

SNOWLINE JOINT UNIFIED SCHOOL DISTRICT

Mailing
PO BOX 296000
PHELAN, CA 92329-6000

AN EQUAL OPPORTUNITY EMPLOYER
CERTIFICATED APPLICATION
(760) 868-5817 FAX (760) 868-5309

Street Address
4075 NIELSON ROAD
PHELAN, CA 92371

INSTRUCTIONS: Fill out completely. Type or print. This application and any attachments become the property of the Snowline Joint Unified School District. In order that your application may be properly evaluated it is essential that all of the following questions be answered carefully and completely.

Date of Application _____

Position(s) for which you are applying:

NAME:	Last	First	Middle	Area Code	Phone Number	Social Security Number
						- -

PHYSICAL ADDRESS:

MAILING ADDRESS:

This application will be complete and ready for consideration only when submitted along with the following:

- Copies of all transcripts. **At point of hire official transcripts *with* degree posted will be required.**
- Copies of all Teaching Credentials held (California *or* out-of-state)
- NCLB Compliance (must provide proof from previous employer)
- Copy of official CSET scores
- Copy of official CBEST scores
- If you are Intern eligible, a letter of verification from the university is necessary.

Are you a current member of the State Teacher’s Retirement System? Yes No

If so, have you withdrawn your funds? Yes No

Have you ever been discharged, or asked to resign from a position for which certification was required? Yes No

As an adult, have you ever been convicted of an offense other than a minor traffic violation? Yes No
(Convictions are evaluated for each position and are not necessarily disqualifying.)

If the answer to any of the above questions is “Yes”, please provide an explanation and attach to this application.

EDUCATION

High School _____
Name City and State

Please list in order of attendance, all education institutions attended after high school. The information on all items below should be complete and accurate. The information is used as the preliminary basis for determining salary.

INSTITUTION	City & State	From (date)	To (date)	Graduate Units		Degree/ Diploma	Major Subject	Minor Subject
				SEM	QTR			

Number of semester units of graduate work* (see box) beyond BA or BS degree _____
(1 Quarter Unit = 2/3 Semester Unit)

Number of semester units of graduate work* (see box) beyond MA or MS degree _____
(1 Quarter Unit = 2/3 Semester Unit)

Scholastic Honors _____

Circle scholastic averages of undergraduate college work: A, A-, B, B-, C, C-

**Graduate work is defined as any work given by a college or university acceptable toward meeting requirements for an advanced degree or credential and taken after the date the BA degree is received. Transcripts of all college and university work are required before a warrant can be issued.*

CREDENTIALING

HAVE YOU EVER HELD A CALIFORNIA CREDENTIAL? YES NO

If so, please check those that apply.

- EMERGENCY**
- 30-DAY SUBSTITUTE
 - LONG-TERM MULTI-SUBJECT
 - LONG-TERM SINGLE SUBJECT
 - Which Subject? _____
 - SHORT-TERM STAFF PERMIT
 - PROVISIONAL INTERNSHIP PERMIT

- PRELIMINARY**
- MULTI-SUBJECT
 - SINGLE SUBJECT
 - Which Subject? _____
 - LEVEL I EDUCATION SPECIALIST
 - MILD—MODERATE
 - MODERATE—SEVERE

- UNIVERSITY INTERNSHIP PERMIT**
- Which University? _____
- MULTI- SUBJECT
 - SINGLE SUBJECT
 - Which Subject? _____
 - EDUCATION SPECIALIST
 - MILD—MODERATE
 - MODERATE—SEVERE

- PROFESSIONAL CLEAR**
- MULTI-SUBJECT
 - SINGLE SUBJECT
 - Which Subject? _____
 - EDUCATION SPECIALIST
 - MILD—MODERATE
 - MODERATE—SEVERE

PAID CERTIFICATED EXPERIENCE (List in chronological order. Indicate type – public, private, substitute, or temporary, etc.)

Type	DATES		Title of Position, Grades or Subjects	Schools	District	District Address and Name of Supervisor
	From	To				

LIST OTHER RELATED VOCATIONAL EXPERIENCES

Name of Employer	Address	Zip Code	Kind of Work	Dates Employed

CO-CURRICULAR ACTIVITIES: Check the co-curricular assignments, which you will accept (experience is not necessary).

- Club/class Advisor Dance/Games, etc. supervision Drill Team Cheer Leaders Coaching Boys/Girls Athletics

THREE REFERENCES (Other than relatives or former employers)

Name	Address	Profession & Phone Number

REMARKS: Candidates may list high school and college athletic experiences here.

NOTE: As a condition of employment, you will be required to: 1) Be fingerprinted, 2) Sign a Loyalty Oath, and 3) Produce evidence that you are free of active tuberculosis.

I hereby certify that all statements made herein are true and correct to the best of my knowledge and belief. Any misstatements, omissions, or false statements are a cause of rejection, removal from eligibility or dismissal. I release from all liability persons and organizations reporting information required by this application.

Signature of Applicant _____ **Date** _____

WE ARE AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER.

Snowline Joint Unified School District
Conviction Report

Last Name

First Name

Middle Name

Please read carefully:

The California Education Code (Section 45123) requires that we request the following information:

1. Have you ever been convicted of a criminal charge? (You are not required to report any convictions for violations of California Health and Safety Code Sections 11357 (b) or (c) or a statutory predecessor thereof, Section 11360 (c); or Sections 11364, 11365, or 11550 as they relate to marijuana prior to January 1, 1976, or a statutory predecessor thereof, which occurred more than two years from the date of this application.)

Yes

No

2. Have you ever been convicted of any felony offense?

Yes

No

3. Are there any criminal charges pending against you as of this date? (Omit minor traffic violations.)

Yes

No

If answer is "Yes", please explain below and include the following information: Date, Charge, Code Section, Disposition (results), and any remarks you feel pertinent to this conviction.

A conviction record does not automatically prevent you from applying to the Snowline Joint Unified School District and may not necessarily disqualify you from the job applied for. However, failure to complete this form or to provide the requested information may disqualify you for an examination or cause your dismissal from employment. You may request an interview with personnel prior to completing this form. I certify that the above information is true and further understand it will be subject to proper investigation.

Signature

Date

APPLICANT DATA RECORD

Information is voluntary.

Applicants are considered for all positions and employees are trained equally during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap. As employers we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government and record keeping, reporting and other legal requirements, please fill out the Application Data Record. This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment. We appreciate your cooperation.

PLEASE PRINT

Date _____

Position(s) applied for _____

Referral Source: Advertisement Friend Relative Walk-in Other

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female

Check one: Under 18 18-25 26-40 Over 40

Check one: White Black Latino American Indian/ Alaskan Native

Filipino Asian Pacific Islander Other

Decline to state.

Check if one of the following is applicable:

Disabled Veteran

Handicapped Veteran

FOR PERSONNEL DEPARTMENT USE ONLY

POSITION(S) APPLIED FOR OPEN: YES NO

POSITION(S) CONSIDERED FOR: _____
