

## **APPLICATION FOR EMPLOYMENT**

PO Box 10271 Spokane, WA 99209 Phone: 509-325-2018

www.salishschoolofspokane.org

Position that you are applying for:					
Application Date:	Date whe	en are you available:			
A. APPLICANT INFORMATION Full name:					
Social Security Number:	Date of Birth				
Address/city/state/zip:					
Phone 1: En					
Tribal Affiliation(s):					
B. PROFESSIONAL QUALIFICATION Experience learning or studying Salis					
Experience with Salish people and cu	ulture:				
High School Graduate or GED? Y	N Name of	School			
Early Childhood Courses? Y	NName of	School			
Type of Classes					
College Graduate? Y					
Degree Date Received	Issuing Institution				
Major(s)	M	Minor(s)			
Do you have a current child first aid/0	CPR card? Y N				
Please attach photocopies of all tr	anscripts, certificates	s, or first aid/CPR cards that yo	ou have.		
C. EMPLOYMENT HISTORY Sequentially list any <u>TEACHING</u> or <u>C</u> ever worked under a different name f			first. Please indicate if you hav		
1. Company		Date: from	to		
Position	Address				
Supervisor's Name		Phone Number			
Reason for leaving					
<b>2</b> . Company		Date: from	to		
Position	Address				
Supervisor's Name		Phone Number			
Reason for leaving					
<b>3</b> . Company		Date: from	to		
Position					
Supervisor's Name					
Reason for leaving					

	<b>PYMENT</b> with your current or root want us to notify your curre		III work for the pa	ast five years. Please
1. Company		Date: from	to	)
	Address			
Supervisor's Name		Phone Number _		
2 Company		Data: from	to	
-	Address			
	Address			
Treason for leaving				
3. Company		Date: from	to	
Position	Address			
Supervisor's Name		Phone Number _		
Reason for leaving				
	personal references who are n learning and speaking Salish <b>Phone</b>		City	State
1				
2				
3				
Give three professional refe current or most recent su	erences who are qualified to spervisor first.	peak of your professional tr	raining and expe	rience. List your
Name	Phone	Email	City	State
1				
3				
I understand that <b>Salish School or</b> origin, gender, age, or qualified disknowledge. I understand that falsitimmediate dismissal regardless of paid only through the day of releast secondary references mentioned thistory and personal temperament other matters related to my suitability records, performance reviews, lett addition, I hereby release the scholary way related to such investigat the Department of Early Learning school is conditioned upon the recifithe school deems any background	ICATION AND AGREEMENT of Spokane does not discriminate in it sability. I hereby certify that the facts fication of any statement or a significa- it the time elapsed before discovery. If se. I authorize Salish School of Spot through interviews with primary refere t. I also authorize the school to thorou- ility for the position. I authorize refere ters, reports, and other information rel cool, my former employers, references, ion or disclosure. I waive the right to e to conduct a criminal records check. I teeipt of background information, include and information as unfavorable. I unde the. I certify that I have carefully read	set forth in this application process ant omission of fact may prevent in I am released under these circum skane to thoroughly interview the ences, or other individuals who know ghly investigate my work records ences and my former employers to lated to my life and employment, and all other parties from any an ever personally view any reference I understand and agree that any of ding criminal background informate erstand that this is only an applica	is are true and compine from being hired, instances, I further un primary references wow me and have kno and evaluations, my disclose to the schowithout giving me prid all claims, demand es given to the schowiffer of employment the school of the school may tion for employment.	lete to the best of my or if hired, may subject me to derstand and agree that I will by which I have listed, any wledge regarding my work educational preparation, and sol any and all employment or notice of such disclosure. In s, or liabilities arising out of or it ol. I authorize the school and/onat I may receive from the refuse or terminate employmer
Signature	e of Applicant		Da	ate