

## LUSD Summer Academy Teacher In-house Application

(Please return to the District Office)

**Please select up to three Summer Academy positions you are interested in:**

If selecting more than one position, please number your preferences 1 to 3, with one being your most preferred grade level and so on.

\_\_TK \_\_Kindergarten \_\_Grade 1 \_\_Grade 2 \_\_Grade 3 \_\_Grade 4 \_\_Grade 5 Credit Recovery: \_\_6th \_\_7th

\_\_DLA 1<sup>st</sup> \_\_DLA 2<sup>nd</sup> \_\_DLA 3<sup>rd</sup> \_\_DLA 4<sup>th</sup> \_\_DLA 5<sup>th</sup> \_\_SDC K-3 \_\_SDC 4-7

### EMPLOYEE INFORMATION (Please Print or Type)

NAME: Last First MI			EMP ID:	
ADDRESS: Number Street City Zip			HOME PHONE NUMBER:	CELL PHONE NUMBER:
CURRENT POSITION:	GRADE LEVEL:	LOCATION:	APPROXIMATE DATE HIRED WITH LUSD:	

Previously employed by the LUSD Summer programs  Not Employed by the LUSD Summer programs

### TEACHING CREDENTIALS HELD BY THE APPLICANT

	Expiration Date:
	Expiration Date:
	Expiration Date:

### PRIOR SUMMER PROGRAM EXPERIENCE

POSITION:	PROGRAM/SUBJECT	GRADE LEVEL	SUMMER EMPLOYED

Please provide the selection committee with any potential scheduling conflicts that the applicant may experience during the Summer Academy Program (work hours vary depending on site). This includes but is not limited to professional training, summer academy courses and vacations that may coincide with the Summer Academy calendar. Please refer to the language contained in the certification at the end of this application.

**PRIOR TEACHING EXPERIENCE (Regular School Year)**

Position	District/School	Grades/Subjects	Dates	No. Yrs.

**PLEASE LIST SPECIAL SKILLS AND/OR EXPERIENCES WHICH QUALIFY YOU FOR THE POSITION SELECTED.**

**APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION AND CERTIFICATION**

I hereby certify that all statements made on this application and accompanying materials are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with the Livingston Union School District (LUSD) or may result in my dismissal. I authorize LUSD to verify my personal and employment history and authorize any current and/or former employer, person, firm, corporation, credit agency, or government agency to give LUSD any information they may have regarding me. In consideration of LUSD's review of the application, I release LUSD and all providers of information from any liability as a result of furnishing and receiving this information. I hereby certify that by applying for summer program employment, I am making a commitment to serve the entire length of the Summer Academy session including required in-service days and that I have properly informed the selection committee of any conflicts with the Summer Academy calendar.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DISTRICT USE ONLY**
