



FINLEY SCHOOL DISTRICT #53

ALL KIDS ACHIEVING

224606 E Game Farm Rd, Kennewick WA 99337
509-586-3217 FAX 509-586-4408
www.finleysd.org

Dear Classified Applicant:

Thank you for your interest in Finley School District. Please read the application materials carefully. Once your application and other required documents have been received by Personnel, your file will be reviewed. Your file will be screened to determine if you are eligible for an interview. You are encouraged to contact the Personnel Office (509) 586-3217 to inquire about the status of your application and/or any open position for which you apply. **Applications received will be kept on file for three years, unless renewed at the request of the applicant.**

The following documents are required for a completed application packet:

1. **Classified Application form**
2. **General Cover Letter** stating your qualifications for the type of position(s) in which you are interested.
3. **Current Resume.**
4. **Applicant Disclosure Statement.**
5. **At least two letters of reference.** Please ask persons who know your work qualifications to provide written letters of reference.
6. **Affirmative Action form.** (Optional)

When an offer of employment is made, new employees must complete a background check for criminal history, including a fingerprint check, by the Washington State Patrol (WSP) and the Federal Bureau of Investigation (FBI), as well as a current written disclosure of specified criminal convictions and civil or disciplinary board findings. Any offer of employment is conditional upon the successful outcome of the criminal history background check and approval by the District's Board of Directors.

If you have any questions, please call our office at (509) 586-3217.

Sincerely,

Bryan Long
Director of Human Resources

Finley School District is an Equal Opportunity Employer

Finley School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator and Civil Rights Compliance Coordinator - Human Resource Director, blong@finleysd.org. Section 504/ADA Coordinator – Special Services Director, amclaughlin@finleysd.org
Mailing address and phone number: 224606 E Game Farm Rd Kennewick WA 99337, 509-586-3217.



Finley School District #53
224606 E. Game Farm Road, Kennewick, WA 99337
(509) 586-3217 (509) 586-4408 Fax

Date Rec'd

FSD

CLASSIFIED APPLICATION FORM

INSTRUCTIONS: PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

Exercise care in filling out this form. Information given here will become a part of the permanent record, if selected. All questions must be answered completely.

Name _____
Last First Middle

Address _____ City _____

State _____ Zip _____ Phone _____ Cell Phone _____

Email Address _____ Social Security Number _____

Other Name(s) records may be listed under: _____

Position applying for: (Please check all boxes you are interested in)

Location: (Check all that apply)

☐ Para Educator

☐ Maintenance/Custodial

☐ Elementary School

☐ Food Service/Cashier

☐ Secretarial/Clerical

☐ Middle School

☐ Coach

☐ Transportation

☐ High School

☐ District Office

Type of Work: ☐ Full-time ☐ Part-time ☐ Substitute

If applying for specific position please list: _____

WORK EXPERIENCE

(Start with most recent work or attach resume)

Dates Employed	Employer	Position	Reason for Leaving

List special skills, abilities or hobbies _____

EDUCATION

(or attach resume)

	Name of Institution	Location (City, State)	Dates Attended	Diploma or Degree
High School				
College or University				

REFERENCES

Please list the names of four (4) persons who know of your current work and qualifications

Name	Position/Title	Work Phone Number	Home/Cell Phone Number

I certify that all answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my person, employment and other related matters as may be necessary in arriving at an employment decision. I hereby release Finley School District from all liability in making or responding to lawful inquiries in connection with my application for employment.

I understand that application materials are not public records and may be kept confidential (RCW 47.17.310(1)), but that if I become a finalist in the selection process, am actually hired, and/or any application materials become part of my personnel file, they may become subject to public review.

Background Check: I also understand that fingerprinting (state and national) is a requirement of employment with school districts in the State of Washington (RCW 43.43.834). For the recommended applicant, employment will be conditional upon the district's receipt of a conviction history record that is clear of any convictions, adjudications, protective orders, final decisions, or criminal charges. Until such time as this process is completed, my employment shall only be as a casual day-to-day employee and will not in any way bind or require the Finley School District to continue my employment.

Immigration Reform and Control Act Requirement: The recommended applicant will be required to complete an INS I-9 form and must provide proof of employment eligibility.

Signature of Applicant _____ Date _____

All application materials should be mailed to:

**Personnel/Certificated
Finley School District #53
224606 E Game Farm Rd
Kennewick WA 99337**

Finley School District is an Equal Opportunity Employer

Finley School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator and Civil Rights Compliance Coordinator - Human Resource Director, blong@finleysd.org. Section 504/ADA Coordinator – Special Services Director, amclaughlin@finleysd.org Mailing address and phone number: 224606 E Game Farm Rd Kennewick WA 99337, 509-586-3217.



(See RCW 43.43.830)
APPLICANT DISCLOSURE STATEMENT

(All Volunteers having unsupervised access to children under 16 year of age
and all prospective employees are "applicants")

**ALL QUESTIONS MUST BE ANSWERED. ALL REQUIRED DOCUMENTATION
REQUESTED BELOW MUST ACCOMPANY THIS STATEMENT.**

1. Have you ever been convicted of any crime against children or other persons? (The term "convicted" includes all instances in which a plea of guilty or nolo contendere or stipulation to facts or deferred or suspended sentence occurred.)

PLEASE CHECK ANY OF THE FOLLOWING FOR WHICH YOU HAVE BEEN CONVICTED:

Aggravated Murder	First or Second Degree Murder	First or Second Degree Kidnapping
First, Second or Third Degree Assault	First, Second, or Third Degree Assault of a Child	First, Second or Third Degree Rape
First Degree Burglary	First or Second Degree Burglary	First Degree Arson
Indecent Liberties	First or Second Degree Manslaughter	First or Second Degree Extortion
First Degree Promoting Prostitution	Incest	Vehicular Homicide
Simple Assault	Communication with a Minor	Unlawful Imprisonment
Child Abuse or Neglect as Defined in RCW 26.44.020	First or Second Degree Custodial Interference	First or Second Degree Criminal Misconduct
First, Second, or Third Degree Child Molestation	First or Second Degree Sexual Misconduct with a Minor	Malicious Harassment
Patronizing a Juvenile Prostitute	Child Abandonment	Violation of Child Abuse Restraining Order
Child Buying or Selling	Prostitution	Felony Indecent Exposure

PLEASE CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE

If you have been convicted of any such crimes, then state on a separate piece of paper the following:

- A. The nature of the offense charged
- B. The nature and address of the court
- C. The date of disposition
- D. The final disposition

2. Have you ever been found by a court or any disciplinary board in any dependency proceeding under Title 13 RCW, in any domestic relations proceeding under Title 26 RCW, in any protection proceeding under Title 72 RCW, or in any disciplinary board final decision, to have sexually assaulted or exploited any minor or to have physically abused any minor or to have abused or financially exploited any vulnerable adult? If your answer is yes, then attach copies of any court orders or board findings entered in the above proceedings.

YES

NO

3. Have you ever been dismissed or discharged or have you resigned in order to avoid discipline or discharge by an employer? If so, then state on a separate piece of paper the name, address and telephone number of the employer, the nature of the allegations and the final disposition.

YES

NO

4. Are you presently charged with but not convicted of any of the violations or crimes described in paragraphs 1-3 above?

YES

NO

5. Do you have any nicknames or short first names or any other name or alias by which you are referred or by which you refer to yourself, other than as signed below.

YES

NO

If yes, explain: _____

6. Have you previously retired from any other public agency?

YES

NO

If yes, explain: _____

7. Have you ever been convicted of a felony?

YES

NO

If yes, explain: _____

Any falsification or any misrepresentation or omission of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the Finley School District #53, which reserves the right to accept or reject it. A criminal history on all applicants considered for hire by the Finley School District #53 shall be requested through the Washington State Patrol and/or Federal Bureau of Investigation as a pre-employment prerequisite.

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Furthermore, I hereby authorize the Finley School District #53 to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency or the Washington State Patrol or any Federal law enforcement agency to give the Finley School District #53 any information they may have regarding me. I further authorize the Finley School District to disclose any information they may have regarding me if such information is requested by a different potential future employer of me. In consideration of the Finley School District's review of this application, I release the Finley School District #53 and all providers of information from any liability as a result of furnishing and receiving any of the above information.

I also understand and agree that I may be conditionally employed while the Finley School District #53 performs a background record check or while the Finley School District #53 awaits the Board of Directors making a final hiring decision as to whether or not I will be employed by the Finley School District #53. I understand that my employment is conditional on the completion of both of the above acts and until such time as they are completed, my employment shall only be as a casual day-to-day employee and will not in any way bind or require the Finley School District to continue my employment.

Signature _____

Date _____

FINLEY SCHOOL DISTRICT NO. 53

NAME: _____ DATE: _____

(Last)

(First)

Discrimination in the Finley School District is prohibited under Title VII of the Civil Rights Act of 1964. Recognizing its legal as well as social obligation to make equal employment opportunity a reality, the Finley School District is implementing an Affirmative Action Program. The goal of this program is proportionate representation of the entire community at all levels of the school district's program. For the purpose of effectively implementing the District's Affirmative Action Plan, we would appreciate you providing the information below. This information will not be filed with or made part of your application.

In order to accommodate the new federally mandated reporting of staff ethnicity and race data, beginning in 2010-11, school districts are required to collect ethnicity and race data using a "two-part question."

1. Ethnicity – are you either (circle one) Hispanic/Latino or Not Hispanic/Latino

2. Race – Which race category do you belong to? Please check all that apply.

_____ American Indian or Alaska Native (I)
_____ Asian (A)
_____ Black or African American (B)
_____ Native Hawaiian or Other Pacific Islander (P)
_____ White (W)

3. Sex _____ Male
_____ Female

OPTIONAL EMPLOYMENT QUESTIONNAIRE

Section 504 of the Rehabilitation Act of 1973 and Section 402 of the PL 93-509, Vietnam Era Veterans Readjustment Act of 1974 encourages the employment of disabled persons and Vietnam Era Veterans.

The information solicited on this form is for the use of the Finley School District No. 53 pursuant to its voluntary affirmative action efforts. The information is requested on a voluntary basis and will be kept confidential. Refusal to provide the requested information will not subject you to any adverse treatment and will not prejudice your application for employment.

CHECK APPROPRIATE ANSWER:	YES	NO
1. Non-Veteran: Are you physically or mentally disabled?	_____	_____
If yes, explain disability: _____		
2. Veteran: Are you physically or mentally disabled?	_____	_____
If yes, explain disability: _____		
Is disability service connected? If yes, which war?	_____	_____
World War II _____ Korean Conflict _____ Vietnam Era _____		
3. Vietnam Era Non-Disabled Veteran?	_____	_____
4. I do not wish to provide the information requested.	_____	_____

FINLEY SCHOOL DISTRICT NO. 53

PROFESSIONAL REFERENCE FORM

Position applying for: _____

Applicant's Name: _____ has applied for a position with the Finley school District. We ask that you carefully evaluate the applicant in terms of your contact with the applicant.

In what capacity have you know the applicant? _____

From _____ to _____
Date Date

We are interested in having you provide information on the applicant's general behavior, courtesy and appearance. Please make a statement describing what you consider to be the outstanding qualifies of the applicant. Also we would appreciate your identifying any weaknesses pertinent to employment in a school district.

Outstanding Qualities: _____

Weaknesses: _____

General Behavior: _____

Name: _____ Signature: _____

Date: _____ Your phone number: _____

Thank you for assisting us in evaluating this applicant. This is confidential, so please return directly to:

HUMAN RESOURCES
FINLEY SCHOOL DISTRICT NO. 53
224606 E. Game Farm Road
Kennewick, WA 99337

FINLEY SCHOOL DISTRICT NO. 53

PROFESSIONAL REFERENCE FORM

Position applying for: _____

Applicant's Name: _____ has applied for a position with the Finley school District. We ask that you carefully evaluate the applicant in terms of your contact with the applicant.

In what capacity have you know the applicant? _____

From _____ to _____
Date Date

We are interested in having you provide information on the applicant's general behavior, courtesy and appearance. Please make a statement describing what you consider to be the outstanding qualifies of the applicant. Also we would appreciate your identifying any weaknesses pertinent to employment in a school district.

Outstanding Qualities: _____

Weaknesses: _____

General Behavior: _____

Name: _____ Signature: _____

Date: _____ Your phone number: _____

Thank you for assisting us in evaluating this applicant. This is confidential, so please return directly to:

HUMAN RESOURCES
FINLEY SCHOOL DISTRICT NO. 53
224606 E. Game Farm Road
Kennewick, WA 99337



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional Certification
Office of Professional Practices
Old Capitol Building, PO BOX 47200
OLYMPIA WA 98504-7200
OPP (360) 725-6130 TTY (360) 664-3631
Web Site: <http://www.k12.wa.us/certification>
E-Mail: cert@k12.wa.us

CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

SECTION I - PERSONAL INFORMATION (please print or type)

1. NAME LAST FIRST MIDDLE	2. MAIDEN NAME
3. ADDRESS CITY/STATE/ZIP	4. DATE OF BIRTH
5. SOCIAL SECURITY NO. (OPTIONAL)	
6. TELEPHONE BUSINESS: () HOME: ()	7. E-MAIL
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)	
_____ Date	
_____ Date	
_____ Date	

SECTION II - PROFESSIONAL FITNESS

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever held or do you currently hold a Washington education certificate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries: |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry. |

If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or avoidance.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever withdrawn an application for any education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending? |

- | | | |
|---------------------------------|--------------------------------|--|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 10. Have you ever been disciplined by a past or present employer because of allegations of misconduct? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct? |

SECTION III - CRIMINAL HISTORY

If you answer "yes" to any of the questions 1–5 (Section III), please provide the following:

- A. On a separate sheet of paper state the following:
- A detailed statement including what occurred, the nature of the offense, charge or warrant.
 - The name and address of the arresting agency.
 - If a court was involved, the name and address of the court.
 - The date of the arrest.
 - The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).
- C. Provide a copy of the complete arresting officer's report.
- D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).
- E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

- | | | |
|---------------------------------|--------------------------------|---|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been convicted of any felony crime? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper. |

SECTION IV - FITNESS

If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:

- | | | |
|---------------------------------|--------------------------------|--|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the last 10 years, have you ever threatened to damage or destroy property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.) |

SECTION IV - FITNESS

Yes No

☐ ☐

6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?

N/A

☐ ☐

7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?

N/A

☐ ☐

If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

☐ ☐

8. Do you currently use illegal drugs?

☐ ☐

9. Have you used illegal drugs in the last year?

N/A

☐ ☐

If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

Yes No

☐ ☐

10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?

☐ ☐

11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

Yes No

☐ ☐

12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)

☐ ☐

13. Are you currently in non-compliance with a support order?

SECTION V - CHARACTER REFERENCES

List three individuals, not related to you, who will serve as character references.

NAME

TELEPHONE NUMBER

()

MAILING ADDRESS

CITY/STATE/ZIP

E-MAIL ADDRESS (OPTIONAL)

NAME

TELEPHONE NUMBER

()

MAILING ADDRESS

CITY/STATE/ZIP

E-MAIL ADDRESS (OPTIONAL)

NAME

TELEPHONE NUMBER

()

MAILING ADDRESS

CITY/STATE/ZIP

E-MAIL ADDRESS (OPTIONAL)

*** ATTENTION ***

Please complete the appropriate sections on the next page (pg. 4 of 4).

ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT

AFFIDAVIT

I, _____ certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

SIGNATURE

DATE

CITY/STATE

COLLEGE/UNIVERSITY STUDENTS ONLY

Please also complete the release below:

AFFIDAVIT

I hereby authorize _____ to release, orally or in writing as may be requested,
(name of college/university)
all student records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 181-86, and WAC 181-87, as now or hereafter amended.

SIGNATURE OF APPLICANT

DATE