

LA CAÑADA UNIFIED SCHOOL DISTRICT
4490 Cornishon Avenue, La Cañada, CA 91011
(818) 952-8385 Fax (818) 952-8309

Administrative Application Form

Application for the Position of: _____ Date: _____

A letter of application, a current, resume, three (3) reference letters and a copy of your administrative credential should accompany this administrative application form. **Do not staple or bind your materials, as your packet may be duplicated a number of times.**

Name: _____ E-Mail: _____

Address: _____

Home Phone: ____(____)_____ Cell Phone: ____(____)_____

Office Phone: ____(____)_____ Fax: ____(____)_____

Current Employer's Type of Organization/District: _____

Record of Professional Education

Institution/Campus	From	To	Degree Earned	Major/Subject

Record of Professional Experience (List most Recent Experience First)

Title	From	To	District	Enrollment

Have you ever been dismissed or asked to resign by an employer? ___ Yes ___ No If yes, please provide explanation on a separate sheet.

Give names, titles, and telephone numbers (home and business) of three (3) people familiar with your professional career and qualifications that we may contract for additional information. These individuals can be the same three individuals from whom you have attached letters of reference. All conversations with these individuals will be treated confidentially.

Name	Title	Home Telephone	Business Telephone
		()	()
		()	()
		()	()

It is the policy of the La Cañada Unified School District not to discriminate on the basis of race, religion, color, national origin, ancestry, disability, medical condition, marital status, sex, age, sexual orientation or any other unlawful basis in its educational programs, activities, or employment policies as required by Title IX of the 1972 Education amendments, Section 504 of the Rehabilitation Act of 1973, the American with Disabilities Act, the California Fair Employment and Housing Act, and other applicable 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 Human Resources at (818) 952-8385. We requires that you provide a 48-hour notice so that the property arrangements can be made.

I understand the finalists for this position will undergo extensive reference and unit verification. 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. **I authorize the La Cañada Unified School District to make any investigation of my personal and employment history and authorize any former employer, person, firm, agency or corporation to disclose to the La Cañada Unified School District any information they may have regarding me. Upon possible offer of employment I authorize any governmental agency to release my personal conviction history through the voluntary processing of my fingerprints. 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 any damage which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such. NOTE: Any misstatements or omissions of material fact in this application may be cause for dismissal.**

Applicant Signature

Date

Please return the following with this application form:

- ◇ Letter of Application
- ◇ Current Resume
- ◇ Copy of Administrative Credential
- ◇ Copies of Transcripts
- ◇ Three (3) Letters of Recommendation

La Cañada Unified School District
Human Resources
4490 Cornishon Avenue
La Cañada, CA 91011
T: (818) 952-8383
F: (818) 952-8309

EMPLOYMENT INFORMATION

Beginning with your present employment and working back, list all present and former employers. You may include relevant unpaid or volunteer work experience. Account for all time during the past ten (1) yeas, including periods of unemployment. Additional pages may be used if necessary.

Company: _____

Address: _____

Inclusive Dates of Employment: _____ Full-time ___ Part-Time, ___%
(mm/dd/yyyy to mm/dd/yyyy)

Supervisor's Name and Title: _____

Your Title/Position: _____

Duties: _____

Reason for Leaving: _____

Company: _____

Address: _____

Inclusive Dates of Employment: _____ Full-time ___ Part-Time, ___%
(mm/dd/yyyy to mm/dd/yyyy)

Supervisor's Name and Title: _____

Your Title/Position: _____

Duties: _____

Reason for Leaving: _____

Company: _____

Address: _____

Inclusive Dates of Employment: _____ Full-time ___ Part-Time, ___%
(mm/dd/yyyy to mm/dd/yyyy)

Supervisor's Name and Title: _____

Your Title/Position: _____

Duties: _____

Reason for Leaving: _____

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Signature of Applicant _____ Date _____

YOUR APPLICATION WILL REMAIN IN OUR ACTIVE FILE APPROXIMATELY FOR ONE YEAR