



Substitute Teacher Application Procedure

All applications are to be sent to:

Discovery Charter School
Hiring Committee
4021 Teale Avenue
San Jose, CA 95117

The following materials are required for a complete application packet:

1. Certified employment application
2. Resume
3. Two letters of recommendation
4. Copies of California Teaching Credential or Substitute Teaching Permit
5. 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 Avenue, San Jose, CA 95117



An Equal Opportunity Employer
SUBSTITUTE TEACHER EMPLOYMENT APPLICATION

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

Grades desired: _____ Date of Application: _____

Name (Please Print)			Phone No. (with Area Code):
<u>Last</u>	<u>First</u>	<u>Middle</u>	Email Address:

MAILING ADDRESS: _____

City _____ Zip Code _____

Can you upon employment provide proof of age if under 18 years of age? YES _____ NO _____

How did you hear of this position? _____

EDUCATION: Did you receive a high school diploma? Yes ___ No ___ GED ___

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.

Colleges/Institutions Attended	Course of Study	From (date)	To (date)	List Last Year Completed	List Type of Degree

List apprenticeship, trade, vocational, business school, or any other special training, licenses or certificates you hold which you believe to be relevant for this position: _____

Are you a current member of the State Teachers Retirement System or another retirement program? _____ If so, have you withdrawn your funds? Yes _____ No _____ If a member of another retirement program, please name: _____

NOTE: As a condition of employment, you will be required to be FINGERPRINTED, produce evidence that you are FREE OF ACTIVE TUBERCULOSIS, and furnish documentation that verifies your identity and right to work in the U.S.

	YES	NO
Has your credential ever been suspended or revoked?	_____	_____
Have you ever been convicted of a crime other than a traffic violation ?	_____	_____
Have you ever been dismissed or asked to resign from employment for misconduct or unsatisfactory service?	_____	_____
Have you ever had any professional license, degree, or privilege revoked or suspended?	_____	_____

If your answer is "yes" please provide an explanation below. Include in your description the type of offense, date and location of the offense and the disposition of the case.

The above question must be answered, irrespective of any dismissal under the provisions of 1203.4 of the Penal Code. Conviction is not an automatic bar to employment in all cases. Each case is treated individually.

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.



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 you 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: _____