



**Certificated Employment Application**

8265 Aspen Suite 100, Rancho Cucamonga, CA 91730 - (909) 980-6490

Success Starts Here

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

**Name:** \_\_\_\_\_

**Address: (street, city, state, zip)** \_\_\_\_\_

**Telephone: (home, message)** \_\_\_\_\_

**Social Security Number: (optional)** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

**Availability Date:** \_\_\_\_\_

Upon employment, can you provide verification of legal authorization to work in the United States? \_\_\_\_\_

Are you currently working for another school district? \_\_\_\_\_

As an adult, have you been convicted of a felony? If yes please explain. \_\_\_\_\_

**\*\*A conviction does not necessarily disqualify candidates from employment consideration\*\***

Can you perform the essential function of the job without reasonable accommodation \_\_\_\_\_

If no, what can be done to accommodate your limitation? \_\_\_\_\_

**EDUCATIONAL AND PROFESSIONAL TRAINING**

(High School, Colleges, Technical Schools, etc.)

Name and Location (High School, Colleges, Technical Schools)	Dates Attended	Major	Number Semester Units	Degree or Diploma

**ADDITIONAL INFORMATION**

Military Serv.Branch \_\_\_\_\_

From/To \_\_\_\_\_

Please list professional, technical, educational, community or service organization to which you belong.

Honors or awards received: \_\_\_\_\_

**TEACHING EXPERIENCE (Certificated Positions Only)**

List in chronological sequence with most recent teaching experience first.

School District/Name of School City and State	Grade or Subject Taught	Dates Month/Year From/To	Reason For Leaving

**CREDENTIAL INFORMATION**

Do you hold a valid Designated Subjects Vocational Teaching Credential? \_\_\_\_\_

Have you completed an application for a California State Teaching Credential? \_\_\_\_\_

What type of credential did you apply for? \_\_\_\_\_

Is your California credential registered at the San Bernardino County School Office? \_\_\_\_\_

**ORIGINAL STATEMENT: (Complete in your own handwriting in this space)**

Write a brief statement concerning your philosophy of education. Include what you think an individual should learn in preparation for entering the world of work.

**ADDITIONAL INFORMATION:** ("Continued" items and/or significant information not covered previously may be listed in this space.)

**EMPLOYMENT HISTORY**

<b>Employer Name Address and Telephone Number</b>	<b>JOB TITLE</b>	<b>FROM</b>	<b>TO</b>	<b>SALARY</b>
Job Duties _____				
Reason for Leaving _____				
<b>Employer Name Address and Telephone Number</b>	<b>JOB TITLE</b>	<b>FROM</b>	<b>TO</b>	<b>SALARY</b>
Job Duties _____				
Reason for Leaving _____				
<b>Employer Name Address and Telephone Number</b>	<b>JOB TITLE</b>	<b>FROM</b>	<b>TO</b>	<b>SALARY</b>
Job Duties _____				
Reason for Leaving _____				
<b>Employer Name Address and Telephone Number</b>	<b>JOB TITLE</b>	<b>FROM</b>	<b>TO</b>	<b>SALARY</b>
Job Duties _____				
Reason for Leaving _____				
<b>Employer Name Address and Telephone Number</b>	<b>JOB TITLE</b>	<b>FROM</b>	<b>TO</b>	<b>SALARY</b>
Job Duties _____				
Reason for Leaving _____				

MAY WE CONTACT ALL EMPLOYERS LISTED? \_\_\_\_\_

If no, indicate exceptions: \_\_\_\_\_

**REFERENCES**

**Give at least 3 references; include principals and supervisors for whom you have most recently worked and one additional person who can vouch for your character and qualifications**

NAME AND ADDRESS	RELATIONSHIP	PHONE NUMBER	HOW LONG KNOWN
1.)			
2.)			
3.)			

I hereby release and hold harmless the Baldy View Regional Occupational Program, its governing board, agents, employees, and/or representatives from any and all actions, suits, claims, damages, liabilities, as well as legal cost and attorney's fees and expert witness fees, arising out of or in connection with any action undertaken in furtherance of investigation criminal or personal background information, whether or not there is concurrent passive or active negligence on the part of the District, its governing board, agents, employees and/or representatives.

**CERTIFICATE OF APPLICANT:**

I certify that the information provided in this application is true and correct.  
 I understand that any material, mis-statement, or omission may constitute cause for termination.

Signature \_\_\_\_\_

Date \_\_\_\_\_