

# ESD-U Application Qualifications Form (24-25)

**Please fill in all the information on this form. All sections and fields are required!**

**Full Name:**

**Email:**

EDUCATION			
School Name		Degree Type <i>(select one)</i>	<input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Other
City, State			
Country			
Major(s)		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates <i>(Month/Year)</i>			
School Name		Degree Type <i>(select one)</i>	<input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Other
City, State			
Country			
Major(s)		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates <i>(Month/Year)</i>			
School Name		Degree Type <i>(select one)</i>	<input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Other
City, State			
Country			
Major(s)		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates <i>(Month/Year)</i>			
School Name		Degree Type <i>(select one)</i>	<input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Other
City, State			
Country			
Major(s)		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates <i>(Month/Year)</i>			



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<b>WORK EXPERIENCE</b> <i>Provide information for your three (3) most recent positions. You are encouraged to include information that is most relevant to teaching and/or working with students/youth.</i>			
Are you authorized to legally work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer <i>School &amp; District, if applicable</i>		Dates Employed	
Position Title		Hours per Week	
Supervisor Name		Supervisor Title	
Responsibilities			
Reason for Leaving			
Employer <i>School &amp; District, if applicable</i>		Dates Employed	
Position Title		Hours per Week	
Supervisor Name		Supervisor Title	
Responsibilities			
Reason for Leaving			
Employer <i>School &amp; District, if applicable</i>		Dates Employed	
Position Title		Hours per Week	
Supervisor Name		Supervisor Title	
Responsibilities			
Reason for Leaving			



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## REFERENCES

List four (4) references for ESD-U staff to contact regarding your skills/dispositions. One reference must be a professional supervisor (current or previous). You are encouraged to provide references who can speak to your skills relating to teaching and/or working with students/youth (if possible).

### REFERENCE #1

Full Name		Reference Type	<input type="checkbox"/> Professional
Email			<input type="checkbox"/> Personal
Position/Title		Phone (Optional)	
Connection to applicant			

### REFERENCE #2

Full Name		Reference Type	<input type="checkbox"/> Professional
Email			<input type="checkbox"/> Personal
Position/Title		Phone (Optional)	
Connection to applicant			

### REFERENCE #3

Full Name		Reference Type	<input type="checkbox"/> Professional
Email			<input type="checkbox"/> Personal
Position/Title		Phone (Optional)	
Connection to applicant			

### REFERENCE #4

Full Name		Reference Type	<input type="checkbox"/> Professional
Email			<input type="checkbox"/> Personal
Position/Title		Phone (Optional)	
Connection to applicant			



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SECURITY QUESTIONS		
For the following questions, please answer YES or NO. If you answer YES, provide an explanation.		
Have you ever been the subject of a complaint to OSPI or any other disciplinary board or licensing board?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Explanation (if applicable):		
Have you ever had any adverse action taken on any educational certificate or license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Explanation (if applicable):		
Have you ever been dismissed/fired/discharged (excluding lay-off), non-renewed (excluding lay-off), or resigned in-lieu of termination?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Explanation (if applicable):		
Have you ever resigned from or otherwise left any employment while allegations of misconduct on your part were pending or under investigation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Explanation (if applicable):		
Have you ever entered into any settlement agreement with any former employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Explanation (if applicable):		
Are you currently the subject of any investigation or inquiry by an employer because of allegations of misconduct or harassment on your part?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Explanation (if applicable):		

*By signing below, you certify under the penalty of perjury under the laws of the State of Washington that you have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering your application. If the information provided or answer(s) to any questions on the application change prior to your being admitted to the program, you understand that you must immediately notify the ESD-U program. You understand that any omission, falsely answered statement made by you on this application, or any supplement to it will be sufficient grounds for failure to admit you or for your dismissal from the program should you be admitted.*

\_\_\_\_\_  
**Applicant Full Name (Printed)**

\_\_\_\_\_  
**Applicant Full Name (Signature)**

\_\_\_\_\_  
**Date**