



Washington State School Directors' Association Application for Employment

This application form will be used as a working document by the screening committee. Please fill in all fields. If there is insufficient space for any answer, attach a sheet of paper with your name on it and indicate which section(s) you are continuing. If completing this form by hand, please print in black ink.

1. General Information

Name (Last, First, and Middle Initial)			
Mailing Address (Include apartment number, if any)		E-Mail Address	Home Telephone
City	State	ZIP	Work Message Telephone

2. Employment History

Please provide employment history in reverse chronological order.

1. Current or Last Employer		Employer's Address		Employer's Phone Number
Your Title	Months & Years Employed in this Position From / To /		Total Months	
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised
2. Previous Employer		Employer's Address		Employer's Phone Number
Your Title	Months & Years Employed in this Position From / To /		Total Months	
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised
3. Previous Employer		Employer's Address		Employer's Phone Number
Your Title	Months & Years Employed in this Position From / To /		Total Months	
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised
4. Previous Employer		Employer's Address		Employer's Phone Number
Your Title	Months & Years Employed in this Position From / To /		Total Months	
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised
5. Previous Employer		Employer's Address		Employer's Phone Number
Your Title	Months & Years Employed in this Position From / To /		Total Months	
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised
6. Previous Employer		Employer's Address		Employer's Phone Number
Your Title	Months & Years Employed in this Position From / To /		Total Months	
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised

3. Education and Training

School Name and Location	Month and Year Attended	Major	Type of Degree Awarded	Year Degree Received
1	From /			
	To /			
2	From /			
	To /			
3	From /			
	To /			
4	From /			
	To /			
5	From /			
	To /			

4. Computer skills

Please list the platform (e.g., PC, Macintosh) and software applications with which you are most proficient.

5. References

Please list three references who can provide information on your current work and qualifications.

1. Name	Title/Position		
Address		Daytime Phone Number	
2. Name	Title/Position		
Address		Daytime Phone Number	
3. Name	Title/Position		
Address		Daytime Phone Number	

6. Restrictions

Do you place any restrictions on contacting your current or past employers?

NO

YES – Comments:

I hereby authorize WSSDA to contact the references and employers indicated above (except as restrictions are noted) for information relating to my achievement, performance, attendance, personal history and discipline; and waive any claims I might have against WSSDA or my references based on such information. All information on this application form and supporting documents is accurate and true to the best of my knowledge as of this date.

Signature _____ Date _____

Completed application form, cover letter, résumé and any supporting materials should be delivered to:

Tim Garchow, Executive Director
Washington State School Directors' Association • 225 College Street NE • Olympia, WA 98516-5313

Materials may be emailed to J.Collette@wssda.org. Electronic documents must be provided in MS Word or PDF.

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