

La Cañada Unified School District

4490 Cornishon Ave, La Cañada, California 91011

(818) 952-8385

FAX (818) 952-8309

APPLICATION FOR CERTIFICATED SUBSTITUTE EMPLOYMENT

TYPE OR PRINT

1. Name: _____
Last First Middle

Current Address: _____

Telephone: _____ Cell Phone: _____

E-Mail: _____ Social Security No. _____

Former Name(s) by which records and transcripts may be identified: _____

Have you ever been a member of the California State Teachers Retirement System? Yes No

If so, have you withdrawn your funds? Yes No

Have you ever been a member of the California Public Employees Retirement System? Yes No

Are you legally eligible for work in the United States? Yes No

2. POSITION DESIRED: ____ Substitute ____ Home Teacher ____ Tutor

3. EDUCATIONAL PREPARATION: Include graduate work, summer sessions and extension work.

COLLEGE/UNIVERSITY	City	State	No. Years	From	To	Degree Earned

4. EDUCATIONAL EMPHASIS: Major(s): _____ Minor(s): _____

5. CREDENTIALS: List below CURRENT California Credential(s) under which you expect to work. (Indicate expected date of receipt of credential if application is in process.) _____

6. If no Credential, have you passed the CBEST? Yes No Date: _____

7. GRADES AND/OR SUBJECTS IN WHICH YOU FEEL QUALIFIED TO SUBSTITUTE: _____

- ____ Math ____ Science ____ Social Science ____ English ____ Industrial Arts
- ____ Drama ____ Physical Education ____ Music ____ Foreign Language: _____
- ____ Home Economics ____ Art ____ Graphic Arts ____ Computers ____ Special Education

8. 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 part time (PT), full time (FT), substitute (S) or student teaching (ST).

Type	From	To	Grades/ Subjects	School	District	District address and telephone

9. WORK EXPERIENCE OTHER THAN TEACHING:

Kind Of Work	From	To	City	State	Name Of Employer	Employer's Address and Telephone Number

10. REFERENCES: (Include only those who have knowledge of your teaching or work experience; e.g. superintendents, principals, supervisors, and student teaching master teachers.)

Name	Position	Address & Telephone Number

11. Has your credential ever been suspended or revoked? Yes No

12. Have you ever been dismissed, or asked to resign, from any position? Yes No

If you answered "Yes" to Item 11 or Item 12, please explain.

13. I hereby affirm that all of the statements made in this application are true to the best of my knowledge and belief.

I fully understand that employment as a substitute teacher with La Cañada Unified School District does not entitle me to unemployment insurance or health and welfare benefits. I understand this position to be hourly, temporary work and not full time employment, therefore, I will not place any claim to worker's unemployment benefits.

Signature of Applicant

Date

La Cañada Unified School District does not discriminate on the basis of age, race, religion, color, national origin, ancestry, disability, medical condition, marital status sex, sexual orientation or any other unlawful basis in its educational programs, activities or employment policies as required by Title VI of the Civil Rights Act, Title IX of the 1972 Educational Amendments, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, the California Fair Employment and Housing Act and other applicable State and Federal laws and regulations. Individuals with disabilities who require assistance or special arrangements to participate in a program or activity sponsored by the personnel office of La Cañada Unified School District, please contact Personnel at (818) 952-8385. We request that you provide a 48 hour notice so that the proper arrangements can be made.

THIS FORM MUST BE COMPLETED BY ALL APPLICANTS

I authorize La Cañada Unified School District to make an investigation of my employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency to give La Cañada Unified School District any information they may have regarding me. In consideration of La Cañada Unified School District's review of this application, I release La Cañada Unified School District and all providers of information from any liability as a result of furnishing and receiving this information.

Type or Print

Last Name, First, Middle	Signature
	Social Security Number

Employer	Telephone
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Address (Must include Zip Code)

Month and Year hired	Month and Year ended
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Employer	Telephone
----------	-----------

Address (Must include Zip Code)

Month and Year hired	Month and Year ended
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Employer	Telephone
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Address (Must include Zip Code)

Month and Year hired	Month and Year ended
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CONFIDENTIAL DATA FORM

Completion of this form is strictly voluntary. Therefore, a decision not to complete the form will have no effect upon the consideration of your application for employment.

To comply with federal, state and district guidelines for affirmative action in equal employment practices, the La Cañada Unified School District must gather information and maintain records on applicant flow (number of minorities, women, and persons with disabilities applying for employment) and recruitment sources. Neither this form nor the information you provide will be used for any other purpose not required by federal, state, and district guidelines.

Position Applying For: _____

Name: _____ **Date:** _____

Gender: Male _____ Female _____ **Age: 40 and over** _____ **Veteran** _____ **Disabled** _____

Disability Identification: Anyone who has a physical or mental impairment substantially limiting one or more major life activities, has a record of such impairment, or is regarded as having such impairment is considered a person with a disability. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. In terms of employment, the law defines a "qualified individual with a disability" as a person with a disability who can perform the essential functions of the job with or without reasonable accommodation.

Do you need any accommodation with any special needs? Yes _____ No _____

If yes, what kind? _____

WHAT IS YOUR ETHNICITY? (Please check one)

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Not Hispanic or Latino

WHAT IS YOUR RACE? (Please check up to five racial categories) The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

100 American Indian or Alaskan Native (A person having origins in any of the original peoples of North, Central or South America.)

201 Chinese

202 Japanese

203 Korean

204 Vietnamese

205 Asian Indian

206 Laotian

207 Cambodian

208 Hmong

299 Other Asian

301 Hawaiian

302 Guamanian

303 Samoan

304 Tahitian

399 Other Pacific Islander

400 Filipino/Filipino American

600 African American or Black

700 White (A person having origins in any of the original peoples of Europe, North Africa or the Middle East.)

HOW DID YOU HEAR ABOUT THIS POSITION?

[] Self-initiated [] Graduate Department [] District Employee [] College Placement Services

[] Advertisement - Newspaper (please specify) _____ [] Professional Organization (please specify) _____

[] La Cañada Unified School District Web Site [] Other (please specify) _____

THANK-YOU FOR YOUR COOPERATION IN FILLING OUT THIS FORM