

# 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.

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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](mailto:slinstrum@davenportsd.org)  
Address: 801 7th Street, Davenport, WA 99122

May 2021

**APPLICATION FOR EMPLOYMENT**

Davenport School District  
801 7<sup>th</sup> St.  
Davenport, WA 99122  
(509) 725-1481

CERTIFICATED POSITION:

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: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Institution Name & Location	Date From	Date To	Degree	Major	Minor

**OTHER APPLICABLE TRAINING (Workshops, Clinics, Inservice)**

Training Subject & Type (Clinic, etc.)	Institution Providing Training	Month & Year

**TEACHING OR OTHER CERTIFICATED POSITION(S) EXPERIENCE**

Employer, Address and Supervisor  
(Most recent first)

Dates From  
and To

Your Title/Duties

Reason for Leaving


**RELEVANT EXPERIENCE OTHER THAN TEACHING (Coaching, Club or Class Advisor, etc.)**

Type of Experience

Where?

When?


**CHARACTER REFERENCES WE CAN CONTACT**

Name and Title or Position

Address

Phone Number


**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:** \_\_\_\_\_

**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.

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

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**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:

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OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Office of Professional Practices  
 Old Capitol Building  
 PO BOX 47200  
 Olympia WA 98504-7200

## WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

<b>To:</b>	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

<input type="checkbox"/> No sexual misconduct materials were found. <input type="checkbox"/> Yes, sexual misconduct materials are being forwarded to requesting school district.	Complaint of sexual misconduct was filed with OSPI. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 \_\_\_\_\_