

The Washington State Board of Education

Governance | Achievement | High School and College Preparation | Math & Science | Effective Workforce

Old Capitol Building, Room 253
P.O. Box 47206
600 Washington St. SE
Olympia, Washington 98504

SBE Position for a Policy Associate
\$35,000 (part time (.5 FTE) until January 1, 2013
Opens: October 7, 2011
Closes: October 13, 2011

ROLE: Policy Associate (part-time)

ESSENTIAL DUTIES:

- Provide research, writing, and analytical staff support to the work of the State Board of Education in several key areas, including:
 - Development and implementation of statewide accountability systems as required in chapter RCW 28A.657.005, including researching potential models of continuous support for struggling schools and districts in Washington State.
 - Assist in the research and development of system-wide education goals to guide the work of the State Board of Education, as required by RCW 28A.305.130.
- Other research and administrative duties, as assigned.

QUALIFICATIONS AND EXPERIENCE

- Working knowledge of K-12 education policy issues impacting Washington schools.
- Familiarity with the work of the State Board of Education, the Washington State Legislature, and Washington's public education system, including schools, and school districts.
- Excellent oral and written communication skills, as well as the ability to analyze data and understand what makes data meaningful to different stakeholder audiences in the educational system.
- Master's degree in education, public policy, or related subject area and at least ten years of professional work experience in public schools or related educational policymaking organizations preferred.

COMPENSATION

This position serves at the pleasure of the Executive Director of the State Board of Education and is exempt from civil service laws. The projected annual compensation range for the part time (.5 FTE) position is \$35,000, depending upon qualifications. Washington State has a generous benefit package including health, dental and life insurance, retirement, and an optional deferred compensation program.

APPLICATION PROCESS

Those interested in this position may apply by submitting a letter of interest specifically addressing the qualifications listed in this announcement; a current resume; a list of three professional references, with current contact information (including email); and the optional affirmative action information request below. Please send (electronically or in hard copy) all application materials to:

Loy McColm, Executive Assistant
600 Washington Street, SE/Post Office Box 47206
Olympia, Washington 98504-7200
Voice/Message: 360-725-6027; FAX: 360-664-0567

E-mail: loy.mccolm@k12.wa.us Internet: <http://www.sbe.wa.us>

SBE VOLUNTARY AFFIRMATIVE ACTION FORM

Completing this form will enable the State Board of Education to assess the composition of the workforce for Affirmative Action planning purposes. We ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential and will be available only to authorized personnel. It will be maintained in a location separate from your official personnel file. The information you provide may require verification. Please be advised, if race, culture, military and/or disability status is not indicated, the statewide personnel computer system will classify you as Caucasian, no active military duty and no disability. Please review the affirmative action definitions attached to this form.

Name:	
Date of Birth (MM/DD/YY):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity/Hispanic Origin	
Are you of Hispanic/Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hispanic Origin includes all persons of Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Central or South American, Dominican, Latin American or other Spanish culture or origin, regardless of race.	
Race Information (check all that apply)	
<input type="checkbox"/> American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.	
<input type="checkbox"/> Asian – A person having origins in any of the Asian groups.	
<input type="checkbox"/> Black/African-American	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> White/Caucasian	
Disability Information	
Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, or learning? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veteran Information (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Non Veteran	
<input type="checkbox"/> Vietnam-era Veteran	
<input type="checkbox"/> Disabled Veteran*	
<input type="checkbox"/> Discharged with a duty-related disability* and less than 1 year of service	
<input type="checkbox"/> Discharged at the convenience of the government with less than 1 year of service	
<input type="checkbox"/> Honorably Discharged with 1 year + of service receiving less than \$500 month	
<input type="checkbox"/> Separated or Retired Veteran earning less than \$500 month in retirement pay or with fewer than 20 years' active service.	
<input type="checkbox"/> Retired Veteran earning more than \$500 month in retirement pay or with 20 or more years' active service.	
<input type="checkbox"/> Other Veteran: _____	
<input type="checkbox"/> Surviving Spouse or Surviving Registered Domestic Partner of a Veteran.	
Please Choose Branch of Military:	
<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> National Guard <input type="checkbox"/> Coast Guard	
If you are a disabled veteran, state your percent (%) of disability _____ %	
Signature:	Date: