



# Bellflower Unified School District

16703 SOUTH CLARK AVENUE, BELLFLOWER, CALIFORNIA 90706  
PHONE (562) 866-9011, ext.2120

Thank you for your recent inquiry regarding employment in our school district. To apply, please complete and return this application to the Personnel Services Department. It is required that you include the following items with your application:

1. Resume
2. Letter of Interest
3. 3 letters of recommendation
3. Transcripts identifying Master's Degree (Photocopies acceptable), Administrative Degree or Certificate of Eligibility
4. Certification of a passing score on the California Basic Educational Skills Test (CBEST) **OR** verification of service in California, in a public school, requiring certification within the last 39 months
5. Photocopy of your credential(s). Qualifications for a teaching credential vary from state to state and California no longer has reciprocity with other states. In California, an individual holding a valid out of state credential may be eligible for one of several types of Emergency credentials. This procedure is intended to provide the holder a year in which to pass the CBEST test and complete any coursework necessary to qualify for a California credential.

The District offers a choice of one of three medical plans, a choice of one of two dental plans, and vision insurance for the employee, spouse and qualified immediate dependents.

Thank you again for your interest. We look forward to receiving your completed application.

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**



Code the experience by type: R (regular), S (substitute), ST (student teaching).

TYPE	DATES		GRADE OR SUBJECT	SCHOOL	DISTRICT	MAILING ADDRESS
	FROM	TO				

**WORK EXPERIENCE OTHER THAN TEACHING:**

TYPE OF WORK	DATES FROM TO	NAME OF EMPLOYER	POSITION TITLE	ADDRESS	PHONE (INCLUDE AREA CODE)

**PROFESSIONAL REFERENCES:**

NAME	POSITION	PHONE (INCLUDE AREA CODE)

**COLLEGE/UNIVERSITY EDUCATION:**

NAME AND LOCATION	ATTENDED		GRADUATED		MAJOR(S)	MINOR(S)
	FROM	TO	DATE	DEGREE		

Do you have any relatives employed by this district? If so, please list their names and relationship to you.

**I HEREBY CERTIFY** that all statements made herein are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded and other related legal matters as may be necessary. I release from all liability persons and organizations responding to inquiries in connection with my application.

**I FURTHER UNDERSTAND** that falsification of any information provided on my application or in my interview(s) may result in discharge and that I am required to abide by all rules and regulations of the school district.

If employed, your Social Security Number will be used to identify your employee records and to report your retirement funds to the appropriate state and federal agencies. Disclosure of your number is mandatory upon employment, as required by Education Code 22400 and other related state and federal laws.

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Signature of Applicant

Date

**DIRECTIONS:** Please answer the following questions as briefly and thoroughly as possible. Use only the space provided.

1. Why did (do) you want to be an educational administrator?
2. On what basis do (or will) you judge your success as an educational administrator?
3. On what basis do (or will) you delegate?
4. How important is being well organized to an educational administrator? Why?
5. How do (or will) you get people excited about trying new ideas?



# FAIR EMPLOYMENT SHEET

Please complete this form and return it with your application.

PLEASE PRINT OR TYPE

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

Your Social Security number will be used for identification purposes in the employment and payroll process. Our authority to request this information is based upon provisions of the Internal Revenue Code, Social Security Act and the Public Employees Retirement Law.

NAME: \_\_\_\_\_  
Last First Middle

JOB APPLIED FOR: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_  
month/day/year

REFERRAL SOURCE:

Advertisement Where? \_\_\_\_\_  Relative  Friend  Walk-in  Other Where? \_\_\_\_\_

## BUSD EMPLOYEES ONLY

CURRENT JOB CLASS TITLE: \_\_\_\_\_

WORK SITE: \_\_\_\_\_

## WHAT IS YOUR ETHNICITY?

(Please check one and proceed to "WHAT IS YOUR RACE", below.)

- HISPANIC OR LATINO (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- NOT HISPANIC OR LATINO

NO MATTER WHAT YOU SELECTED ABOVE, PLEASE COMPLETE THIS SECTION

## WHAT IS YOUR RACE?

(Please check one or more boxes to indicate what you consider your race to be.)

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE<br>(Persons having origins in any of the original people of North, Central or South America.) | <input type="checkbox"/> LAOTIAN     | <input type="checkbox"/> TAHITIAN  |
| <input type="checkbox"/> CHINESE  | <input type="checkbox"/> CAMBODIAN   | <input type="checkbox"/> OTHER PACIFIC ISLANDER  |
| <input type="checkbox"/> JAPANESE   | <input type="checkbox"/> HMONG       | <input type="checkbox"/> FILIPINO/FILIPINO AMERICAN  |
| <input type="checkbox"/> KOREAN   | <input type="checkbox"/> OTHER ASIAN | <input type="checkbox"/> AFRICAN AMERICAN OR BLACK   |
| <input type="checkbox"/> VIETNAMESE   | <input type="checkbox"/> HAWAIIAN    | <input type="checkbox"/> WHITE<br>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.) |
| <input type="checkbox"/> ASIAN INDIAN   | <input type="checkbox"/> GUAMANIAN   |  |
|   | <input type="checkbox"/> SAMOAN      |  |

PHYSICAL HANDICAPS: (List or describe any physical handicaps.)

Please attach a note to your application explaining any special arrangements you need to take the examination because of a physical handicap.