

**MERIDIAN SCHOOL DISTRICT NO 505**  
**214 W Laurel Road, Bellingham, WA 98226**  
**Certificated Application Form**

Meridian School District is an equal opportunity employer. We encourage applications from disabled and ethnic candidates as well as men and women for employment in non-traditional roles.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State/Zip

Phone (\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Have you been known by another name? No \_\_\_\_ Yes \_\_\_\_

**PROFESSIONAL INFORMATION**

Designate in order of preference the type of position for which you are applying by **WRITING THE NUMERALS 1, 2, 3 ETC. BESIDE THE FOLLOWING:**

\_\_\_\_ Kindergarten \_\_\_\_ Primary \_\_\_\_ Elementary \_\_\_\_ Middle \_\_\_\_ Senior \_\_\_\_ Special \_\_\_\_ Administrative

<p><b>ELEMENTARY TEACHERS</b></p> <p>Please indicate numerical order of preference          ____1 ____2 ____3 ____4 ____5 ____6</p> <p>Specialist Areas: _____          _____</p>	<p><b>SECONDARY TEACHERS</b></p> <p>Please list below in order of preference the special positions and grade(s) for which you wish to be considered and are qualified:          Subject: _____ Grade(s) _____          _____          _____</p>
<p><b>SPECIAL EDUCATION</b></p> <p>Please indicate numerical order of preference</p> <p>____ Preschool ____ K-3 ____ 4-5 ____ 6-8 ____ 9-12</p> <p>____ behaviorally disordered          ____ hearing impaired          ____ learning disabled          ____ mentally retarded          ____ orthopedically handicapped          ____ life skills          ____ visually impaired          ____ other _____</p>	<p><b>SPECIALIST</b></p> <p>____ communication disorder specialist          ____ counselor          ____ librarian          ____ occupational therapist          ____ physical therapist          ____ psychologist          ____ other _____</p>

### EDUCATION

Name of Institution City and State	Dates Attended Mo/Yr to Mo/Yr	Degree Earned	Major	Minor

Undergraduate GPA \_\_\_\_\_ Graduate GPA \_\_\_\_\_

### CERTIFICATED EXPERIENCE

(Indicate student teaching when appropriate)

District Name, Address, Street, City, State	Grade Taught	Subject Taught	Dates of Employment	Total Years	Reason for Leaving
_____					
_____					
_____					
_____					
_____					

### VOLUNTEER/OTHER EXPERIENCE

(Include military/Peace Corp/VISTA)

Employer	Address	Phone No.	Position	Dates of Service (Mo/Yr)

## REFERENCES

Please list three (3) of your most recent references, including principals/supervisors with whom you have worked who could be contacted to provide first-hand knowledge of your professional ability, character and scholarship.

Name	Address	Home Phone	Work Phone	Official Position

## CERTIFICATION

Enclose copies of all current Washington State certificates you hold.

In order for us to give serious consideration to your application, you must hold a valid Washington State certificate, or provide documented evidence that such a certificate will be issued in the near future. For certificates or certification requirements, write:

Office of State Superintendent  
of Public Instruction  
Old Capital Building, P O Box 47200  
Olympia, WA 98504-7200

	Type*	Number	Date Issued	Expiration Date	Endorsements**
Teaching					
ESA					
Vocational					
Administrator					

\* For example: standard, continuing, initial, permit, 3-year vocational.

\*\* Endorsements are required for all initial certificates and for continuing certificates for which requirements were met after 8/31/87.

## PERSONAL INFORMATION

Do you presently have a contractual association with any other district (e.g. under contract, on leave)? If yes, please explain: \_\_\_\_\_

Have you previously been employed by or applied to this School District: \_\_\_\_\_  
If yes, please indicate during which year(s) and, if employed, in what capacity, and under what name: \_\_\_\_\_

Have you been convicted of any criminal offense within the past 7 years? \_\_\_\_\_ If yes, please explain through attachment. (A record of conviction will not automatically bar you from employment.)

Have you ever had a certificate revoked, suspended or denied, or have you voluntarily relinquished a teaching certificate to avoid revocation procedures? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, name of state \_\_\_\_\_.

Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted.)

Give the names and relationships of any relatives you have working for the District:

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## GENERAL INFORMATION

To have a completed file; the following must be received by Personnel Services:

- Completed application form;
- University/College placement file or a minimum of three (3) current recommendation letters;
- Photocopy of your Washington State certificate(s)

Special Accommodations: If you are an individual with a disability who may need accommodation to enable you to complete the application process or participate in an interview, please let us know within a reasonable time frame or at the time your appointment is scheduled.

### **PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION**

I authorize the District to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the District from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the District.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials, employment references and background. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the District has not employed me and for immediate dismissal if the District has employed me. I also authorize the District to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the District from any and all liability for its providing this information.

I hereby acknowledge that I have read and understand the preceding statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date