

LA SALLE HIGH SCHOOL

3000 Lightning Way • Union Gap, WA 98908 (509) 225-2900

www.lasalleyakima.com



Application for Employment

	Personal Information					
Name:						
						
1	Last	First		Middle		
Address:						
	Street	City/State	Zip Code	Phone No.		
E-Mail:		Website:				
Place of Birth:		Citizensl	 hip:			
Religion:						
Total Yrs. Teach	ing					
	Positi	ion for Which You Are Ap	pplying			
(Please Indicate) Teacher	Co-curricula	ar			
List subject(s) yo	ou are qualified to tea	ach (according to preference	ce):			
1)	2	2)	3)			
Co-curricular po		ested in directing, any othe		ı would be interested		

Teaching Experience

List the last position you held first. If you do not have a professional teaching experience, please list any student-teaching experience. Please be sure to indicate what position you held Regular (R), Substitute (S) or Student-Teacher (S-T) and whether it was full-time or part-time.

Type	Dates of Employment	School/Business	Grade & Subject Area	
Reason for	leaving:			
Туре	Dates of Employment	School/Business	Grade & Subject Area	
Reason for	leaving:			
Type	Dates of Employment	School/Business	Grade & Subject Area	
Reason for	leaving:			
Туре	Dates of Employment	School/Business	Grade & Subject Area	
Reason for	leaving:			

Work Experience Other Than Teaching

Dates of Employment	Firm Name and Location	Position Held	

Have you ever been dismissed or asked to resign from a teaching position?

Have you ever left a contractual teaching position at any time other than the end of the school year?

Have you ever been convicted of or plead guilty or no contest to a crime?

Do you have any physical impairments that could effect your ability to carry out the normal duties of a classroom teacher?

If you responded yes to any of the above, please explain in detail on a separate sheet and attach.

Education

List in order of attendance all educational institutions attended subsequent to and including high school. Also, please have sent to us an official transcript of degree work and certifications. A copy will suffice for review of application if there is a time constraint in submitting application materials, but an official copy will ultimately be needed before any hiring:

ming.				
Washington Certification Now Held	Type		Expires	
			Expires	
Name of Washington Certification Applied	for:		Date of Appl:	
Have you ever had your certificate revoked (if yes, please explain the circumstances in detail			-	
Name/Location of Institution	Dates of Attendance	Date of Graduation/Degro	Major/Minor	
No. of semester units of graduate work bey	ond BA or BS de	egree:		
No. of semester units beyond MA or MS (1	qtr. Unit = 2/3 se	emester unit):		
Placement papers are on file at the followin	g placement off	ice:		
Institution:	Addı	ress:		
City/State/Zip:				
Professional References (If not registe work experience, (i.e., supervisors, etc.:	red at a placeme	ent office), include or	ly those who have knowledge of your	
Name	School an	d Position	Phone	
Co-Cı	ırricular Exp	erience/Qualifica	tions	
State your past experience, interest or backs	round which m	av qualify you for co	aching moderatorship of clubs	
State your past experience, interest of backs	, cana winci ii	ay quairry you tot cc	acinis, moderatorally of clabs,	

activities, Campus Ministry, etc.

Reasons for Applying to La Salle High School
Please indicate in the space below your reasons for applying for a position at a Catholic secondary school, and La Salle in particular. State your understanding of the nature of the learning community of faith or value centered education or education in a Christian context or Lasallian educational tradition.
Please feel free to submit any other information, which you feel, would help us to know you. Thank you for your interest in La Salle High School. Your application will be reviewed and if you are qualified for an available position you will be contacted. All applications are kept on file for one year.
I hereby certify that all statements made herein are true and correct to the best of my knowledge and authorize investigation of all statements reported herein. I release from liability persons and organizations reporting information required by this application. I also recognize that finger printing is required and a criminal background check for any arrests.
Signature: Date: