

CHOWCHILLA ELEMENTARY SCHOOL DISTRICT APPLICATION FOR CERTIFICATED EMPLOYMENT

Last Name	First Name	Middle Initial

Social Security # Last four digits only

Home Phone #	Work Phone #	Message #	Cell #

Present Street Address/P.O. Box	City	State	Zip

Permanent Street Address/P.O. Box	City	State	Zip

E-Mail Address

Please indicate positions(s) in which you are interested (two maximum)
1)
2)

Teaching Credential(s) Now Held:

Specific Title of California Credential	Other Subject Authorizations Listed on Your Credential	Expiration Date
1)		
2)		
3)		
4)		

Total Years in Teaching	Total Years in Administration

Other than the English Language (list language)
Speak:
Read:
Write:

Please include a copy of any of the following credential(s)/certificates with your application

Have you passed CBEST Requirements?	() Yes	() No
<i>-If waiting, date results are expected:</i>		

Did you receive your Credential AFTER JULY 1, 2002?	() Yes	() No
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If you answered **YES** to the above question, please answer the following 3 questions

If you answered **NO** please skip to Section #4

1) Have you passed the Multiple Subject Assessment Test (MSAT) requirements?	() Yes	() No
<i>-If waiting, date results are expected:</i>		

<i>-What subject area:</i>		
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2) Have you passed the Reading Instruction Competence Assessment (RICA) requirements? <i>California Trained Teachers Only</i>	() Yes	() No
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3) Have you passed the CSET requirements?	() Yes	() No
<i>-If Yes, what subtests have you passed? Please check and indicate date passed</i>		

() Multiple Subject Subset I	Date:
() Multiple Subject Subset II	Date:
() Multiple Subject Subset III	Date:
() Single Subject Area:	Date:

4) Do you currently hold a credential or certificate authorizing the teaching of Limited English Proficient students?	() Yes	() No
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(List most recent first)

1) Name of Present or Last Employer	Position Held
Address	Employment
	From: To:
City-State-Zip	
Reason for Leaving:	

2) Name of Employer	Position Held
Address	Employment
	From: To:
City-State-Zip	
Reason for Leaving:	

3) Name of Employer	Position Held
Address	Employment
City-State-Zip	From: _____ To: _____
Reason for Leaving:	

District	School	Grade/ Subject	Dates	Supervisor Name

COLLEGES	Location of School	Dates Attended mm/yy- mm/yy	Degree	Major/ Minor	GPA
OTHER	Location of School	Dates Attended mm/yy- mm/yy	Degree	Major/ Minor	GPA

***Please include three letters of reference with your application**

Name/Position/Title	Company Name/Address	Phone
1)		
2)		
3)		

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
Have you ever been convicted for anything other than a minor traffic violation?	() Yes () No
For each of the above questions answered YES, explain the circumstances and attach the statement to this form	

I am available for employment on: _____

Other information I feel is appropriate for this position:

AUTHORIZATION TO RELEASE INFORMATION

I authorize any duly accredited representative of the Chowchilla Elementary School District to obtain information relating to my activities from past/current employers or references. This information may include, but is not limited to achievement, performance, attendance, personal history and disciplinary information.

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.

Dated: _____ Applicant's Signature: _____

EQUAL OPPORTUNITY EMPLOYER

CHOWCHILLA ELEMENTARY SCHOOL DISTRICT

Certificated Application

An Equal Opportunity Employer

355 North 5th Street
P. O. Box 910
Chowchilla, California 93610

(559) 665-8000
FAX: (559) 665-3036

