



# Bellingham Public Schools

...where every student learns

1306 Dupont Street, Bellingham, WA 98225  
(360) 676-7766  
www.bham.wednet.edu

## CERTIFICATED APPLICATION

(Please Print or Type)

Your social security number is not required at the time of application. It will be necessary to disclose it upon hiring for federal income tax, state retirement, and internal record keeping purposes.

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
(Street/P.O. Box) (Apt. #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

( ) ( )  
(Current Phone) (Cell/Message Phone) (E-Mail)

## PREFERENCES

Prioritize the grade level you prefer to teach, #1 being your first choice. Please use each number only **ONCE**.

Preschool  Elementary (K-5)  Grades 6 – 8  Grades 9 - 12

Please list up to **four** subject areas you prefer to teach, in order of priority

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

## SPECIAL EDUCATION

Prioritize the grade level you prefer to teach, #1 being your first choice. Please use each number only **ONCE**.

Preschool  Elementary (K-5)  Grades 6 – 8  Grades 9 – 12

Prioritize the special education areas you prefer to teach, #1 being your first choice. Please use each number only **ONCE**.

Emotionally/Behaviorally Disabled  Visually Impaired/Blind  
 Learning Disabilities  Deaf/Hearing Impaired  
 Severe and Multiple Disabilities  Other \_\_\_\_\_

I am interested in **SUBSTITUTE TEACHING**

**EDUCATIONAL TRAINING (List all colleges and universities in order of attendance.)**

DATES: (MO./YR.)	NAME OF SCHOOL	CITY STATE	MAJOR	MINOR	DEGREE	DATE DEGREE GRANTED	GPA
<b>HIGH SCHOOL</b>					<input type="checkbox"/> YES <input type="checkbox"/> NO		
From: ___/___ To: ___/___							
From: ___/___ To: ___/___							
From: ___/___ To: ___/___							
From: ___/___ To: ___/___							

**STUDENT TEACHING / PRACTICUM / INTERNSHIP**

DATES (MO./YR.)	SCHOOL & DISTRICT	GRADE/SUBJECT	PRINCIPAL'S NAME & PHONE #	COOPERATING TEACHER'S NAME & PHONE #
From: ___/___ To: ___/___				
From: ___/___ To: ___/___				

**SUBSTITUTE TEACHING (by school year)**

**SUBSTITUTE TEACHING (by school year)**

DATES (MO./YR.)	DISTRICT NAME & ADDRESS	DISTRICT CONTACT & PHONE #	DATES (MO./YR.)	DISTRICT NAME & ADDRESS	DISTRICT CONTACT & PHONE #
From: ___/___ To: ___/___			From: ___/___ To: ___/___		
From: ___/___ To: ___/___			From: ___/___ To: ___/___		

**CERTIFICATED CONTRACTED EXPERIENCE (Begin with most recent. Do not include substitute teaching.)**

DATES (MO./YR.)	SCHOOL DISTRICT, ADDRESS, & NAME OF SCHOOL	SUBJECT/ GRADE(S)	Full or Part-time (FTE)	SUPERVISOR'S NAME, TITLE & PHONE #	REASON FOR LEAVING
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					

**EXPERIENCE OTHER THAN TEACHING (Include military experience.)**

DATES (MO./YR.)	EMPLOYER & ADDRESS	SUPERVISOR'S NAME, TITLE & PHONE #	TYPE OF WORK/POSITION	REASON FOR LEAVING
From: ___/___ To: ___/___				
From: ___/___ To: ___/___				
From: ___/___ To: ___/___				
From: ___/___ To: ___/___				

**WORLD LANGUAGE SKILLS**

LIST LANGUAGE(S) OTHER THAN ENGLISH: \_\_\_\_\_

Reading/Writing Skills:  Limited  Proficient

Oral Skills:  Limited  Proficient  Native/Near Native

**SIGN LANGUAGE SKILLS**

Fingerspelling/Numbers  American Sign Language  Pidgeon Signed English  Signing Exact English

Expressive Skills:  Limited  Proficient

Receptive Skills:  Limited  Proficient

Certified (please specify language and certification type): \_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES**

List activities you are qualified to supervise in order of preference (i.e. athletics, drama, etc.):

1)	2)	3)	4)
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**PROFESSIONAL REFERENCES (List principals & supervisors who are familiar with your professional experience.)**

NAME	POSITION	EMPLOYER & ADDRESS	PHONE #
			Work (____)_____
			Home (____)_____
			Work (____)_____
			Home (____)_____
			Work (____)_____
			Home (____)_____

Any offer of employment will be subject to the acceptable outcome of a criminal history records check, favorable information received from previous school district employers per RCW28A.400.301, and approval by the Board of Directors.

I authorize Bellingham School District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any current or former employer, person, firm, or agency to provide Bellingham School District with information they have regarding me. I hereby release and discharge Bellingham 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.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Bellingham School District is an equal opportunity employer. The District does not discriminate on the basis of race, religion, creed, national origin, age, sex, or disability. The District has implemented an affirmative action program and encourages qualified women and minority applicants to apply. Union membership or representation fee is a requirement for employment in a certificated classification unless the employee claims a "bona fide" exemption.*