

SCHOOL DISTRICT ADMINISTRATIVE EXPERIENCE: *(Begin with most recent.)*

Dates (mm/yy)	School District Location (City & State) Name of School	Administrative Position(s) Held	Reason for Leaving	Supervisor Name and Phone Number
From: ____/____ To: ____/____				() -
From: ____/____ To: ____/____				() -
From: ____/____ To: ____/____				() -
From: ____/____ To: ____/____				() -
From: ____/____ To: ____/____				() -
From: ____/____ To: ____/____				() -

CERTIFICATED TEACHING EXPERIENCE: *(Begin with most recent. Do not include substitute or student teaching.)*

Dates (mm/yy)	School District Location (City & State) Name of School	Teaching Position(s) Held	Reason for Leaving	Supervisor Name and Phone Number
From: ____/____ To: ____/____				() -
From: ____/____ To: ____/____				() -
From: ____/____ To: ____/____				() -
From: ____/____ To: ____/____				() -
From: ____/____ To: ____/____				() -
From: ____/____ To: ____/____				() -

EXPERIENCE - OTHER THAN TEACHING OR SCHOOL ADMINISTRATOR:

Dates (mm/yy)	Employer Name Address	Position(s) Held	Reason for Leaving	Supervisor Name and Phone Number
From: ____/____ To: ____/____				() ____ - ____
From: ____/____ To: ____/____				() ____ - ____
From: ____/____ To: ____/____				() ____ - ____
From: ____/____ To: ____/____				() ____ - ____
From: ____/____ To: ____/____				() ____ - ____

EMPLOYMENT GAPS: *Explain any gaps that may appear in your employment history.* _____

PROFESSIONAL REFERENCES:

Name	Title	Employer Name	Phone Number
			wk () ____ - ____ hm () ____ - ____
			wk () ____ - ____ hm () ____ - ____
			wk () ____ - ____ hm () ____ - ____

RETIREMENT SYSTEM:

Are you a member of the Washington Sate Teachers' Retirement System? Yes No

If yes, which plan? TRS Plan 1 TRS Plan 2 TRS Plan 3 Other _____

Are you are a retiree? Yes Date: _____ No

APPLICANT AUTHORIZATION AND CERTIFICATION:

I authorize the 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 or agency to provide Blaine School District with information they have regarding me. I hereby release and discharge the Blaine School District and those who provide information from any application, including any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application packet, including any accompanying inserts, shall be sufficient cause for dismissal. References and personal information which become part of this application will be regarded as confidential and shall not be revealed to me.

Applicant Signature: _____ Date: _____

Blaine School District is an equal opportunity employer. We prohibit discrimination based on race, color, religion, creed, national origin, gender, marital status, age, pregnancy, or the presence of a disability, or any other basis prohibited by law. The Blaine School District supports the spirit, policies and practices of affirmative action, and has implemented programs to address the diversity of the work force.