

LASSEN VIEW UNION ELEMENTARY SCHOOL DISTRICT
10818 Hwy 99E
Los Molinos, CA 96055
APPLICATION FOR EMPLOYMENT

Date _____

Name _____
Last First Middle

Address _____
Street and Number City State Zip Phone

Social Security Number _____

Position for which you are applying _____

CREDENTIALS

Do you hold a California Credential? _____ Which? _____

Do you have any physical disability which should be considered in assigning you to work? _____

If you do not hold a California Credential, are you in the process of applying for one? _____

Which Credential(s)? _____

What specific subjects does your credential authorize you to teach? _____

Are you NCLB certified? _____ If not, please explain: _____

RECORD OF ATTENDANCE IN POST-SECONDARY INSTITUTIONS

Years From To	Name of Institution	Location	Subject Major	Subject Minor	Degree	Date

Total semester hours of undergraduate credit _____ Graduate credit _____

EXPERIENCE

List most significant vocational experience. Start with your most recent experience. If more space is needed, use attachment.

Years From To	School System or Employer	Location	Position	Enrollment District	Salary

Hobbies and Interests: _____

What curriculum have you taught? _____

List all extra-curricular activities in which you would feel confident in being involved. (IE: coaching volleyball, soccer, basketball, softball; yearbook, student council, etc...). Give a brief description of your abilities in the activities you could handle.

Please list assignment(s) in your order of preference.

1. _____ 2. _____ 3. _____

REFERENCES

You may, if you wish, make arrangements to have your confidential papers sent to this office. If you are applying for a specific position, please have your confidential placement file sent to this office.

Name and address of college or agency which has your placement folder: _____

Give name, position, address, and telephone of persons who know your work professionally:

1. _____
2. _____
3. _____

PERSONS EMPLOYED MUST PROVIDE DOCUMENTATION OF CITIZENSHIP

CERTIFICATE OF APPLICANT. Read carefully before signing.

I hereby certify that all answers to the above questions are true, and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I agree and understand that any misstatements of material facts contained in this application will cause forfeiture upon my part of all rights to any employment in this organization.

Signature

Date