



Island Union Elementary School District

CERTIFICATED EMPLOYMENT APPLICATION

POSITION DESIRED: _____

Application Requirements

- Island Application Form and Resume
Formal Letter of Interest
One to Three Letters of Reference
Authorization to Release Information Form
Copy of Valid Teaching Credential
Copy of CBEST Verification
Copy of Transcripts

See back page for additional application requirements and guidelines

Personal Information

Name, Social Security #, Address, City, State, Zip, Home Phone#, Work #, FAX #, Cellular #, E-mail Address

Have you ever worked for a County Office of Education? Have you ever worked for a School District?

If YES, when, where, and in what capacity

Reason for Leaving

Are you related to any employee of this organization?

If YES, list name and relationship to you

Record of Teaching and/or Professional Experience

Are you currently under contract with any other district/county office? If YES, give name of district/county office and date of contract expiration

Have you been dismissed or asked to resign from any position? If YES, provide letter of explanation.

List all paid experience in chronological order, most recent first. Please account for all gaps in employment. (Next page)

(I) Employer

Address

Please check type of school: Public, Private, Vocational, Community School, Other

Number of years employed in a fully-credentialed position Full-time, Part-time

Inclusive Dates: From, To Annual Salary:

Name and Title of Immediate Supervisor

OK to contact? YES, NO Work phone #: Other phone #

Brief description of job duties _____

Reason for leaving position _____
(2) Employer _____

Address _____

Please check type of school: Public Private Vocational Community School Other

Number of years employed in a *fully-credentialed* position _____ Full-time Part-time

Number of years employed as a: Substitute/Per diem _____ Intern _____ Emergency Permit/Pre-Intern _____

Inclusive Dates: From: _____ To: _____ Annual Salary: _____

Name and Title of Immediate Supervisor _____

OK to contact? YES NO Work phone #: _____ Other phone # _____

Brief description of job duties _____

Reason for leaving position _____

(3) Employer _____

Address _____

Please check type of school: Public Private Vocational Community School Other

Number of years employed in a *fully-credentialed* position _____ Full-time Part-time

Number of years employed as a: Substitute/Per diem _____ Intern _____ Emergency Permit/Pre-Intern _____

Inclusive Dates: From: _____ To: _____ Annual Salary: _____

Name and Title of Immediate Supervisor _____

OK to contact? YES NO Work phone #: _____ Other phone # _____

Brief description of job duties _____

Reason for leaving position _____

References

Name _____ Occupation: _____ Relationship _____

Address: _____ Phone #: _____

Name _____ Occupation: _____ Relationship _____

Address: _____ Phone #: _____

Name _____ Occupation: _____ Relationship _____

Address: _____ Phone #: _____

Name _____ Occupation: _____ Relationship _____

Address: _____ Phone #: _____

Name _____ Occupation: _____ Relationship _____

Address: _____ Phone #: _____

Record of Educational and Professional Preparation

List highest attainment first

(1) Name of College or University _____

Address _____

Field of Study: Major _____

Minor _____

Dates Attended: From _____

To _____

Degree Awarded _____

(2) Name of College or University _____

Address _____

Field of Study: Major _____

Minor _____

Dates Attended: From _____

To _____

Degree Awarded _____

(3) Name of College or University _____

Address _____

Field of Study: Major _____

Minor: _____

Dates Attended: From _____

To _____

Degree Awarded _____

List additional education on a separate sheet.

Number of Post Baccalaureate Units _____

Semester

Quarter

(Correct number of units are very important as they are used to determine salary placement.)

List languages, other than English, that you are familiar with.

(If this position does not require bilingual skills, this question is optional)

(1) _____

(2) _____

Read Speak Write Fluent Some

Read Speak Write Fluent Some

Credential Information

Do you hold a valid California Teaching Credential? YES NO

List all types of valid K-12 credentials you currently hold:

(1) Type/Authorization

Expiration Date _____ State _____

(2) Type/Authorization

Expiration Date _____ State _____

(3) Type/Authorization

Expiration Date _____ State _____

(4) Type/Authorization

Expiration Date _____ State _____

Additional Certificates Held: BBC BCLAD CLAD LDS Other

If you do not currently hold a valid teaching credential, through which college or university have you applied?

Date applied _____

Date CBEST passed _____

Anticipated test date _____

Have you taken the MSAT and/or CSET Exam? YES NO Passed: YES NO Date _____

Have you taken the PRAXIS/SSAT and/or CSET Exam? YES NO Passed: YES NO Date _____

Have you ever taught or been an administrator in California? YES NO

Have you ever had a credential suspended or revoked, or received any other type of disciplinary action from any teaching or licensing agency of any type, from any state or country? YES NO

If YES, please indicate action Revocation Suspension Other

Explain when, where, why action was taken, and current status (*Explanation Required*) _____

APPLICATION REQUIREMENTS AND GUIDELINES

Thank you for your interest in employment with Island Union Elementary School District. Please keep in mind the following important requirements as you prepare your application

- 1) The employment application represents you; it is to your advantage to fill out the application form carefully, neatly, and completely. Do not leave blank spaces with "SEE RESUME" written across them. Write on the application form the information requested and then attach a resume or other supplemental material intended to expand and document the statements made on the application.
- 2) In order to avoid misfiling or loss, make sure that letters of recommendation, resumes, and other supplemental material sent under separate cover include your name and the position for which you are applying.
- 3) Each position requires a separate application.
- 4) It is your responsibility to submit a complete application. Island Union CANNOT DUPLICATE materials in order to complete your application.
- 5) Application materials submitted cannot be returned and become the property of Island Union Elementary School District. Copies are accepted unless noted otherwise. We cannot honor later requests to make copies of application materials submitted.
- 6) A selection committee will review and evaluate applications to select a limited number of candidates to interview. Meeting the minimum qualifications for a position does not assure the candidate an interview. Consideration will be given to factors other than education and experience, including, but not limited to, personal development, ability to work with others, and initiative.
- 7) Applicants selected for an interview will be contacted by telephone. Applicants not chosen for an interview will receive notification by mail.
- 8) No fax applications will be accepted.

REQUIRED APPLICANT STATEMENT

- (1) Have you ever been convicted of a felony or a misdemeanor? Yes No
- List all convictions, even if such conviction was later expunged from your record pursuant to Penal Code sections 667.6(c) and 1192.7(c). A conviction includes a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or jury. If YES, a letter of explanation must accompany your application. However, please note that you are not required to disclose certain types of criminal convictions. They include "marijuana" related convictions that are more than two (2) years old (from the date of this application) for violation of the following Health & Safety Code sections: subdivision (b) of section 11357, subdivision (c) of section 11357, subdivision (b) of section(s) 11360, 11364, 11365, 11550 and 11366.*
- (2) Can you, after employment, submit verification of your legal right to work in the United States? Yes No
- (3) Do you object to the contacting of references other than those provided? Yes No
- (4) I have read the job description and can perform the essential functions of the position with or without reasonable accommodation. Yes No

I hereby certify that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements made herein. I understand that applicants may be disqualified or dismissed for any false statement. I release from all liability persons and organizations providing information required by the process. The Kings County Office of Education reserves the right to disregard any application which is not fully complete and signed by the applicant.

Signature of Applicant _____ Date _____

PLEASE MAIL OR DELIVER YOUR COMPLETED APPLICATION TO:
Island Union Elementary School District

7799 21st Avenue, Lemoore, CA 93245 / 559-924-6424

Equal Opportunity Employer



Island Union School District
7799 21st Avenue
Lemoore, CA 93245

AUTHORIZATION TO RELEASE INFORMATION

It is the policy of the Island Union School District to conduct reference checks for all candidates for employment. Reference checking is conducted after the interview portion of the selection procedure, and five references are normally obtained before the candidate is offered employment.

Your signature below indicates your agreement with and acknowledgement of the following:

As an applicant for an employment position with the Island Union School District, I authorize my current and past employers and current and past work associates, including, but not limited to, supervisors, colleagues, and subordinates, to release to the Island Union School District any reference and employment information in my personnel records or file (e.g., applications for employment, time/vacation records, performance evaluations), academic records (e.g., transcripts, certificates, credentials, etc.), and information related to my work and my work-related personal characteristics (e.g., my character, dependability, honesty, integrity, ability to work under pressure, interpersonal skills, general physical ability, if relevant to the job, and reputation among co-workers).

I expressly and without reservation waive my right to review the information collected in the reference checks.

The Island Union School District will maintain reference information in strictest confidence and solely for the purposes of the recruitment of the position which I have applied. Information obtained during reference checks will not be provided to anyone outside the selection process.

A photocopy or a fax of this signed Authorization is to be considered valid as an original.

IN EXECUTING THIS AUTHORIZATION, I FULLY WAIVE ALL CLAIMS AND COMPLETELY RELEASE ALL PRESENT AND PAST EMPLOYERS AND THEIR EMPLOYEES, AND FORMER EMPLOYEES, THE ISLAND UNION SCHOOL DIST AND ITS EMPLOYEES, AND ALL OTHER PERSONS AND ENTITIES FROM LIABILITY UNDER CALIFORNIA CIVIL CODE SECTIONS 45 AND 46 AND CALIFORNIA LABOR CODE SECTIONS 1050-1054, OR ANY SIMILAR LAWS OF OTHER STATES OR POLITICAL ENTITIES, WHICH MAY RESULT FROM FURNISHING INFORMATION WHICH I AM CONSENTING AND PERMITTING TO BE RELEASED BY WAY OF THIS AUTHORIZATION.

I HAVE CAREFULLY READ AND UNDERSTAND ALL OF THE PROVISIONS OF THIS AUTHORIZATION, AND HAVE VOLUNTARILY AND WITHOUT COERCION OR DURESS AGREED TO AND SIGNED THIS AUTHORIZATION IN COMPLIANCE WITH CIVIL CODE SECTION 1668 AS INTERPRETED BY THE COURTS. THIS RELEASE DOES NOT RELEASE CLAIMS AGAINST ANYONE BASED ON HIS/HER OWN FRAUD OR WILLFUL INJURY OR VIOLATION OF THE LAW TO THE EXTENT REQUIRED BY APPLICABLE LAW.

Candidate's Full Name (PRINT)

Other Last Names You Have Used (if any)

Candidate's Signature

Date

Our Mission Is: To Provide Leadership -- To Promote The Most Relevant Educational Program For Kings County Students

**Island Union Elementary School District
Addendum to Employment Application
Post-Offer / Pre-Employment Inquiry**

(Must be Completed and Returned Prior to Employment Commencement)

Name: _____
 Position: _____
 Location: _____
 Hire Date: _____

Have you ever had any prior injuries and/or illnesses that may affect your ability to perform the requirements of the position noted above or that would endanger the health or safety of you or others? If you have, complete all applicable portions as indicated. Please write NO or NONE under each of the numbers that do not apply to you. If you have had more than one injury and/or illness, please answer all questions for each injury/illness. Attach separate pages as needed. Sign, date and immediately return the completed form in a sealed envelope marked "confidential." Employment cannot begin until this form is completed and returned.

<u>Injuries/Illnesses</u>
1. Date occurred:
2. How occurred:
3. Part(s) of body affected:
4. Position held at time of injury: Employer name: Address, City & State:
5. Unable to work as result? YES NO (circle one) (If yes, how long were you off work?)
6. List any restrictions, modifications or limitations as a result in order to determine types of activities impacted:

If the position you have applied for is in the Food Service Department, please indicate whether or not you have any communicable or contagious illnesses or diseases that would prohibit the performance of your duties at this employment pursuant to any Health Code Regulations: YES _____ NO _____

If you marked YES, please explain: _____

You may be requested to undergo a medical examination, screening, physical or agility testing.

To the best of my knowledge, the information I have provided is truthful, accurate and complete.

Name: Print/Signature _____ Date Completed _____

The contents of this document will remain confidential. Any false, inaccurate or contradictory information subsequently discovered, which may affect the ability for the employee to competently perform the job or for the employer to provide a safe work environment, may be grounds for immediate termination.