# Odessa School District No. 105-157-166J Odessa, Washington

## **Certificated Employment Application**

Name:				Soc. Sec. #:	
Last Present Address:	First	Middle		Phone:	
Permanent Address:	Street	City State	Zip Code	Phone:	
Position Desired:	Street	City State	Zip Code		
Where are credentials on file?					
Are your credentials on file ur	nder another name? Yes	No If yes, w	hat name?		
	Certific	cation and Place	ment Reference		
Oo you hold a Washington Sta	ate teaching certificate? Yes	No Type	:		
Certificate No		Endorsements			
f not, for which Washington	State certificate will you be e	ligible?			<u></u>
Other Certificates Held					
Placement Preference (Circle Primary K - 1 - 2 - 3 Inter		Jr. High 7 - 8 <b>Education</b>	Sr. High	9 - 10 - 11 - 12	
Institution/ Location	Dates Attended	Major/Mino		Degree/ ertificate	Year
Senior High School					
Please forward credentials imported of the NOTE: Credentials might be visually and the NOTE: Credentials might be visually as a second of the NOTE.	mediately at the time of appli viewed by administrators, tea	cation. chers and board mem	nbers of Odessa Schoo	ol District.	
Mail application and letter to:					
Odessa School District #10 P. O. Box 248 Odessa, WA 99159-0248 (Phone: 509-982-2668)	5			e of Applicant	
			Date:		

Name:Odessa Certificated Applicati	ion			
Page 2				
	Profess	ional Information		
<u>List in Order of Preference</u> Subjects or Grades Prepared to T	Teach Co (	Curricular Activities		
	Empl	oyment History		
(Teaching - List most recent first	)			
Organization/ Location	Phone Number	Subject/ Grade Level	Dates of Employment	Reason for Leaving
200411011		Grade Zever		Lu. Ing
	<u>                                     </u>			1
				+
Other Employment (Include M	ilitary Service)			
Organization/ Supervisor	Phone Numbers	Type of Work	Dates of	Reason for
Supervisor			Employment	Leaving
				+
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Name:
Odessa Certificated Application
Page 3

### References

Please give five references, including superintendents and principals under whom you have taught, who have first-hand knowledge of your character, personality, scholarship, and teaching ability.

Name	Address	Phone No. Work/Home	Official Position

#### Personal

If requested, can proof of citizenship, visa, or alien registration be provided? ( ) Yes ( ) No				
Do you have any health problems or physical conditions that may affect your work performance or job pl	acement? ( ) Yes ( ) No			
If yes, please describe				
In the last seven years have you been convicted of a crime in a court of law? ( ) Yes ( ) No If yes, full details will be requested at a later date.				

### **General Information**

- \* On the attached page include educational philosophy.

  \* Arrange to have a copy of your current placement file sent to our office.

  \* This application will be kept on file for one year following date of receipt.

  \* Any falsification or omission herein shall be considered sufficient cause for dismissal.

  \* Odessa School District has a "smoke free/drug free" work environment.

Name:	
Odessa Certificated Application Page 4	
Please use this space to provide a concise statement of your educational philosophy, and how such a philosophy will serve to better the education offered to students attending Odessa Schools.	
The Odessa School District #105 complies with all federal rules and regulations and does n	not discriminate on the basis of race color national origin age sex or handican
his holds true for all district employment and opportunities. Inquiries regarding compliant fficer and/or Section 504 Coordinator.	ce procedures may be directed to the school district's Title IX/RCW 28A.640
	Dan Read, Superintendent Title IX/RCW 28A.640 Officer/Section 504
	Coordinator P. O. Box 248 Odesse, WA 99159
	Odessa, WA 99159 509-982-2668