

EDUCATION (Beyond elementary)

NAME OF SCHOOL/ADDRESS	Grad. Yes/No	MAJOR COURSE TAKEN	DEGREE

Total number of verifiable college units (Classified Applicant)

Total number of units beyond Bachelors Degree (Certificated/Certified Applicant)

CERTIFICATED/CERTIFIED APPLICANT ONLY

Have you passed the C.B.E.S.T. (California Basic Educational Skills Test)? YES NO

Have you passed the N.T.E. (National Teachers Exam)(PRAXIS)? YES NO

California Credentials held? (If you do not presently hold a valid California teaching credential, please provide whatever information you have regarding your eligibility for certification.)

TYPE(S) OF CREDENTIAL(S)	AREA OF SPECIALIZATION	DATE OF EXPIRATION

Has your credential/or Child Care certificate ever been suspended or revoked? YES NO

Have you ever been dismissed or asked to resign from any certificated/certified position? YES NO

(If yes to either of these, please explain and attach the circumstances.)

STUDENT TEACHING (Complete if less than five years full-time teaching experience.)

Dates		Subjects or Grade Level	Name and Address of Master or Cooperating Teacher Include Name and Address of School	College or University	Hours	
From	To				Sem.	Qtr.

List below your Assignment Preferences (subjects, grade level or special fields.)

1. _____ 2. _____ 3. _____

CERTIFICATED & CLASSIFIED APPLICANT (Indicate years experience in office skills below.)

Accounting/Years	Ten-Key Adding/Years	By Touch	Database Entry Access/Years
Bookkeeping/Years	Typing/Years	WPM	Word Processor/Years
Calculator/Years	Shorthand/Years	WPM	Computer Terminal/Years

EDUCATIONAL TECHNOLOGY EXPERIENCE (Rate 1=Low to 5=High)

In Classroom _____	Internet personal _____	Word Processing _____	Spreadsheets _____
In Business/Personal _____	Internet classroom _____	DataBase _____	Mac or IBM _____

INSTRUCTIONAL ASSISTANT APPLICANTS ONLY

Have you passed the Basic Skills Assessment Test? YES NO

WORK HISTORY Begin with present/last employer (attach additional sheet if necessary.)

EMPLOYER'S NAME		STREET ADDRESS & CITY		TELEPHONE NO. ()
EMPLOYER'S DATE (Mo./Yr.)		EARNINGS		SUPERVISOR'S NAME
FROM	TO	START	ENDING	
TITLE OR POSITION		SPECIAL TRAINING ACCOMPLISHMENTS, AWARDS, ETC.		
DESCRIBE DUTIES, RESPONSIBILITIES, SKILLS REQUIRED, EQUIPMENT USED, ETC.				
REASON FOR LEAVING				

EMPLOYER'S NAME		STREET ADDRESS & CITY		TELEPHONE NO. ()
EMPLOYER'S DATE (Mo./Yr.)		EARNINGS		SUPERVISOR'S NAME
FROM	TO	START	ENDING	
TITLE OR POSITION		SPECIAL TRAINING ACCOMPLISHMENTS, AWARDS, ETC.		
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TITLE OR POSITION		SPECIAL TRAINING ACCOMPLISHMENTS, AWARDS, ETC.		
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REASON FOR LEAVING				

PROFESSIONAL REFERENCES IF NOT REGISTERED WITH A PLACEMENT OFFICE.

(Include only those who have knowledge of your teaching experience, e.g., Superintendents, Principals, Supervisors, and Student Teaching Master Teachers.)

NAME	POSITION	ADDRESS

PERSONAL REFERENCES (Other than a relative or former employer.)

NAME	OCCUPATION	ADDRESS & PHONE

BILINGUAL ABILITY

List any language other than English, which you can read, speak, or write _____

It is understood that, when required, necessary typing, shorthand, or other proficiency certificates will be submitted. If employed, I understand I will be required to submit a Loyalty Oath and provide for the District, at my expense, a current x-ray or interdermal tuberculin report, medical examination report and fingerprint report.

APPLICANTS - READ, DATE, AND SIGN LEGAL NAME

I hereby certify that the information present in this application is true, accurate and complete. ANY FALSIFICATION OF THIS RECORD WILL BE SUFFICIENT CAUSE FOR DISQUALIFICATION AND WILL CONSTITUTE A RELEASE TO THE EMPLOYER FOR LIABILITY.

This application becomes the property of the Clovis Unified School District. ***I hereby extend the right of the Clovis Unified School District to contact the references listed on this application.*** References, placement folder information, and other information which becomes a part of this record may be revealed to all persons who participate in the selection of employees. Pre-employment references will be kept confidential from me.

I have read the above and understand it.

_____ DATE _____ SIGNATURE OF APPLICANT _____