



Application for Temporary Employment

SOUTH KITSAP SCHOOL DISTRICT

2689 Hoover Ave SE / Port Orchard, WA 98366
(360) 874-7079 / FAX (360) 874-7076

FORM 177

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NAME:

SSN:

Street Address

Mailing Address

Address:

Address:

City, State & ZIP:

City, State & ZIP:

Primary Phone:

Type of Phone:

Email Address:
(REQUIRED)

Secondary Phone:

Type of Phone:

Birth Date:

EXPERIENCE/QUALIFICATIONS

Date You Can Start:

Hours Available:

Days Available:

Summarize Special Skills & Qualifications:

Position(s) Desired (please list):

EDUCATION

Attending High School:

High School Graduate:

Years of College:

Other:

Teacher
Certificate#:

SCHOOL DISTRICT EXPERIENCE (For each School District worked, we will need a complete Washington State Sexual Misconduct Disclosure Form).

School District:

Direct Supervisor:

How Long?

Contact Information:

Brief description of duties:

OTHER PREVIOUS EXPERIENCE

Employer:

Direct Supervisor:

How Long?

Contact Information:

Brief description of duties:

I hereby certify that all the information I have provided in this application is true and correct. I give permission for the South Kitsap School District to contact any references or prior employers given in conjunction with this application. I recognize that falsification of any part of this application shall be sufficient cause for dismissal. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me. I understand that my employment is subject to a clear criminal history background report if hired for a position with regularly scheduled, unsupervised access to children.

Signature of Applicant

Date



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Applicant's Name:

SKHS Student

Student (other than SKHS)

Employee

Substitute

Coach

Temporary (current)

Dates of Employment: (FROM)

(TO)

READY! for Kindergarten

Account #

Position Title:

Hourly Rate:

POOL

Account #

Position Title:

Hourly Rate:

THEATER

Account #

Position Title:

Hourly Rate:

SUMMER CAMP

Account #

Position Title:

Sport:

OTHER

Account #

Position Title:

Hourly Rate:

Does this person have regularly scheduled, unsupervised access to children?

YES

NO

If YES, arrangements must be made for fingerprinting prior to beginning work.

Recommending Signature

Date

Washington State Secual Misconduct Form
Duty To Report Suspected Child Abuse
Optional Confidential Data Form
District Board Policies & Procedures
Accident Prevention Program

I-9 Copy of Identification
Social Security Card
Application Disclosure Form
Bloodborne Pathogen Review
First Aid/CPR Exp Date

DRS Status Form
Direct Deposit Form W-4
SEEB
Valid WA Certificate
Fingerprints Watch

Human Resources Approval

Date

PR _____

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