



CERTIFICATED APPLICATION FOR EMPLOYMENT

1800 Solar Drive #300
Oxnard, California 93030

Telephone: (805) 485-3111
Fax: (805) 604-7825

TYPE OR PRINT

Date(s) Available for Employment: _____

1. PERSONAL:

_____ Last Name	_____ First Name	_____ Middle Initial	
_____ Address	_____ City	_____ State	_____ Zip Code
() _____ Phone	() _____ Fax	_____ E-Mail	
*Have you ever been employed with the Rio School District in any capacity? If yes, in what capacity? _____		Yes _____	No _____

2. POSITION FOR WHICH YOU ARE APPLYING: Administrative _____ Teaching _____ Substitute _____

Type of Position, Grade Level(s), Non-Teaching Position (According to Preferences):
 First _____ Second _____ Third _____

Other Subjects You are Qualified to Teach; Activities to Direct; or Positions to Fill:

Are you bilingual? _____ If yes, what language? _____

3. CALIFORNIA CREDENTIAL(S) NOW HELD:

Type: _____ Date Expires _____
 _____ Date Expires _____

Date CBEST Passed _____

CALIFORNIA CREDENTIAL(S) APPLIED FOR:

Type: _____ Expected Date of Issuance _____

Are you, or have you ever been, a member of the California State Teachers' Retirement System (STRS)? Yes _____ No _____

- 4.** Has your credential ever been suspended or revoked? Yes _____ No _____
 Have you ever been dismissed, or asked to resign? Yes _____ No _____
 Have you ever been convicted of any crime other than a minor traffic violation? Yes _____ No _____
 If yes, please explain on a separate piece of paper and attach to application.
 Have you ever been convicted of a sex offense or narcotics offense? Yes _____ No _____
 If yes, when? _____ Offense? _____
 Code and Section number violated (if known): _____
 Are you prevented from lawfully being employed in this country because of visa or immigration status*? Yes _____ No _____

* Upon appointment, proof of American citizenship or the right to work in the United States will be required.*

5. PROFESSIONAL EXPERIENCE:

List most recent position first. If none, report student teaching experience. Indicate type of experience – regular, substitute, student teaching or internship.

Type	Dates		Grade/Subject	School	District	District Address
	From	To				

May we contact your present employer? Yes ___ No ___ If no, comments: _____

Note: List qualifications or experiences which have prepared you to work with culturally-diverse and/or minority groups.

6. COLLEGE OR UNIVERSITY EDUCATION:

Name and Location of Each Institution Attended	ATTENDED		GRADUATED			
	From	To	Date	Degree	Major(s)	Minor(s)

Number of semester units of graduate work beyond BA or BS Degree: _____

Number of units beyond MA or MS Degree: _____ (1 quarter unit = 2/3 semester units)

7. PROFESSIONAL REFERENCES: Include only those who have knowledge of your teaching experience; e.g., Superintendents, Principals, Supervisors and Student Teaching Master Teachers.

Name	Position	Address/City	Phone Number	Email Address

I hereby certify that all statements made herein are true and correct to the best of my knowledge, and I authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

Dated: _____ Signature of Applicant: _____