

**La Cañada Unified School District**

4490 Cornishon Ave, La Cañada, California 91011

(818) 952-8385

FAX (818) 952-8309

**APPLICATION FOR CERTIFICATED SUBSTITUTE EMPLOYMENT**

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_

Home 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If so, have you withdrawn your funds?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

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

2. POSITION DESIRED:  Substitute  Home Teacher

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

College/University	City, State	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Degree Earned	Major, Minor

4. 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.)

5. If no Credential, have you passed the CBEST?  Yes, Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  No

6. GRADES AND SUBJECTS IN WHICH YOU FEEL QUALIFIED TO SUBSTITUTE:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Kindergarten             | <input type="checkbox"/> Grades 1-3              | <input type="checkbox"/> Grades 4-6              | <input type="checkbox"/> Grades 7-12            |
| <input type="checkbox"/> Elem. Physical Education | <input type="checkbox"/> Elem. Special Education | <input type="checkbox"/> Sec. Art                | <input type="checkbox"/> Sec. Music             |
| <input type="checkbox"/> Sec. Computers           | <input type="checkbox"/> Sec. Drama              | <input type="checkbox"/> Sec. Physical Education | <input type="checkbox"/> Sec. Special Education |
| <input type="checkbox"/> Sec. English             | <input type="checkbox"/> Sec. Social Science     | <input type="checkbox"/> Sec. Math               | <input type="checkbox"/> Sec. Physics           |
| <input type="checkbox"/> Sec. Culinary Arts       | <input type="checkbox"/> Sec. Retail Marketing   | <input type="checkbox"/> Sec. Photography        | <input type="checkbox"/> Sec. Media Arts        |
| <input type="checkbox"/> Sec. Sports Medicine     | <input type="checkbox"/> Sec. Spanish            | <input type="checkbox"/> Sec. French             | <input type="checkbox"/> Sec. German            |
| <input type="checkbox"/> Sec. Korean              | <input type="checkbox"/> Sec. Mandarin           | <input type="checkbox"/> Science: _____          | <input type="checkbox"/> Other: _____           |

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7. **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 (MM/DD/YYYY)	To (MM/DD/YYYY)	Grades/ Subjects	School	District	District address and telephone

8. **WORK EXPERIENCE OTHER THAN TEACHING:**

Kind Of Work	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Supervisor Name & Title	Company Name, Address & Phone

9. **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

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

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

**If you answered "Yes" to Item 10 or Item 11, please explain:**

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12. 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, and therefore, I will not place any claim to worker's unemployment benefits.

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Signature of Applicant

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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.*

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**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.

Last Name: _____	First Name: _____
Social Security #: _____ - _____ - _____	Signature: _____

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**Most Recent Employer**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Month and Year Hired: \_\_\_\_\_ Month and Year Ended: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**Previous Employer**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Month and Year Hired: \_\_\_\_\_ Month and Year Ended: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**Previous Employer**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Month and Year Hired: \_\_\_\_\_ Month and Year Ended: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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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: _____	Date: _____
Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Please check all that apply: <input type="checkbox"/> Age 40 or over	<input type="checkbox"/> Veteran <input type="checkbox"/> 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.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 100 American Indian or Alaskan Native (A person having origins in any of the original peoples of North, Central or South America.) | <input type="checkbox"/> 203 Korean       | <input type="checkbox"/> 299 Other Asian            | <input type="checkbox"/> 400 Filipino/Filipino American   |
| <input type="checkbox"/> 201 Chinese  | <input type="checkbox"/> 204 Vietnamese   | <input type="checkbox"/> 301 Hawaiian               | <input type="checkbox"/> 600 African American or Black  |
| <input type="checkbox"/> 202 Japanese   | <input type="checkbox"/> 205 Asian Indian | <input type="checkbox"/> 302 Guamanian              | <input type="checkbox"/> 700 White (A person having origins in any of the original peoples of Europe, North Africa or the Middle East.) |
|   | <input type="checkbox"/> 206 Laotian      | <input type="checkbox"/> 303 Samoan                 |   |
|   | <input type="checkbox"/> 207 Cambodian    | <input type="checkbox"/> 304 Tahitian               |   |
|   | <input type="checkbox"/> 208 Hmong        | <input type="checkbox"/> 399 Other Pacific Islander |   |

### HOW DID YOU HEAR ABOUT THIS POSITION?

- Self-initiated  Graduate Department  District Employee  College Placement Services
- La Cañada Unified School District Web Site  EDJOIN Web Site
- Professional Organization (please specify): \_\_\_\_\_
- Advertisement - Newspaper (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

**THANK-YOU FOR YOUR COOPERATION IN FILLING OUT THIS FORM**

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**DISCLOSURE STATEMENT**

The tremendous responsibility the La Cañada Unified School District has to its school children and community necessitates the following information from all applicants regarding convictions.\* A record of conviction does not prohibit employment; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for dismissal if employed. Applicants must report any convictions that occur subsequent to the time they initially complete this form

Name (Last, First Middle): _____	
Other Names Used: _____	Dates of Usage: _____
Social Security Number: _____ - _____	Date of Birth: _____

Have you ever been convicted\* of, or do you presently have pending, any violations of law other than minor traffic violations? (In accordance with state law, convictions or pending charges will not be used or considered unless they are substantially related to circumstances of the particular job.)  No  Yes If yes, please fill in the information below and attach a letter of explanation. If you have more than two convictions or pending charges, list them on a separate sheet.

MOST RECENT CONVICTION INFORMATION			
Conviction Charge:		Date of Conviction:	Court of Conviction:
City:	State:	Amount of Fine: \$	Length of Jail Term:
Remarks:		Length and Terms of Probation:	

PREVIOUS CONVICTION INFORMATION			
Conviction Charge:		Date of Conviction:	Court of Conviction:
City:	State:	Amount of Fine: \$	Length of Jail Term:
Remarks:		Length and Terms of Probation:	

\*CONVICTION means the final judgment of a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the La Cañada Unified School District. I understand that my employment is not finalized until the background investigation has been completed.

I certify that the answers given by me in this application are true and correct without omissions of any kind. I agree that the District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. In consideration of the school district's review of this application, I hereby release the District as well as all providers of information from any liability and for any damage which may result from the furnishing and receiving of this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The La Cañada Unified School District is an equal opportunity employer. This school district does not discriminate on the basis of age, race, religion, color, national origin, ancestry, disability, medical condition, marital status, sexual orientation or any other unlawful basis.