

LOST HILLS UNION SCHOOL DISTRICT
20951 PAVILION WAY
LOST HILLS, CA 93249

Application for Certificated Employment
(Please complete all blanks even if attaching a resume)

(Please Print) Date _____

PERSONAL

Name _____

Last Name First Name Middle Social Security Number

Physical Address _____

Street City State Zip Code

Mailing Address _____

Street City State Zip Code

Telephone Numbers _____

Home Cell Phone

POSITION DESIRED

List specific grades, subject or position for which you are qualified _____

Have you ever used another name? _____

(Information necessary to enable us to check your education and credential records)

Date available for employment _____ Type of employment desired: Full time ____ Sub ____

For each question answered "yes," please explain in writing the circumstances and attach the statement to this form

Have you ever been convicted of a felony or misdemeanor? Yes ____ No ____

A conviction will not disqualify you from employment

Has any teaching credential you've held ever been suspended or revoked? Yes ____ No ____

Have you ever been dismissed or asked to resign from any teaching or administrative position: Yes ____ No ____

EDUCATION

Name of College/University	Major	Minor	Graduate/Degree

Graduate Work:

After B.A. _____ sem hours or _____ qtr hours After M.A. _____ sem hours or _____ qtr hours

California Credentials/Permits now held:

Type _____ Expires _____

Type _____ Expires _____

Type _____ Expires _____

Name of California teaching credential(s) applied/qualified for: _____

_____ Date of application _____

TEACHING/ADMINISTRATIVE EXPERIENCE (include student and substitute teaching)

List all applicable experiences, beginning with current to last position

School and District	From	To	City/State	Grade Subject/Position	Reason for Leaving

Are you under a contract now? _____ Date of expiration _____ Years of full time teaching _____

Experience Other Than Teaching (including service in Armed Forces of U.S.)

Employer	From	To	City/State	Type of Work

REFERENCES

Please list three individuals (no relatives) from whom you will obtain recommendations concerning your recent experience or training and forward to the address listed below. Include names of principals, superintendents and supervisors. If student teaching is your only experience, list names of college supervisor and supervising teachers. If you are applying for substitute teaching, list names of employers/supervisors under whom you have been employed in any capacity.

Full Name	Position and School (if applicable)	Complete Address	Phone Number

If a placement file is available, please request that it be sent to the Personnel Office. If no file is available, please forward letters of recommendation. If employed, you will be required to furnish proof of authorization to work in the United States.

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge. I understand that any false statements made on this application may be cause for non-employment or dismissal if employed. I hereby authorize any investigation to obtain information required by this application.

_____ Date _____ Signature of Applicant

Return to:
 Lost Hills Union School District
 Atten: Human Resources
 P.O. Box 158
 Lost Hills, CA 93249