



**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**

**Page 1 of 2**

**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:

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:

Position Title:

Hourly Rate:

**THEATER**

Account #

Position Title:

Hourly Rate:

**SUMMER CAMP/ SUMMER CONDITIONING (Director/Head Coach = 55 hours, Camp Assist/Asst Coach = 30 hours)**

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 Sexual 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 \_\_\_\_\_

Revised 01/31/2020