

APPLICATION FOR CERTIFICATED EMPLOYMENT

Any offer of employment is subject to a criminal history check and any person will be barred from employment if he or she has a prior conviction for a serious or violent felony as specified, refer to Penal Code Sections 1192.7 and 667.5 (unless the applicant has obtained a certificate of rehabilitation and pardon, or if for a serious felony, a court finding of rehabilitation). Prospective employees will be given consideration for all positions without regard to race, color, religion, national origin, age, sex, marital or veteran status, or non job-related medical conditions or physical handicaps.

Date: _____ Position Applied For: _____

PERSONAL INFORMATION

LAST NAME		FIRST	MI	FORMER NAMES
MAILING ADDRESS		PHYSICAL ADDRESS		DAYTIME PHONE
CITY, STATE, ZIP				EVENING PHONE
SOCIAL SECURITY NUMBER (NOTE: Social Security Number is optional. Failure to submit number on this form will not prohibit employment consideration.)			E-MAIL ADDRESS and/or FAX NUMBER	
Are you able to perform the essential functions required of the position for which you are making application with or without a reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO			If employed, could you furnish verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	

What type of work are you available for? FULL TIME PART TIME TEMPORARY SUBSTITUTE

CALIFORNIA CERTIFICATION

Credential Type <small>Please attach copies to this application.</small>	Subject Authorization	Grade Authorization	Expiration Date

Have you applied for a teaching credential, and through which college or university?
 YES NO University: _____ Date Applied: _____

Name of California teaching credential applied for: _____

Have you met CBEST requirements? YES NO If NO, please explain: _____

An explanation is required for all YES answers. Attach an additional page if more room is needed.

Have you ever had a credential suspended or revoked, or received any other type of disciplinary action from any teaching or licensing agency of any type, from any state or country? YES NO

If yes, please indicate action: Revocation Suspension Other _____
 Explain when, where, why action was taken and current status:

Have you ever been dismissed, non-reemployed, or asked to resign from any contracted certificated position? YES NO
 If yes, please explain.

Have you ever left a position prior to the expiration of the contract? YES NO
 If yes, please explain.

Have you ever been convicted of a felony or misdemeanor? YES NO
 If yes, explain when, where, and disposition of case(s). NOTE: A conviction may not necessarily disqualify you from the job for which you have applied.

PROFESSIONAL TEACHING AND STUDENT TEACHING EXPERIENCE

Dates From / To	Total Years	District Name or County Office Name	School Name and Address	Grades/Subject Taught	Principal and/or Supervisor's Name	Telephone Number(s)

EDUCATIONAL AND PROFESSIONAL PREPARATION

College/University Names and Address	Diploma/Degree	Major	Minor	Grad. Date

Number of semester units earned after BA or BS degree: _____

(1 quarter unit = 2/3 semester unit)

PROFESSIONAL REFERENCES

Name of Reference Please use references other than those supervisors listed on the employment section of this application.	Position	How Long Associated?	Telephone Number
1.			
2.			
3.			

PERSONAL REFERENCES

Name of Reference	Profession	How Long Associated?	Telephone Number
1.			
2.			
3.			

ADDITIONAL INFORMATION

My signature below authorizes the school district/county office of education to conduct a background investigation and authorizes release of information in connection with my application for employment. Further, I hold harmless any individual or firm for any information that they may provide in this investigation which may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation, hereby release the school district/county office of education and the reference source from any all liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: Law enforcement agencies and any Locality to which they may refer for release of information pertaining to any finds of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district/county office of education.

Name: _____ Date: _____