



CERTIFICATED APPLICATION

Chief Leschi School · 5625 52nd Street East · Puyallup, WA 98371 · www.leschi.bia.edu

Last Name	First Name	Middle Initial	Social Security Number
Permanent Address			Telephone Number
Mailing Address			Message Phone
City	State	Zip	Alternate Telephone Number

Are you applying for: Substitute Regular Temporary Full Time Part Time

Specific Position Applying For _____

Current Employee? Yes No Position _____

Are you a U.S. Citizen? Yes No

If no, state type of work Visa you currently hold _____

Are you Native American? Yes No If yes, which tribe _____

PROFESSIONAL INFORMATION

Elementary Teacher - Prioritize the grade-level/subject areas you prefer to teach, 1 being your first choice. Failure to prioritize could adversely affect your chances of being considered.

- [] Kindergarten [] 1st [] 2nd [] 3rd [] 4th [] 5th [] 6th
 [] Reading [] General Music [] Band [] Orchestra [] Gifted
 [] ESL/Bilingual Ed. [] Physical Education [] Art Specialist [] Native American Culture

Secondary Teacher - Indicate your preferred teaching areas by placing numbers, 1 being your first choice, in the boxes provided for the subject areas you are certified to teach.

- [] Art [] Native American Culture [] Music [] Social Studies
 [] Business Education [] Foreign Language [] Band [] Economics
 [] Computer Science [] French [] Vocal [] History
 [] English/Language Arts [] German [] Orchestra [] Government
 [] Drama [] Japanese [] Physical Education [] Sociology
 [] English [] Spanish [] Science [] Psychology
 [] Journalism [] Health [] Biology/Life Sciences [] Technology Education
 [] Speech [] Home and Family Life [] Chemistry [] Traffic Safety Education
 [] ESL/Bilingual Ed. [] Mathematics [] Earth Science [] Other Vocational
 [] Physics/Physical Science

Special Education - Indicate specific program(s) and grade level(s): [] Preschool [] K-6 [] 7-8 [] 9-12

- [] Developmentally Handicapped [] Orthopedically Impaired [] Multihandicapped [] Specific Learning Disabled
 [] Hard of Hearing/Deaf [] Mentally Disabled (Mild/Mod/Sev) [] Seriously Behaviorally Disabled [] Visually Impaired

Specialist - Indicate specific position:

- [] Communication Disorders [] Nurse [] Psychologist [] Speech Pathologist [] Reading
 [] Counselor [] OT/PT [] Social Worker [] Learning Resources/Library

The Chief Leschi Schools is an Equal Opportunity Employer, except as provided under the Indian Preference Act. For more information, contact the Director of Human Resources, 5625 52nd St E., Puyallup, WA 98371. Telephone: (253) 445-6000, ext. 3054.

CERTIFICATION INFORMATION

Enclose copies of all current Washington State certificates that you hold

List Below: Teaching, administrative, and special certificates, e.g., vocational, for the state of Washington which you hold. For Washington State Initial Teaching Certificate, be certain to list all endorsements.

TYPE OF CERTIFICATE*	ENDORSEMENTS**	ISSUE DATE	EXPIRATION DATE

*For example: Standard, continuing, initial, provisional, permit, 3-year vocational, conditional.

** Endorsements are required for all initial certificates and all continuing certificates for which requirements were met after 8/31/87.

If you do not hold a current Washington State Teaching Certificate, Vocational Certificate, Educational Staff Associate Certificate, or Administrative Credential, have you applied for one? ___ Yes ___ No If yes, when? _____

EDUCATIONAL TRAINING

Starting with your high school of graduation list all institutions in order of attendance.

Name of Institution City & State	Dates Attended		Credits Earned (Indicate Sem. or Qtr.)	Degree Earned	Major	Minor
	MO/YR	MO/YR				
	To					
	To					
	To					
	To					
	To					
	To					

What is your undergraduate college cumulative GPA? _____ Graduate GPA (if applicable)? _____

STUDENT TEACHING INFORMATION

List only if student teaching was completed within the past two years.

CITY	SCHOOL	GRADE	SUBJECT	DATE
CITY	SCHOOL	GRADE	SUBJECT	DATE

CERTIFICATED SCHOOL EXPERIENCE

DO NOT INCLUDE DAY CARE, STUDENT TEACHING, OR SUBSTITUTE EXPERIENCE.
(LIST IN REVERSE ORDER OF OCCURRENCE WITH THE MOST RECENT EXPERIENCE FIRST.)

DISTRICT NAME/ADDRESS Street, City, State, Zip	ASSIGNMENTS GRADES/SUBJECTS	Dates Attended MO/YR MO/YR	Full-Time Yes/No	NAME OF SCHOOL PRINCIPAL
		To		
		To		
		To		
		To		
		To		
		To		
		To		
		To		

SUBSTITUTE EXPERIENCE

IDENTIFY ALL SUBSTITUTE EXPERIENCE THAT REQUIRED CERTIFICATION.
(LIST IN REVERSE ORDER OF OCCURRENCE WITH THE MOST RECENT EXPERIENCE FIRST.)

DISTRICT NAME/ADDRESS Street, City, State, Zip	ASSIGNMENTS GRADES/SUBJECTS	Dates Attended MO/YR MO/YR	Full-Time Yes/No	NAME OF SCHOOL PRINCIPAL
		To		
		To		
		To		
		To		
		To		

OTHER EDUCATIONAL EXPERIENCE

Include colleges/universities, educational service districts, State Department of Public Instruction, U.S. Department of Education,

EDUCATIONAL AGENCY/INSTITUTION OR COLLEGE/UNIVERSITY	POSITIONS HELD	DATES OF EMPLOYMENT MO/YR MO/YR	NUMBER OF YEARS	NAME OF SUPERVISOR
		To		
		To		
		To		
		To		
		To		
		To		

OTHER EMPLOYMENT EXPERIENCE

FIRM OR EMPLOYER	POSITION TITLE	DATES OF EMPLOYMENT MO/YR MO/YR	FULL-TIME YES/NO	NAME OF SUPERVISOR
		To		
		To		
		To		

CO-CURRICULAR ACTIVITIES

State activities you are qualified to supervise in order of preference (i.e., athletics, drama, etc.)

A) _____ B) _____ C) _____ D) _____
 E) _____ F) _____ G) _____ H) _____
 I) _____ J) _____ K) _____ L) _____
 Would you be willing to serve as coach, assistant coach, supervisor, or coordinate any special activities? [] Yes [] NO If yes, what?
 A) _____ B) _____ C) _____ D) _____
 E) _____ F) _____ G) _____ H) _____

REFERENCES

IDENTIFY ALL IMMEDIATE SUPERVISORS OF CERTIFICATED CONTRACT EXPERIENCE WITHIN THE PAST TEN (10) YEARS.

(List in reverse order of occurrence with your current or most recent supervisor first. Also, list three other individuals not related to you who have first-hand knowledge of your character, personality, scholarship and/or teaching ability.)

NAME & RELATIONSHIP	STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE

OTHER

Have you ever had a certificate revoked or suspended, or have you ever surrendered a certificate in any state?
 [] Yes [] No (If yes, identify date, certificate and reason on a separate sheet of paper.)

Has any state licensing authority taken any other adverse action against your certificate, including censure, warning, reprimand, etc?
 [] Yes [] No (If yes, attach explanation on a separate sheet of paper.)

Have you ever been dismissed or discharged, or have you resigned in order to avoid discipline or discharge by any employer?
 [] Yes [] No (If yes, then state on a separate sheet of paper the name, address, and telephone number of the employer, the nature of the allegation, and the final disposition.)

AGREEMENT

If offered this position, the Federal Immigration and Naturalization Act requires us to verify your identity and authorization to work before you may commence employment. Pursuant to RCW Chapter 43.43, as amended, you will be required to complete a disclosure form indicating whether you have been convicted of crimes against persons listed in the statutes. A criminal conviction history record, based on fingerprint, will also be requested from the Washington State Patrol and the Federal Bureau of Investigation. Employment will be conditional partly upon the school's receipt of a conviction history record that is clear of any convictions, adjudications, protective orders, final decisions, or criminal charges listed in RCW Chapter 43.43, as amended.

I authorize Chief Leschi Schools to make an investigation of any personal, educational, vocational, or employment history. I further authorize any current or former employer, person, firm, corporation, educational or vocational institution, or government agency to provide Chief Leschi Schools with information they have regarding me. I hereby release and discharge Chief Leschi Schools and those who provide information from any and all liability as a result of furnishing and receiving this information. 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 _____
 Exactly as it appears on your social security card