



PASCHAL SHERMAN INDIAN SCHOOL  
169 N. Omak Lake Road  
Omak, WA 98841



TO: Applicant

FROM: Superintendent, PSIS

RE: Application Procedure for Certified Position

Thank you for your interest in employment with Paschal Sherman Indian School. To be considered for a certified position at Paschal Sherman, a complete application will need to include the following:

- Unofficial copies of all college transcripts and degrees
- Copies of all certificates
- 3 Letters of Reference
- Personal resume
- Proof of Indian status, if requesting Indian Preference

Interviews are given on a competitive basis, using job-related factors, after a completed application file has been received and screened.

Any questions, please call: (509) 422-7590

Submit application material to:

Administrative Assistant/Personnel  
Paschal Sherman Indian School  
169 N. End Omak Lake Road  
Omak, Washington 98841  
(509) 422-7582  
FAX: (509) 422-7539



APPLICATION FOR CERTIFIED POSITION

POSITION APPLYING FOR	
APPLICATION DATE	SOCIAL SECURITY NUMBER

A. PERSONAL INFORMATION

Respond to all items.

NAME (LAST, FIRST, MI)			
ADDRESS (STREET, CITY, STATE, ZIP)			
HOME PHONE	WORK PHONE	ALTERNATE CONTACT	
BUSINESS ADDRESS			
ADDRESS (STREET, CITY, STATE, ZIP)			
INDIAN PREFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	ENROLLED <input type="checkbox"/> YES <input type="checkbox"/> NO	ENROLLMENT NO.	IF NOT ENROLLED, CHECK ONE: <input type="checkbox"/> DESENDANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-INDIAN
TRIBAL AFFILIATION	TRIBAL AGENCY (NAME, STREET, CITY, STATE, ZIP)		
DO YOU HOLD OR ARE ELIGIBLE TO OBTAIN A WASHINGTON TEACHER, ADMINISTRATOR, OR COUNSELOR CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER HAD A CERTIFICATE REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
REVOCATION DATE:	CERTIFICATE:	REASON:	
DO YOU HOLD OR ARE YOU ELIGIBLE TO OBTAIN A WASHINGTON DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE A RELATIVE CURRENTLY EMPLOYED BY PASCHAL SHERMAN INDIAN SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME:	POSITION:	RELATIONSHIP:	

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 APPLICATION FOR CERTIFIED POSITION
 

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**B. PRESENT POSITION**

Respond to each item. If you are unemployed, list such as a position. If you are not currently employed in a school position, list your current position, not the most recent school position, and provide as complete data as possible.

POSITION		SINCE
EMPLOYER		PHONE
ADDRESS (STREET, CITY, STATE, ZIP)		
CURRENTLY UNDER CONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRATION DATE	DATE AVAILABLE
REASON FOR LEAVING		
IMMEDIATE SUPERVISOR	TITLE	
PHONE/BUSINESS	PHONE/RESIDENCE	

**C. EXPERIENCE**

List all employment experiences for the last 10 years in consecutive order following the position listed in Section B. Attach additional information on a blank sheet under the title "C. Experiences".

1. POSITION		START DATE
EMPLOYER		END DATE
ADDRESS (STREET, CITY, STATE, ZIP)		
IMMEDIATE SUPERVISOR	TITLE	
PHONE/BUSINESS	PHONE/RESIDENCE	
REASON FOR LEAVING		

2. POSITION		START DATE
EMPLOYER		END DATE
ADDRESS (STREET, CITY, STATE, ZIP)		
IMMEDIATE SUPERVISOR	TITLE	
PHONE/BUSINESS	PHONE/RESIDENCE	
REASON FOR LEAVING		

## APPLICATION FOR CERTIFIED POSITION

MILITARY EXPERIENCE	
BRANCH	TYPE OF DISCHARGE
DATE OF ENTRY	DATE OF SEPARATION

**D. REFERENCES**

List the names of 3 people who are familiar with your character, work, personality, and work habits. Do not include relatives to those persons who have provided letters of reference with your application.

1. NAME	TITLE
ADDRESS (STREET, CITY, STATE, ZIP)	
REFERENCE PHONE BUSINESS	REFERENCE PHONE RESIDENCE
2. NAME	TITLE
ADDRESS (STREET, CITY, STATE, ZIP)	
REFERENCE PHONE BUSINESS	REFERENCE PHONE RESIDENCE
3. NAME	TITLE
ADDRESS (STREET, CITY, STATE, ZIP)	
REFERENCE PHONE BUSINESS	REFERENCE PHONE RESIDENCE

**E. EDUCATION**

List all schools attended. Attach additional information on a blank sheet under the title "E. EDUCATION".

HIGH SCHOOL		
ADDRESS (STREET, CITY, STATE, ZIP)		
DATE ENTERED	DATE OF DIPLOMA	
UNDERGRADUATE COLLEGE		
ADDRESS (STREET, CITY, STATE, ZIP)		
DATE ENTERED	DATE OF DIPLOMA	
DEGREE/HOURS	MAJOR	MINOR
GRADUATE SCHOOL		
ADDRESS (STREET, CITY, STATE, ZIP)		
DATE ENTERED	DATE OF DIPLOMA	
DEGREE/HOURS	MAJOR	MINOR

APPLICATION FOR CERTIFIED POSITION

F. BACKGROUND CHECK

Employment will be on a conditional basis pending successful completion of a Washington State Patrol and F.B.I. fingerprint investigation, as well as a controlled substance and alcohol screening.

A thorough background check will be made by Paschal Sherman Indian School.

G. THE APPLICATION PROCESS

To receive consideration, the applicant must submit the following application documentation with the completed Application For Certified Position:

- Unofficial copies of all college transcripts and degrees
- Copies of all certificates
- 3 Letters of Reference
- Personal resume
- Proof of Indian status, if requesting Indian Preference

The completed application and all application documentation must be returned to:

Paschal Sherman Indian School  
 169 N. Omak Lk. Rd.  
 Omak, Washington 98841  
 Attn: Administrative Assistant  
 Personnel

H. APPLICANT CERTIFICATION

I hereby certify that all the information I have provided in this application is true and correct. I give my permission Paschal Sherman Indian School to contact all my prior employers and references. I further acknowledge that any misrepresentation on my part will constitute sufficient cause for dismissal. I further acknowledge that all information acquired pursuant to my application is confidential.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

INDIAN PREFERENCE WILL BE GIVEN



# WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

<b>To:</b>	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	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 181-87 and WAC 181-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
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 that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. 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

**This section to be completed by former school district employer(s) only.**

<input type="checkbox"/> No sexual misconduct materials were found.	Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes, sexual misconduct materials are available. Please contact for more information.		
<input type="checkbox"/> No record of employment		
_____ Former Employer Representative Signature	_____ Title	_____ Date

Employing School Receipt Date \_\_\_\_\_ Received By \_\_\_\_\_

**Return all completed information to:**

SCHOOL DISTRICT	
ADDRESS	PHONE
STATE	FAX
ZIP	



# Confederated Tribes of the Colville Reservation

CRIMINAL HISTORY &  
BACKGROUND INQUIRY

1. NAME OF PERSON BEING CLEARED

**SECTION 1**

2. NAME AND ADDRESS OF PASCHAL SHERMAN INDIAN SCHOOL STAFF TO WHOM THE INFORMATION SHOULD BE RETURNED

Mildred Erb, Admin. Assist.  
169 North End Omak Lake Road  
Omak, Washington 98841

**SECTION 2**

3. NAME OF FACILITY WHERE CARE IS PROVIDED

*Paschal Sherman Indian School*

4. NAME: LAST FIRST MIDDLE

5. ALIAS / MAIDEN NAME LAST FIRST MIDDLE

6. PRESENT ADDRESS: STREET CITY STATE ZIP

7. DRIVER'S LICENSE NUMBER (WDL)

8. SEX

9. DATE OF BIRTH

SOCIAL SECURITY NUMBER

**SECTION 3 COMPLETED BY STATE ASSISTANT**

10. As an authorized representative of the P.S. I. S., I request that a background inquiry be conducted on the person named in section 2

Signature

*Mildred Erb* Admin. Assistant

Date

**SECTION 4 COMPLETED BY PERSON BEING CLEARED**

HAVE YOU:

YES NO

1. BEEN CONVICTED OF ANY CRIME OR IS THERE A CRIMINAL CHARGE PENDING AGAINST YOU?

[ ] [ ]

2. BEEN RELEASED FROM PRISON IN THE LAST SEVEN (7) YEARS?

[ ] [ ]

3. HAD YOUR NAME PLACED ON A REGISTRY OF CHILD/ADULT ABUSE IN THIS OR ANY STATE?

[ ] [ ]

4. BEEN FOUND TO HAVE SEXUALLY ABUSED OR EXPLOITED OR PHYSICALLY ABUSED ANY CHILD?

[ ] [ ]

5. BEEN DENIED A LICENSE TO CARE FOR CHILDREN?

[ ] [ ]

6. HAD A LICENSE TO CARE FOR CHILDREN SUSPENDED OR REVOKED?

[ ] [ ]

I HEREBY CERTIFY THAT TO MY KNOWLEDGE THE ABOVE INFORMATION AND REQUIRED ATTACHMENTS ARE TRUE AND CORRECT. I UNDERSTAND FRAUD OR UNTRUTHFUL ANSWERS TO ANY OF THESE QUESTIONS CAN SERVE AS THE BASIS FOR FIND ME UNSUITABLE.

SIGNATURE OF PERSON TO BE CLEARED

DATE