



922 B STREET, LIVINGSTON CA 95334
 (209) 394-5400 FAX (209) 394-5401

CERTIFICATED TEACHER APPLICATION
An Equal Opportunity Employer

POSITION: _____

DATE: _____

PERSONAL DATA

Last Name	First Name	Middle
P. O. Box & Street Address	City	State Zip
Contact Phone	Work Phone (if alright to call)	Email Address

CREDENTIALS

Credential	Application Date	Expiration Date	
			CBEST <input type="checkbox"/>
			CSET <input type="checkbox"/>
			RICA <input type="checkbox"/>
			BCLAD <input type="checkbox"/>
			MASTERS <input type="checkbox"/>

EDUCATION

Degree	Major	University	Degree Awarded
B/A			
M/A			
Other			

LANGUAGE OTHER THAN ENGLISH (Answering this question is optional unless foreign language capability is required by the job description of the position for which you are applying.)				Units beyond BA:
Language	Read	Speak	Write	DISTRICT USE ONLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets Minimum Qualifications <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets Desirable Qualifications <input type="checkbox"/>

STUDENT TEACHING

District/School: Master _____ Teacher: _____ Phone: _____ Grade _____ Level/Subject: _____ Dates: _____	Interview Recommended: <input type="checkbox"/>
District/School: Master _____ Teacher: _____ Phone: _____ Grade _____ Level/Subject: _____ Dates: _____	Interview Date: _____ Interview Date: _____ Interview Date: _____
	Hired: <input type="checkbox"/>
	Eligibility List: <input type="checkbox"/>
	Other: <input type="checkbox"/>

PAID TEACHING EXPERIENCE (Current Position First)

Position:		Grades/ Subjects:		Dates:	
District/ School		Phone No:			
Position:		Grades/ Subjects:		Dates:	
District/ School		Phone No:			
Position:		Grades/ Subjects:		Dates:	
District/ School		Phone No:			
Position:		Grades/ Subjects:		Dates:	
District/ School		Phone No:			

WORK EXPERIENCE OTHER THAN EDUCATION (Last Position First)

Position:		Dates:			
Employer		Supervisor		Phone	
Position:		Dates:			
Employer		Supervisor		Phone	

PROFESSIONAL REFERENCES (Excluding Those In Your Placement File)

Name	Title	Phone No.	Address (Street/City/State/Zip)

Has your credential ever been suspended or revoked? If yes, explain on a separate sheet. No Yes

Have you ever been dismissed, asked to resign, or released from employment during a probationary period? If yes, on a separate sheet give name and address of employer, dates of employment, and reason(s) for each such dismissal, resignation, or release. No Yes

Have you ever been convicted of any criminal offense? If yes, explain on a separate sheet. Please be aware that certain offenses need not be reported (See Cal. Code of Regs., title 2, 7287.4). Regardless of Cal. Code of Regs. title 2, 7287.4, you must report all sex and drug offenses specified in Ed Codes 44010 and 44011 and any serious or violent felonies specified in Penal Codes 667.5 and 1192.7. No Yes

Do you currently have any offense(s) pending against you in a criminal court of law for which you are out on bail or have been released on your own recognizance pending trial. If yes, please specify on a separate sheet the charge(s), the county in which the charge(s) is pending, and date of trial if set. No Yes

Answering "yes" to any of the above questions is not necessarily a bar to employment. Each case is given individual consideration.

DISCLOSURE, AUTHORIZATION, AND RELEASE

I authorize any duly accredited representative of the Livingston Union School District to obtain any information relating to my activities from any current or previous employer. This information may include, but is not limited to, achievement, performance, attendance, personal history and disciplinary information. **I DIRECT YOU TO RELEASE** such information, upon request of the duly accredited representative of any authorized agency, regardless of any agreement I may have previously made with you to the contrary. I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance, or any attempts to comply with, this authorization. **FURTHERMORE**, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or false-answered statement made by me on this application, or any supplements will be sufficient grounds for failure to employ or for my discharge should I become employed with the District.

Signature: _____ Date: _____

Non-Discrimination Statement

LUSD prohibits discrimination, harassment, intimidation and bullying in all district programs, activities and employment based on actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race, or ethnicity, religion, sex, sexual orientation, pregnancy, breastfeeding, marital or parental status, or association with a person or a group with one or more of these actual or perceived characteristics in any programs or activities it conducts. If you believe you have been subjected to discrimination, harassment, intimidation, or bullying, you should immediately contact the District Superintendent and/or Title IX Compliance Officer, Maria Torres-Perez at (209) 394-5430 or mtorresp@livingstonusd.org.

The district's policies and procedures regarding Nondiscrimination in Employment, Sexual Harassment, and Uniform Complaint Policy/Forms are available upon request.