



REED UNION SCHOOL DISTRICT

Certificated Employment Application

Please type or print in ink.

(Rev. 4/14/08)

| | | |
|---|----------------------|--|
| NAME | POSITION APPLIED FOR | DISTRICT Reed Union School District |
| May this application be shared with other districts? | | _____ Yes _____ No |
| Are you willing to accept temporary or substitute employment? | | _____ Yes _____ No |
| Will you accept part-time employment? | | _____ Yes _____ No |

| | | |
|-------------------------------------|----------------|---|
| California Credentials now held | | <input type="checkbox"/> Check here if SB 2042 Preliminary Credential |
| Type: _____ | Expires: _____ | |
| Type: _____ | Expires: _____ | |
| California Credentials applied for | | Date of Application for Credential: _____ |
| Type: _____ | | |
| Status of Pending Credential: _____ | | |
| Passage of CBEST Test | _____ Yes | _____ No |
| CLAD/SDAIE Certificate | _____ Yes | _____ No |

| COLLEGE OR UNIVERSITY EDUCATION | Degree | Major | Minor |
|--|--------|-------|-------|
| Name and location of each institution attended | | | |
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Number of semester units of graduate work beyond BA or BS degree
(1 quarter unit = 2/3 semester unit): _____ Current Salary \$ _____

PAID EXPERIENCE IN EDUCATION:

List current position first. If more than five years, list positions on an attached sheet; if none, report student teaching experience. Indicate type - Regular, Substitute, or Student Teaching.

| Position | Duration of Employment | Grades or Subjects | School | District | District Address |
|----------|------------------------|--------------------|--------|----------|------------------|
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WORK EXPERIENCE OTHER THAN TEACHING

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| Have you ever been convicted of any felony or misdemeanor, fined, or placed on probation? <i>(Exclude minor traffic violations.)</i> | ___ Yes | ___ No |
| Are you currently using controlled substances without a prescription and/or are you an active alcoholic? | ___ Yes | ___ No |
| Do you have any relatives working for the Reed Union School District? | ___ Yes | ___ No |
| Are you a current or former member of STRS or PERS? | ___ Yes | ___ No |
| Has your credential ever been suspended or revoked? | ___ Yes | ___ No |
| Have you ever been dismissed or asked to resign from any teaching position? | ___ Yes | ___ No |
| If you worked for the District under a different name, what is your former name? | _____ | |

For each question answered Yes, explain in writing the circumstances and attach a statement to this form, or write below:

All interviews will include a component to test the applicant's level of technology expertise. Please provide information that indicates your skill level in technology and your ability to integrate technology into the curriculum. Please list other skills, trainings, experiences, or special qualifications that you have obtained through volunteer, community, or other activities. Additionally, you may use this space for any other item you wish to explain in further detail.

REFERENCES: Please list the names and current phone numbers of three people who have directly supervised your work in the positions listed on this application. You may also submit additional references.

| Name | Employer/Company | Home Phone | Work Phone |
|------|------------------|------------|------------|
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I hereby authorize the district to fully investigate my record and work qualifications either before or after my employment and to facilitate such investigation I also hereby authorize any persons having knowledge thereof to give such information to the District upon request. Notwithstanding any agreement I may have made with any previous employer, this authorization includes any information or documents contained in my personnel file with any previous employer. I release from all liability persons and organizations reporting information required by this application. I certify that all statements made by me on this application for employment are true and correct to the best of my knowledge and belief and agree that if employed, any misrepresentation, falsification, or omission of facts thereon shall justify my dismissal. I further agree that as a condition of employment, I shall submit to an Oath of Office, fingerprinting, and an examination to determine freedom from tuberculosis. I shall abide with the provisions of Penal Code Section 11166 (Child Abuse Reporting) and Welfare and Institution Code, Section 15630. I also acknowledge that in compliance with the Immigration Act of 1986, I must submit prior to employment my Social Security card and valid driver's license or State Identification Card or passport.

Signature _____ Date _____

How did you learn about this job?

- Ed-Join
- MCOE Job Hotline
- Other Internet Posting
- Reed District Employee
- Other: _____

Applicant's Name: _____

Address _____

City _____ State _____ Zip _____

Home or Cell Phone _____ Work or Cell Phone _____

email: _____

Return application to:
 Superintendent's Office
 Reed Union School District
 277 A Karen Way, Tiburon, CA 94920
 Telephone: 415-381-1112 Fax 415-384-0890