

LASSEN VIEW UNION ELEMENTARY SCHOOL DISTRICT
10818 Hwy 99E
Los Molinos, CA 96055
APPLICATION FOR EMPLOYMENT

Date _____

Name _____
Last First Middle

Address _____
Street and Number City State Zip Phone

Position for which you are applying _____

CREDENTIALS

Do you hold a California Credential? _____ Which? _____

If you do not hold a California Credential, are you in the process of applying for one? _____

Which Credential(s)? _____

What specific subjects does your credential authorize you to teach? _____

Are you NCLB certified? _____ If not, please explain: _____

RECORD OF ATTENDANCE IN POST-SECONDARY INSTITUTIONS

Years	Name of Institution	Location	Subject	Subject	Degree	Date
From To			Major	Minor		

Total semester hours of undergraduate credit _____ Graduate credit _____

EXPERIENCE

List most significant vocational experience. Start with your most recent experience. If more space is needed, use attachment.

Years	School System or Employer	Location	Position	Enrollment	Salary
From To				District	

What position/s would you be interested in teaching? (check all that apply)

- Primary (K-2)
- Intermediate (3-5)
- Middle School (7-8)

If interested in a Middle School position, what subjects do you feel comfortable teaching?

- Science
- Math
- Social Science
- Language Arts

What curriculum have you taught? _____

Hobbies and Interests: _____

List all extra-curricular activities in which you would feel confident in being involved. (IE: coaching volleyball, soccer, basketball, softball; yearbook, student council, etc...). Give a brief description of your abilities in the activities you could handle.

Would you be willing to assist with after-school functions such as dances, sporting events, family activities, etc?

YES

NO

Please list assignment(s) in your order of preference.

1. _____ 2. _____ 3. _____

REFERENCES

You may, if you wish, make arrangements to have your confidential papers sent to this office. If you are applying for a specific position, please have your confidential placement file sent to this office.

Name and address of college or agency which has your placement folder: _____

Give name, position, address, and telephone of persons who know your work professionally:

1. _____
2. _____
3. _____

PERSONS EMPLOYED MUST PROVIDE DOCUMENTATION OF CITIZENSHIP

CERTIFICATE OF APPLICANT. Read carefully before signing.

I hereby certify that all answers to the above questions are true, and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I agree and understand that any misstatements of material facts contained in this application will cause forfeiture upon my part of all rights to any employment in this organization.

Signature

Date