



SANGER UNIFIED SCHOOL DISTRICT

1905 7TH STREET • SANGER, CALIFORNIA 93657 • (559) 524-6521

FAX (559) 875-1081

CERTIFICATED APPLICATION FOR EMPLOYMENT

Applicant's Full Name: _____
(Last) (First) (M.I.) (Other Name)

Address: _____
(Street) (City) (State) (Zip)

Telephone Numbers: () _____ () _____
Home Work

Social Security Number: _____ (Note: Completion of number is optional. Failure to submit Social Security number on this form will not prohibit employment consideration. Social Security number may be required on other forms prior to employment.)

<p>Mark the Appropriate Boxes</p> <p><input type="checkbox"/> New Application</p> <p><input type="checkbox"/> Former Employee</p> <p>If employed, could you furnish verification of your legal right to work in the U.S.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>_____</p> <p>_____</p>	<p>Indicate Position(s) Desired</p> <p><input type="checkbox"/> Nurse (Specify Area) _____</p> <p><input type="checkbox"/> Teacher Special Ed. <input type="checkbox"/> Administrator</p> <p><input type="checkbox"/> Counselor <input type="checkbox"/> Supervisor</p> <p><input type="checkbox"/> Teacher/Elementary <input type="checkbox"/> Psychologist</p> <p><input type="checkbox"/> Teacher/Secondary</p> <p><input type="checkbox"/> Other (explain) _____</p> <p>_____</p> <p>List grade level(s) and/or subject area(s) in order of preference.</p> <p>_____</p> <p>_____</p>
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I. STUDENT TEACHING EXPERIENCE (List chronologically and include any internships.)

School	Address	Grades or Subjects	Dates

II. TEACHING EXPERIENCE (List chronologically all teaching experience. Do not include substitute teaching.)

School & Supervisor	Address (City, State, Zip) and Telephone Number	Grades and/or Subjects Taught (Specify)	Dates Mo./Day/Yr. (From... To)	Total Years	Full Time (✓)	Part Time (✓)	Reason for Leaving
TOTAL							

Name: _____ Position(s) Applying For: _____

III. WORK EXPERIENCE OTHER THAN TEACHING *(List chronologically and attach a sheet if necessary.)*

Employer	Address	Position Held	Dates of Employment

IV. MILITARY EXPERIENCE

Branch of Service	Occupational Specialist (MOS)

V. EDUCATIONAL AND PROFESSIONAL TRAINING *(List chronologically.)*

Level of Education	Name of School or University	Did You Graduate?	Type of Degree
High School			
College or University			

VI. GENERAL INFORMATION

- Are you on leave from another district? Yes No What district? _____
- Date available for employment: _____ Are you under contract? Yes No
- If yes, where? _____ Present position: _____
- If presently employed, why do you wish to change? _____

- Do you have the ability to speak a language other than English Yes No
Which language? _____
- Are any criminal charges or proceedings pending against you? *(If yes, explain on page 4.)* Yes No
- Have you been convicted of any offense involving the physical or sexual molestation, physical or sexual abuse, or rape of a child? *(If yes, explain on page 4.)* Yes No
- Have you ever been convicted of any felony or misdemeanor? Yes No *If yes, explain on page 4 when, where, and disposition of case(s). NOTE: A conviction may not necessarily disqualify you from the job for which you have applied.*
- Has your credential ever been suspended or revoked? *(If yes, explain on page 4.)* Yes No
- Have you ever been dismissed, or asked to resign, from any certificated position? *(If yes, explain on page 4.)*
 Yes No

VII. CERTIFICATION

California Credentials Now Held: Type _____ Date Expires _____

Other Credentials Now Held: Type _____ Date Expires _____

California Teaching Credential Applied For: _____ Date of Application _____

If single subject credential, name subject area: _____ Where Filed? _____

Are you or have you ever been a member of the California Teachers' Retirement System? Yes No

Have you met CBEST requirements? Yes No If no, please explain. _____

Number of semester units of graduate work beyond BA or BS degree _____ (1 quarter unit = 2/3 semester unit)

Advanced Degree(s) Yes No Type _____

My placement papers are on file with the following placement office: _____

Address _____ City _____ State _____ Zip Code _____

Under the name of: _____ (Do not forward placement file unless requested.)

VIII. REFERENCES

Name of Reference	Position	Address	Phone Number
1.			
2.			
3.			

IX. EXTRACURRICULAR ACTIVITIES

Indicate the number of years experience in the activities listed below. Circle activities you are willing to coach/sponsor.

Extra-Curricular Activities	High School Experience	College Experience	Contract Experience	Extra-Curricular Activities	High School Experience	College Experience	Contract Experience
Football				Instr. Media Dir.			
Basketball				Athletic Director			
Baseball				Athletic Trainer			
Softball				Forensics			
Track				Debate			
Cross Country				Drama			
Wrestling				Yearbook			
Gymnastics				Newspaper			
Field Hockey				Literary Magazine			
Golf				Student Government			
Tennis				Honor Society			
Volleyball				School Clubs			
Soccer				Cheerleaders			
Other (Specify)				Other (Specify)			

X. OTHER INFORMATION

- To avoid possible conflict of interests, list any local school board member(s) or employee relative(s) in the school, and list relationship: _____
- Do you have the ability to perform all the essential functions required of the job for which you are applying? Yes No If no, how can we accommodate you? _____
- Should you require disability-related accommodations for interviews, please request assistance in advance.

My signature below authorizes the school district to conduct a background investigation and authorizes release of all 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 and the reference source from any and 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 findings 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 false 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.

Be advised that your application may be shared with other districts/county offices. If you approve, check the appropriate box. Yes No

State briefly why you feel you are the best candidate for the position.

Date _____ Signature of Applicant _____

Use as additional space, if needed: