

**Winters Joint Unified School District**

909 West Grant Avenue

Winters, CA 95694

(530) 795-6100

Fax (530) 795-6114

**CERTIFICATED EMPLOYMENT APPLICATION**

Last Name:	First Name:	Social Security Number:
Street Address:	City/State/Zip	Telephone Number ♦ Home (    ) ♦ Business (    )

Position(s) for Which You are Applying:	Elementary - grade level
	Secondary - subject(s)
Years Actual Teaching Experience: Regular: _____ Substitute: _____	Special Education - area
	Other Areas:

California Credential(s) You Now Hold:	Expiration Date
California Credential(s) For Which You Have Applied:	Application Date

Have you completed the CBEST test? If yes, attach a copy of the card.	Yes [ ] No [ ]
Have you been employed in a teaching position in a school district during the past 39 months? If yes, name the district:	Yes [ ] No [ ]
Are you a current member of the State Teachers' Retirement System?	Yes [ ] No [ ]
Have you ever been a member of the State Teachers' Retirement System?	Yes [ ] No [ ]
Have your credentials ever been suspended or revoked? If yes, please explain:	Yes [ ] No [ ]
Have you ever been dismissed or asked to resign from any certificated position? If yes, please explain:	Yes [ ] No [ ]
If offered employment, can you furnish documentation that verifies your identity and right to work in the United States?	Yes [ ] No [ ]
Have you ever been convicted of any criminal felony or misdemeanor after your 18 <sup>th</sup> birthday? <i>A yes answer will not necessarily disqualify you from employment.</i> If yes, please explain:	Yes [ ] No [ ]

Please specify any language, other than English which you speak, read or write:

If you have any qualifications which especially equip you to work with culturally different and/or minority groups and multi-ethnic programs, please give a brief explanation:

<b>College/University Education</b>					
Name/Location of Institution	From	To	Degree	Major	Minor

Number of Semester Units of graduate work beyond Bachelors Degree: \_\_\_\_\_  
 Number of Semester Units of graduate work beyond Masters Degree: \_\_\_\_\_

Professional Experience					
From	To	Reg.	Sub.	School/District/Location	Grade/Subject

**Professional References**

Include only those who have knowledge of your professional experience, i.e., Superintendents, Principals, Supervisors, and Student Teaching Master Teachers.

Name	Position	Address	Telephone Number

Working experience other than teaching:

List special talents/interests:

Would you be willing to supervise activities? Yes [ ] No [ ]

Have you served in the military? Yes [ ] No [ ]

If yes, give dates: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

*I declare, under penalty or perjury, that all the statements made hereon are true and correct to the best of my knowledge and that any known false information will be cause for immediate dismissal or elimination from consideration for employment. I further authorize investigation of all information required on this application, and release from liability, all persons and organizations reporting such information regardless of any previous agreements.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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