

LOWELL JOINT SCHOOL DISTRICT

11019 Valley Home Avenue, Whittier, California 90603-3098 (562) 943-0211

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR CERTIFICATED PUBLIC SCHOOL EMPLOYMENT PLEASE TYPE OR PRINT

TODAY'S DATE:			DATE AVAILABLE FOR EMPLOYMENT:				
NAME OF APPLICAT	NT (LAST, FIRST, MIDDLE)						
MAILING ADDRESS	(NUMBER, STREET, APAR	RTMENT NUMBER OR POST OF	FICE BOX NUMBER)	HOME TELEPHONE NUMBER			
CITY, STATE, ZIP C	ODE			() MESSAGE TELEPHONE NUMBER			
TOTAL YEARS OF T	TEACHING	TOTAL YEARS SCI	HOOL ADMINISTRATION	() TION EMAIL ADDRESS			
POSITION(S) FOR V Please be specific in	VHICH YOU ARE APPLYIN giving any special informatio	G (ACCORDING TO PREFERENCE on that identifies the assignment.	CE) TEACHING	SUBSTITUTE ADMINISTRATIVE	_		
POSITION TITLE 1.			POSITION TITLE 2.				
OTHER SUBJECTS	YOU ARE QUALIFIED TO	EACH OR ACTIVITIES YOU CAN	N DIRECT:				
TYPE OF CALIFORNIA CREDENTIAL NOW HELD EXPIRATION DATE							
NAME OF CALIFOR	NIA CREDENTIAL APPLIEI	FOR		DATE OF APPLICATION			
Attach written expla	anation for EACH "YES" a	nswer.					
Have you ever bee	n non-reelected?	Yes	☐ No				
Has your credentia	l ever been suspended o	revoked? Yes	☐ No				
EXAMS TAKEN (P	lease provide verification	of passing):					
CBEST/ Basic Skills R	Requirement	SET Circle One: Multiple Subj. Single Subj. ubject:	CLAD/BCLAD Language:	RICA MSAT/PRAXIS/NTE SLLA (School Leaders Licensure Assessment)			
TEACHING OR SCH Indicate type - i.e. re	gular, substitute, or student	teaching.)	t. If more than five years, list position	s for last five years. If none, report student teaching experience	ce.		
TYPE	DATES FROM: TO:	GRADES, SUBJECTS OR POSITIONS	SCHOOL	DISTRICT ADDRESS			

ACCOMMODATIONS:

In compliance with the Americans with Disabilities Act, applicants requiring accommodations must notify the Personnel Office in writing at the time the application is submitted. The notice must be attached to your application packet.

Certap (10/14) (continue on other side)

COLLEGE OR UNIVERSITY EDUCATION	ATTENDED	GRADUATED							
NAME AND LOCATION OF EACH INSTITUTION ATTENDED	FROM TO	DATE DEGREE	MAJOR(S)	MINOR(S)					
WORK EXPERIENCE OTHER THAN TEACHING OR SCHOOL ADMINISTRATION:									
PROFESSIONAL REFERENCES (Include only those who have knowledge of your teaching or school administration experience; e.g., superintendents, principals, supervisors, and student teaching master teachers.)									
NAME		POSITION		PHONE					
TVAIVIL		1 03111010		FIIONE					
REFERENCE LETTERS MUST BE RECEIVED BY PERS	SONNEL OFFICE BEFO	ORE APPLICATION WI	LL BE PROCESSED.						
Please attach to your application a letter of introduction, resume, three (3) letters of recommendation, copy of permit or credential and copy of CBEST/Basic Skills Requirement, in order to be considered for substitute employment.									
This information is for federal race and ethnicity data collection and reporting requirements, at no time will this information be used for hiring purposes.									
· · ·	Hawaiian or Other Pacific	Islander	Asian						
	Hawaiian		□ Chinese	□ Laotian					
_ ' '	Guamanian		□ Japanese	□ Cambodian					
	Samoan		□ Korean	□ Filipino					
	Tahitian		□ Vietnamese	☐ Hmong☐ Other Asian					
Race (Select one or more):	Other Pacific Islander		□ Asian Indian	☐ Other Asian					
American Indian or Alaska Native	c or African American		White						
I HEREBY CERTIFY that all statements made herein are herein recorded. I release from all liability persons and o		,		nation of all statements					
SIGNATURE OF APPLICANT			DATE						

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