



All applications are to be sent to:

Discovery Charter School
Mrs. Debby Perry, Acting Superintendent/Director
4021 Teale Avenue
San Jose, CA 95117

The following materials are required for a completed application packet:

1. Certified employment application and supplemental questionnaire
2. A personal letter that includes:
 - Experience with students;
 - Special talents and interests;
 - Most significant event in your teaching career;
 - Long-term goals;
 - Qualifications and how you meet the School's Mission :
3. Resume
4. Three letters of recommendation
5. Copy of California Teaching Credential
6. Copies of transcripts and CBEST results

All materials must be submitted to have a complete, active application to be considered for an interview. Incomplete applications will not be considered. We will contact you by telephone if you are selected for an interview.

**PLEASE PRINT THE APPLICATION AND MAIL IT WITH THE REQUIRED DOCUMENTS ATTACHED.
WE CANNOT ACCEPT E-MAILED APPLICATIONS.**

AN EQUAL OPPORTUNITY EMPLOYER

Discovery Charter School is an equal opportunity employer. All positions are available to qualified applicants regardless of race, sex, sexual orientation, religion, color, national origin, ancestry, age, disability, or any other protected category pursuant to state or federal law or local ordinance. Any concerns should be reported to: Barb Vella, Founding Board President, 4021 Teale Ave., San Jose, CA 95117, info@discoverycharterschoolinfo.org

CALIFORNIA CREDENTIALS:

California credentials you now hold: _____ Expiration Date: _____

California credentials for which you have applied: _____ Application Date: _____

STUDENT TEACHING OR FIELD WORK:

From (Date)	To (Date)	Subject, Grade Levels, or Area	Name and Address of Master or Cooperating Teacher	College or University	Hours (Semester or Quarter)

EXPERIENCE: List all employment beginning with your present employment and work history. Also include periods of unemployment. Use additional sheets if more space is required.

Present Employer _____ From _____ To _____
Month/Year Month/Year
 Address _____ Total _____
Month/Year
 Phone _____ Supervisor _____
 Your Title _____ Full-Time _____ Part-Time _____
 Duties _____ Last Salary _____
 _____ Reason for Leaving _____

Former Employer _____ From _____ To _____
Month/Year Month/Year
 Address _____ Total _____
Month/Year
 Phone _____ Supervisor _____
 Your Title _____ Full-Time _____ Part-Time _____
 Duties _____ Last Salary _____
 _____ Reason for Leaving _____

Former Employer _____ From _____ To _____
Month/Year Month/Year
 Address _____ Total _____
Month/Year
 Phone _____ Supervisor _____
 Your Title _____ Full-Time _____ Part-Time _____
 Duties _____ Last Salary _____
 _____ Reason for Leaving _____

Former Employer _____ From _____ To _____
Month/Year Month/Year
 Address _____ Total _____
Month/Year
 Phone _____ Supervisor _____
 Your Title _____ Full-Time _____ Part-Time _____
 Duties _____ Last Salary _____
 _____ Reason for Leaving _____

Former Employer _____ From _____ To _____
Month/Year Month/Year
 Address _____ Total _____
Month/Year
 Phone _____ Supervisor _____
 Your Title _____ Full-Time _____ Part-Time _____
 Duties _____ Last Salary _____
 _____ Reason for Leaving _____

Specify any language, other than English, which you speak, read, or write: **(Check all that apply)**

	Speak	Read	Write	Fluent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES: (Other than relatives or former employers)

NAME	ADDRESS	PROFESSION & PHONE NUMBER

ADDITIONAL REMARKS: Please provide details to above items and/or any further information you believe is pertinent.

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

 Signature of Applicant

 Date

Discovery Charter School celebrates diversity and is an equal opportunity employer. The School will make reasonable accommodations for applicants with disabilities. We invite and encourage highly qualified candidates with diverse cultural backgrounds to apply for posted vacancies.



Certified Supplemental Questionnaire

Please answer each of the questions listed below in a manner that demonstrates your knowledge of the topic and your writing skills.

1. Describe your background in implementing thematic, developmental learning in a classroom setting. Please be specific in what role you played and what actions you took to achieve this type of learning environment.
2. Describe the types of teaching methods you believe work best in a learning environment that promotes supporting the whole child and developing life long learners.
3. Describe the role technology plays in the learning environment and in which ways you would incorporate technology into your lesson planning?
4. Describe your experience working with parents in an education environment and what you believe is the best way to utilize parental support in a classroom.



VOLUNTARY APPLICANT IDENTIFICATION FORM

In order for DCS to effectively carry out Equal Opportunity Employment, we would appreciate completion of this form. Section 1233 of the California Government Code permits school districts to solicit a voluntary declaration of applicants' sex and ethnic group membership. Information provided will assist the office in accurately compiling required statistical reports for Federal and State agencies. A separate confidential file will be established for these forms, and none of the information will be used to discriminate against or give preference to any individual in any personnel transaction.

Position for which you are applying _____

Birth date: _____

Sex: Male/Female

Check the one category below which best identifies your racial / ethnic background

____ Native American

____ Asian

____ Pacific Islander

____ Filipino

____ Hispanic / Latin American

____ African-American

____ Caucasian

____ Other

If you are physically disabled, check the appropriate category(s) below:

____ Hearing: 50% or more loss of hearing in both ears

____ Mobility: Due to amputation, loss of functions, loss of coordination

____ Vision: Impairment not correctable by glasses

____ Speech: _____

____ Other: _____

Please indicate by which source you learned of this position:

Cal Ed Newsletter ____ Newspaper (identify) _____ University Job Posting ____ JobFair ____

Individual Reference ____ Online Source (identify) _____ Other _____

I UNDERSTAND THAT THE INFORMATION I HAVE GIVEN WAS COMPLETELY VOLUNTARY AND WILL BE USED ONLY FOR COMPILATION OF REQUIRED AFFIRMATIVE ACTION STATISTICS.

Name (print): _____

Signature: _____

Date: _____