



Blaine School District NO. 503

765 H Street
Blaine, WA. 98230

Phone 360-332-5881 Fax 360-332-7568

CERTIFICATED APPLICATION FORM

Last Name	First Name	Middle Name		
Address Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number	

State Positions desired in order of preference:

1. _____ Posting No. _____
1. _____ Posting No. _____
3. _____ Posting No. _____
4. Extracurricular areas: _____

Certificate Information	Have you ever had a certificate revoked? (identify date, certificate, reason.) Reason _____	Yes___ No___ (if yes)	
List below teaching, administrative, and special certificates for the State of Washington which you hold or will hold. For Washington State Initial Teaching Certificate and other certificates, be certain to list all endorsements, if any.			
Type of Certificate	Endorsement	Issue Date	Expiration Date

Are you a member of the Washington Teachers' Retirement System? Yes___ No___

What teaching certificate for Washington do you have? _____
 Expiration date _____

Have you ever filed an application with us before? Yes___ No___
 If Yes, give date _____

Have you ever been employed with us before? Yes___ No___
 If Yes, give date _____

Are you currently employed? Yes___ No___

May we contact your present employer? Yes___ No___

Administrative/Teaching Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

School District and School	Dates Employed		Work/Activities Performed
	From	To	
Address			
Telephone Number (s)	Hourly Salary		
	Starting	Final	
Position Supervisor			
Reason for Leaving			

2.

School District and School	Dates Employed		Work/Activities Performed
	From	To	
Address			
Telephone Number (s)	Hourly Salary		
	Starting	Final	
Position Supervisor			
Reason for Leaving			

3.

School District and School	Dates Employed		Work/Activities Performed
	From	To	
Address			
Telephone Number (s)	Hourly Salary		
	Starting	Final	
Position Supervisor			
Reason for Leaving			

4.

School District and School	Dates Employed		Work/Activities Performed
	From	To	
Address			
Telephone Number (s)	Hourly Salary		
	Starting	Final	
Position Supervisor			
Reason for Leaving			

Education

	High School	Undergraduate College	Graduate Professional	Other (Specify)
Name and Address of School				
Dates Attending				
Number of Years				
Major				
Minor				
Diploma or Degree				
Year of Graduation				
Grade Point Average				
Honors				
Activities				

Student Teaching

Extracurricular Experience

Dates: From-To (mo/yr)		Dates From-To (mo/yr)	1.
School District		School District	
Name of School		Activity	
School Phone & Area Code		Dates: From-To (mo/yr)	2.
Grades/Subjects Taught		School District	
Cooperating Teacher		Activity	
Principal		Comments	

References List references, including supervising administrators under who you have taught, who have first-hand knowledge of your teaching ability, work history, work performance and scholarship.

Name	Address	Area Code/Phone	Official Position
1.			
2.			
3.			
4.			

Extracurricular Activities State activities you are qualified to supervise in order of preference:
(I.e., athletics, drama, etc.)

1. _____ 3. _____
2. _____ 4. _____

Have you ever been convicted of any crime or been released from prison following conviction of a crime? Yes__ No__ If **YES**, give dates and explanation: (Conviction does not automatically exclude you from consideration for employment.)

Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position? Yes__ No__ if **YES**, please explain: (Answering "yes" does not automatically exclude you from consideration for employment.)

Any offer of employment will be subject to the acceptable outcome of a criminal history records check.

I authorize Blaine School District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any current or former employer, person, firm, agency to provide Blaine School District with information they have regarding me. I hereby release and discharge Blaine School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application, including any accompanying inserts, 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.

Applicants Signature _____ Date _____