

FRUITVALE SCHOOL DISTRICT

7311 Rosedale Highway
Bakersfield, CA 93308

Phone: (661) 589-3830 Fax: (661) 589-3674

FOR OFFICE USE ONLY

Hire Date _____
Site _____
Step Placement _____
Termination Date _____

NAME: _____

Certificated Employment Application

Note: PLEASE COMPLETE ALL BLANKS EVEN IF ATTACHING A RESUME'.

Position applying for: _____ Date: _____

Please indicate type of employment desired: _____ Full Time _____ Part Time _____ Substitute

Date available for work: _____

PERSONAL DATA

Name: _____
Last First Middle Initial

Present Address: _____ Home Phone: _____

City/State/Zip: _____ Cell Phone: _____

Permanent Address: _____ Email: _____

Specific grades, subject or position for which you are qualified:

Have you ever used another name? (Necessary for a check on work, education and credential record.)

Has any teaching credential you have held ever been suspended or revoked? _____ Yes _____ No

Have you ever been dismissed or asked to resign from any teaching position? _____ Yes _____ No

(If you answered "yes" to either question above, explain in writing the circumstances and attach the statement to this form.)

EDUCATION

From: To:	Name & Location of College or University:	Major: Minor:	Degree: Date:
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From: To:	Name & Location of College or University:	Major: Minor:	Degree: Date:

Graduate Work

After B.A. _____ Semester hours or _____ quarter hours.

California Credential now held: Type _____ Expires _____

Type _____ Expires _____

Type _____ Expires _____

Type of California Teaching Credentials applied / qualified for: _____ Dates applied: _____

_____ Dates applied: _____

Exams Passed or Certificates Completed:

EXAM	DATE(s) PASSED	EXAM	DATE(s) PASSED
CBEST		BCLAD	
CSET		AB1059	
MSAT		CTAP	
RICA		NTE	
CLAD			

TEACHING AND ADMINISTRATIVE EXPERIENCE

List all applicable experience, beginning with current or last position. Include student and substitute teaching.

From: _____ Month / Year To: _____ Month / Year Grade / Subject / Position: _____	School and District: _____ City and State: _____ Phone Number: _____ Reason for Leaving: _____
From: _____ Month / Year To: _____ Month / Year Grade / Subject / Position: _____	School and District: _____ City and State: _____ Phone Number: _____ Reason for Leaving: _____
From: _____ Month / Year To: _____ Month / Year Grade / Subject / Position: _____	School and District: _____ City and State: _____ Phone Number: _____ Reason for Leaving: _____
From: _____ Month / Year To: _____ Month / Year Grade / Subject / Position: _____	School and District: _____ City and State: _____ Phone Number: _____ Reason for Leaving: _____

Are you presently under contract? _____ Date of expiration: _____ Total years of full-time teaching experience _____

EXPERIENCE OTHER THAN TEACHING

(including U. S. Military experience)

From: _____ To: _____	Employer: City and State:	Type of work:
From: _____ To: _____	Employer: City and State:	Type of work:
From: _____ To: _____	Employer: City and State:	Type of work:
From: _____ To: _____	Employer: City and State:	Type of work:

REFERENCES

Please list at least three references with whom you have worked in the last two years.

Full Name	Position and School	Address	Phone Number

CERTIFICATION of APPLICANT

Please Note: As a condition of employment, you will be required to be fingerprinted, furnish proof of citizenship, and pass a TB test. You may also be required to furnish proof of age, pass a physical examination and/or substance abuse test.

I certify that all statements furnished herein are true and correct to the best of my knowledge and authorize any investigation to obtain information required by this application. I understand that any false statements made on this application may be cause for disqualification or immediate dismissal if employed. It is my understanding that employment must be approved by the Fruitvale School District Board of Trustees.

Signature of Applicant

Date

Revised 11/17
MSWord/CertifApp.doc

An Equal Opportunity Employer