

**UNIVERSAL APPLICATION
FOR MARIN COUNTY SCHOOL DISTRICTS
CERTIFICATED EMPLOYMENT**

Please print in ink or use typewriter and return application to the personnel department

Jan 2018

Name:	Position applied for:	District:
May this application be shared with other districts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to accept temporary or substitute employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you accept part-time employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

California Credentials now held:	Type: _____	Expires: _____	
California Credentials applied for:	Type: _____	Date of application: _____	
Status of pending credential _____			
Passage of CBEST Test	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
CLAD/SDAIE Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

<i>College or University education</i> Name and location of each institution attended	Degree	Major(s)	Minor(s)
Number semester units graduate work beyond BA or BS degree		1 quarter unit = 2/3 semester unit	

<i>Paid experience in education. List last 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.</i>					
Position	Duration of Employment	Grades or Subject	School	District	District Address

Work experience other than teaching:

Have you ever been convicted of any felony or misdemeanor, fined, or placed on probation? <i>(Exclude minor traffic violations except as required by law.) A conviction will not necessarily disqualify you from employment.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently using controlled substances without a prescription and/or are you an active alcoholic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any relatives working for the district?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently, or have you ever been a member of STRS or PERS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your credential ever been suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been dismissed or asked to resign from any teaching position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you worked for the district under a different name, what was your former name <i>(For each question answered yes, explain in writing the circumstances and attach the statement to this form or write below)</i>		

Please list any training, skills, experiences, professional activities or special qualifications not shown on this form that you have gained through volunteer, community, or other activities; list qualifications which especially equip you to work with culturally diverse environments and/or multi-ethnic communities, and include a brief explanation; 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

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.

Signature _____ Date _____

How did you learn about this job?

- Schools employee
- Internet/Job Hotline
- State Employment Office
- Online Advertising:
- Other:

Applicant's Name: _____

Mailing Address: _____

Number Street

City

State

Zip

Home Phone

Work Phone