



CERTIFICATED EMPLOYMENT OPPORTUNITY
BELLFLOWER UNIFIED SCHOOL DISTRICT

16703 SOUTH CLARK AVENUE, BELLFLOWER, CA 90706 (562) 866-9011



PLEASE POST

CERTIFICATED SUBSTITUTE TEACHER

ALL SUBJECTS AND ALL GRADE LEVELS K- 12

APPLICATIONS ACCEPTED UNTIL DISTRICT NEEDS ARE MET

SALARY:

- 1. DAILY RATE - \$130 *(Rates effective 3/17/08)*
- 2. LONG TERM RATE - \$225.00 (Begins on the 21st consecutive day of continuous assignment at (1) location/ position)

CERTIFICATION REQUIREMENTS:

- 1. Valid California teaching credential plus verification of CBEST if applicant has not taught in California in preceding 39 months.
- OR
- 2. Valid 30 day Substitute permit and verification of CBEST

APPLICATION PROCEDURE:

Interested applicants must submit:

- 1. Completed district application form & resume
- 2. Copy of valid California Credential or 30 day Substitute Permit
- 3. CBEST verification where necessary
- 4. Copies of transcripts (need not be official)

THE ABOVE MATERIALS ARE TO BE SENT TO THE FOLLOWING ADDRESS

BELLFLOWER UNIFIED SCHOOL DISTRICT
Attention: Certificated Personnel
16703 South Clark Avenue
Bellflower, CA 90706

SUBSTITUTES USED FOR:

10 Elementary Schools – 2 High Schools – 1 Continuation High School
Special Education Classes & Bellflower Alternative Educ.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



CERTIFICATED EMPLOYMENT APPLICATION - SUBSTITUTE TEACHER
PLEASE TYPE OR PRINT IN INK

NAME: _____
Last First Middle

CURRENT ADDRESS: _____
City Zip Code

MAILING ADDRESS: _____
(If different than above) City Zip Code

HOME PHONE () _____ WORK PHONE () _____ MESSAGE PHONE () _____

SOCIAL SECURITY NUMBER: _____

SUBJECT/GRADE LEVELS OF INTEREST:

DAYS AVAILABLE TO SUBSTITUTE TEACH: _____

CALIFORNIA CREDENTIAL(S)/PERMIT(S) CURRENTLY HELD: *			
Exact Name of Credential	Services Authorized		
	Grade Levels	Subjects	Date Expires

*If you do not hold a California credential/permit, but have applied for one, complete the above information using the last column to indicate the date you applied for your California credential/permit.

Please answer the following questions with a "Yes" or a "No". For each "Yes" answer, prepare a written explanation and attach it to this application.

- A. Has your credential ever been suspended or revoked? _____
- B. Have you ever been dismissed or asked to resign from any teaching position? _____
- C. Have you ever been convicted, or have you ever pleaded nolo contendere, for anything other than a minor traffic violation? _____
- D. Do you have any physical or mental health condition which will prevent you from satisfactorily performing any of your duties in the position for which you have applied? _____

THIS APPLICATION IS FOR SUBSTITUTE TEACHING ONLY. PLEASE SUBMIT APPROPRIATE APPLICATIONS(S) FOR OTHER POSITION OF INTEREST.

ANSWER ALL QUESTIONS WITHIN THE SPACE PROVIDED

1. Why did (do) you want to become a teacher?

2. Would you describe an outstanding teacher?

3. A student is having trouble with a specific academic skill. How would you help this student?

ANSWER ALL QUESTIONS WITHIN THE SPACE PROVIDED

4. How important is success in learning and how do you help students experience success?

5. Why is organization important to a teacher?

6. How do teachers create high expectations for student achievement?

7. What are the components of a lesson?

TEACHING EXPERIENCE:

List all experience on this application. Do not substitute a resume for this section of the application. List the last position first. If you have less than 5 years of experience, show student teaching experience. Code the experience by type: R (regular), S (substitute), ST (student teaching). If the space provided is insufficient, identify your additional experience on a separate page and attach it to this application.

TYPE	DATES		GRADE LEVEL/SUBJECT	DISTRICT	MAILING ADDRESS
	FROM	TO			

TOTAL YEARS OF TEACHING EXPERIENCE: _____

If you have qualifications which equip you to work with culturally different and/or minority groups and multi-ethnic programs, attach a brief explanation to this application and check the box on the left.

Languages you can converse in: _____

COLLEGE/UNIVERSITY EDUCATION:

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

Number of semester units of graduate work beyond your Bachelor's degree _____
 (1 quarter unit = 2/3 semester unit.)

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. I release from all liability persons and organizations reporting information required on this application. **I FURTHER UNDERSTAND** that falsification of any information provided herein may be caused for immediate dismissal.

 Signature of Applicant Date

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
(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
(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.