

JEFFERSON UNION HIGH SCHOOL DISTRICT

ADMINISTRATIVE OFFICES – SERRAMONTE DEL REY

699 Serramonte Boulevard, #100, Daly City, California 94015

Phone: (650) 550-7900

Fax: (650) 550-7888

www.juhsd.k12.ca.us

CERTIFICATED EMPLOYMENT APPLICATION

Public Law 99-603 (Immigration, Naturalization and Control Act of 1986) requires that all employees hired after November 6, 1986 provide proof of work eligibility. Therefore, if hired please be prepared to present appropriate documentation verifying identity and ability to work legally in the United States.

In completing this application please be reminded that the law protects the rights for **equal employment opportunity** regardless of race, creed, color, sex, age, physical handicap, or national origin; employment acceptance or rejection shall be based on job related qualifications. An incomplete application may disqualify the applicant.

ALL SECTIONS MUST BE COMPLETED EVEN IF YOU SUBMIT A RESUME. PLEASE TYPE OR PRINT CLEARLY.

POSITION APPLIED FOR: _____

DATE FILED _____

Dr. ____ Mr. ____ Mrs. ____ Ms. ____ Miss ____

Social Security #: _____

Date of Birth: _____

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY STATE ZIP

Telephone: Home: _____ Cell: _____

CREDENTIALS NOW HELD: _____ **EXPIRATION:** _____

CA OTHER

CLAD/BCLAD CERTIFICATE: _____

LDS/BCC CERTIFICATE: _____

| <u>EDUCATIONAL AND PROFESSIONAL TRAINING</u> | | | |
|---|--------------|--------------|--------------------|
| <u>NAME & LOCATION OF COLLEGE OR UNIVERSITY</u> | <u>MAJOR</u> | <u>MINOR</u> | <u>DEGREE/YEAR</u> |
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| <u>TEACHING EXPERIENCE</u> | | | | | |
|----------------------------|-----------------------------|-----------------------------------|-----------------|-------------|----------|
| NAME OF SCHOOL | SCHOOL DISTRICT, CITY/STATE | POSITION HELD- SUBJECTS TAUGHT | DATES FROM...TO | TOTAL YEARS | FULLTIME |
| | | | | | |
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| <u>ADMINISTRATIVE EXPERIENCE</u> | | | | | |
|----------------------------------|-----------------------------|-----------------------------------|-----------------|-------------|----------|
| NAME OF SCHOOL | SCHOOL DISTRICT, CITY/STATE | POSITION HELD- SUBJECTS TAUGHT | DATES FROM...TO | TOTAL YEARS | FULLTIME |
| | | | | | |
| | | | | | |
| | | | | | |

Emergency contact:

Name _____

Telephone: _____

REFERENCES:

LIST FOUR PERSONS WHO HAVE PROFESSIONAL KNOWLEDGE OF YOUR TRAINING AND EXPERIENCE

| NAME | OFFICIAL POSITION | PRESENT ADDRESS | TELEPHONE |
|------|-------------------|-----------------|-----------|
| | | | |
| | | | |
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Has your credential ever been suspended or revoked?

Yes No

Have you ever been investigated for any behavior or conduct while employed in a school district?

Yes

No

If yes, please explain on a separate sheet of paper.

Has any action ever been taken against you by a teacher's licensing agency?

Yes No

If yes, please explain on a separate sheet of paper.

Have you ever left a regular certified position at any time other than the end of the school year?

Yes No

Have you ever been dismissed or asked to resign from any certified position?

Yes No

Have you ever been convicted of a crime other than a minor traffic violation, misdemeanor or summary offense?

Yes No

Have you any physical disability or infirmity which may prevent you from effectively performing the duties of this position?

Yes No

Have you ever been a member of California State Teachers' Retirement System?

Yes

No

If yes to the above what school district and county: _____

Describe briefly any special experience which you feel would add to your value as an employee.

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Please add any further information you feel is pertinent to your application, noting preparation and experience in subject or areas of activities.

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RACE/ETHNICITY INFORMATION: (Please complete the information below in **both boxes**)

Federal guidelines require that we gather race/ethnicity information on all new employees in a two part question.

WHAT IS YOUR ETHNICITY?

(must 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? (you may check up to five)

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(s) to be:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> American Indian or Alaskan Native (Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Filipino/Filipino American |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian | <input type="checkbox"/> African American or Black |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> White (Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East) |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian | |
| | <input type="checkbox"/> Samoan | |

I hereby certify that all statements made in this application are true to the best of my knowledge.

Signature of Applicant

Date