further release my current and past employers, and employees acting on behalf of those employers, from any liability for providing such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**EMPLOYMENT DISCLOSURE STATEMENT**

**PAGE 2**

**Applicants who may drive a school bus or drive on school activities must complete the following questions in addition to the questions above:**

YES NO

- Homicide by abuse
- First or second degree reckless endangerment
- Coercion

YES NO

- Promoting a suicide attempt
- Withdrawal of life support systems

1. Have you been convicted of any crime involving the use, sale, possession or transportation of any controlled substance or prescription drug within the last seven years: Provided that in the case of felony convictions, the applicable time limit shall be ten years? YES ( ) NO ( )
2. Have you been convicted of any crime involving driving when a driver's license is suspended or revoked, hit and run driving, Negligent driving of a serious nature, vehicular assault or vehicular homicide, within the last three years? YES ( ) NO ( )
3. Have you intentionally and knowingly transported public school students within the state of Washington within the previous five years with an expired, lapsed, surrendered, or revoked authorization in a position for which authorization is required? YES ( ) NO ( )
4. Do you have a serious behavioral problem which endangers the educational welfare or personal safety of students, teachers, bus drivers or other colleagues? A serious behavioral problem included, but is not limited to, conduct which indicates unfitness to carry out the responsibilities related to the occupation or job performance of transporting children, such as: dishonesty; immorality, or misuse of alcohol, a controlled substance, or a prescription drug; or furnishing alcohol or controlled substances to a minor or student? YES ( ) NO ( )
5. Have you had your driving license privilege suspended or revoked within the proceeding three years? YES ( ) NO ( )
6. Have you incurred three or more speeding tickets in excess of ten miles per hour over the speed limit within any twelve-month period, within the last thirty-six months? YES ( ) NO ( )
7. Have you misrepresented or concealed a material fact in obtaining a Type 1 or Type 2 authorization or in reinstatement thereof in the previous five years? YES ( ) NO ( )

**ALL APPLICANTS:**

If your answer is "yes" to any of the above, please describe and provide the date (s) of the conviction(s) or finding(s) and the sentence(s) and/or penalty(ies) imposed. If the conviction has been the subject of an expungement, pardon, annulment, or certificate of rehabilitation, please so specify (attach additional sheets if necessary).

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**UNDER PENALTY OF PERJURY, I** certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentations or omission in the above statement. I also understand that if I am hired my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature \_\_\_\_\_ Name (print) \_\_\_\_\_

Date \_\_\_\_\_