

Gorman Joint School District Certificated Employment Application

Gorman Joint School District is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, sexual orientation, veteran status, political belief or disability that does not prohibit performance of essential job functions or any other basis prohibited by federal or applicable state or local law.

Position applying for: _____

APPLICATION REQUIREMENTS

____ Application Form & Resume	____ Copy of Valid Teaching Credential
____ Dept of Justice Clearance	____ TB Clearance

Please Print:

_____	_____	_____	_____
Date	Last Name	First Name	Initial

_____	_____	-	_____
No. & Street	City	State	Zip

Permanent Address (if different from present address)

_____	_____	-	_____
No. & Street	City	State	Zip

(____) _____	(____) _____	(____) _____
Business Phone	Home Phone	Cell Phone

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

If hired, on what date can you start work? __/__/__

Personal Information

Have you ever applied to or worked for Gorman Joint School District before? Yes _____ No _____

If yes, when? _____

Do you have any friends or relatives working for Gorman JSD? Yes _____ No _____

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at Gorman Joint School District?

Record of Teaching and/or Professional Experience

Are you currently under contract with any other district/county office? Yes _____ No _____

(If YES, give name of district/county office and date of contract expiration? Yes _____ No _____

If so, may we contact your current employer? Yes _____ No _____

Have you been dismissed or asked to resign from any positions? Yes _____ No _____

If YES, provide a letter of explanation

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

..... Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes _____ No _____

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes _____ No _____

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

Education, Training and Experience

	<i>School Name/Address</i>	Years Completed	Degree
College University	_____	_____	_____
	Name _____		
	Address _____	Field of Study: _____	
	City _____ State _____ Zip _____	Field of Study: _____	
College University	_____	_____	_____
	Name _____		
	Address _____	Field of Study: _____	
	City _____ State _____ Zip _____	Field of Study: _____	
College University	_____	_____	_____
	Name _____		
	Address _____	Field of Study: _____	
	City _____ State _____ Zip _____	Field of Study: _____	

Do you speak, write or understand any foreign languages Yes _____ No _____

If yes, which languages?

(1) _____ (2) _____
 _____ Read _____ Speak _____ Write _____ Fluent _____ Read _____ Speak _____ Write _____ Fluent

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: _____

Additional certificates held ___ BBC ___ BCLAD ___ CLAD ___ LDS Other _____

Do you have any of the following: ___ ELD Teaching ___ CTC SDAIE

Are you a teacher in training for SDAIE or ELD Teaching? ___ Yes ___ No

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

_____ Date applied: _____

Have you taken the CSET? ___ Yes ___ No Passed: ___ Yes ___ No Date: _____

Have you taken the MSAT? ___ Yes ___ No Passed: ___ Yes ___ No Date: _____

Have you taken the PRAXIS/SSAT? ___ Yes ___ No Passed: ___ Yes ___ No Date: _____

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): _____

Computer Knowledge

I consider myself a computer: ___ expert ___ average user ___ novice ___ none

I own and operate the following: ___ PC ___ MAC ___ printer ___ ISP connections

I use the following programs: ___ Word ___ Excel ___ Email ___ Internet

Employment History

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

1

Name of Employer Telephone No. (____) _____

Type of Business Your Supervisor's Name _____

Address & Street City _____ State Zip _____

Dates of Employment: ____/____/____ ____/____/____ Weekly Pay: _____
From To Starting Ending

Please check type of school: ___Public ___Private ___Vocational ___Other

Number of years employed as a fully-credentialed teacher ___ Full-time ___ Part-time

Number of years employed as: ___ Substitute ___ Emergency ___ Permit

Inclusive Dates: From _____ To _____ Annual Salary _____

Name and title of immediate supervisor Phone number _____

May we contact this employer for a reference? Yes _____ No _____

Reason for Leaving _____

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Name of Employer Telephone No. (____) _____

Type of Business Your Supervisor's Name _____

Address & Street City _____ State Zip _____

Dates of Employment: ____/____/____ ____/____/____ Weekly Pay: _____
From To Starting Ending

Please check type of school: ___Public ___Private ___Vocational ___Other

Number of years employed as a fully-credentialed teacher ___ Full-time ___ Part-time

Number of years employed as: ___ Substitute ___ Emergency ___ Permit

Inclusive Dates: From _____ To _____ Annual Salary _____

Name and title of immediate supervisor Phone number

May we contact this employer for a reference? Yes _____ No _____

Reason for Leaving

3

Name of Employer (____) _____
Telephone No.

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: ___/___/___ ___/___/___ Weekly Pay: _____
From To Starting Ending

Please check type of school: ___Public ___Private ___Vocational ___Other

Number of years employed as a fully-credentialed teacher _____ Full-time _____ Part-time

Number of years employed as: _____ Substitute _____ Emergency _____ Permit

Inclusive Dates: From _____ To _____ Annual Salary _____

Name and title of immediate supervisor Phone number

May we contact this employer for a reference? Yes _____ No _____

Reason for Leaving

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____ (____) _____
First Name Last Name Telephone No.

Address & Street City State Zip
Occupational No. of Years Acquainted _____ Dates From _____ To _____

_____ (____) _____
First Name Last Name Telephone No.

Address & Street City State Zip
Occupational No. of Years Acquainted _____ Dates From _____ To _____

_____ (____) _____
First Name Last Name Telephone No.

Address & Street City State Zip
Occupational No. of Years Acquainted _____ Dates From _____ To _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Gorman Joint School District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Gorman Joint School District's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Gorman Joint School District, I am entitled to copies of any such public records obtained by Gorman Joint School District unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

_____ I waive receipt of a copy of any public record described in the paragraph above.

_____/_____/_____
Date

Applicant's Signature