

**CERTIFICATED APPLICATION FOR EMPLOYMENT**

**DATE** \_\_\_\_\_

CHATOM UNION SCHOOL DISTRICT  
7201 Clayton Road  
Turlock, CA 95380

Date(s) available for interviews \_\_\_\_\_

Date available for employment: \_\_\_\_\_

**1. PERSONAL**

First	Middle	Other Name	Last Name
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Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City State Zip

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City State Zip

Social Security # \_\_\_\_\_ Total Years of Teaching \_\_\_\_\_

**2. POSITION (S) FOR WHICH YOU ARE APPLYING**

Subject (s), grade level(s), or nonteaching position(s) (according to preference):

First Preference \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

Other subjects you are qualified to teach: activities to direct; or positions to fill:

**3. Please answer the following questions. If yes, explain in space provided or on reverse side.**

1. Have you ever been employed under another name? If yes, what name? \_\_\_\_\_ Yes\_\_\_ No\_\_\_
2. Are you legally eligible to work in this country? (Proof of citizenship and/or immigration status will be required upon employment.) \_\_\_\_\_ Yes\_\_\_ No\_\_\_
3. Has your driver's license ever been suspended or revoked? Reason \_\_\_\_\_ Yes\_\_\_ No\_\_\_
4. Have you ever been convicted of a crime? What? \_\_\_\_\_  
(Prior convictions will not necessarily exclude applicants from employment.) Yes\_\_\_ No\_\_\_
5. Are you presently on leave status from a public agency? If yes, which \_\_\_\_\_ Yes\_\_\_ No\_\_\_
6. Have you ever been discharged/forced to resign from any position? If yes, explain \_\_\_\_\_  
\_\_\_\_\_ Yes\_\_\_ No\_\_\_
7. Do you have any medical condition(s) which may limit your ability to perform this job? If yes, what can we do to accommodate your limitation(s)? \_\_\_\_\_  
\_\_\_\_\_ Yes\_\_\_ No\_\_\_

**Bilingual Ability:** Primary Language \_\_\_\_\_ Speak \_\_\_ Read \_\_\_ Write \_\_\_  
Secondary Language(s) \_\_\_\_\_ Speak \_\_\_ Read \_\_\_ Write \_\_\_

**4. CALIFORNIA CREDENTIALS NOW HELD:** Type \_\_\_\_\_ Expires \_\_\_\_\_

Name of California Teaching Credential Applied for: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Are you or have you ever been a member of the California Teachers' Retirement System? \_\_\_\_\_

5. Has your credential ever been suspended or revoked? \_\_\_\_\_  
 Have you ever been dismissed, or asked to resign, from any teaching position? \_\_\_\_\_  
 Have you ever been convicted for anything other than a minor traffic violation? \_\_\_\_\_

**For each question answered yes, explain in writing the circumstances and attach the statement to this form.**

6. Teaching experience (List last position first. If more than five years, list positions for last five years; if none, report student teaching experience. Indicate type – regular, substitute, or student teaching.)

TYPE	FROM	TO	GRADES OR SUBJECTS	SCHOOL	DISTRICT	DISTRICT ADDRESS

6a. Note: ( ) Check if you have qualifications which especially equip you to work with culturally different and/or minority groups and multiethnic programs, and include a brief explanation with your application.

6b. Work experience other than teaching: \_\_\_\_\_

**7. COLLEGE OR UNIVERSITY EDUCATION**

Name and location of each institution attended	Attended		Graduated		Major (s)	Minor (s)
	From	To	Date	Degree		


Number of semester units of graduate work beyond BA or BS degree. \_\_\_\_\_

Number of units beyond MA or MS \_\_\_\_\_ (1 quarter unit = 2/3 semester units)

8. My placement papers are on file with the following placement office: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Under the name of: \_\_\_\_\_

9. Professional references if not registered with a placement office. (Include only those who have knowledge of your teaching experience; e.g., Superintendents, Principals, Supervisors, and Student teaching master teachers.)

Name	Position	Address

**I hereby certify that all statements made hereon 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 by this application.**

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**Signature of applicant**

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**Date**