

DUBLIN UNIFIED SCHOOL DISTRICT

Human Resources

7471 Larkdale Avenue, Dublin, CA 94568

(925) 828-2551 x8012/(925) 829-5821 FAX/Website: www.dublin.k12.ca.us



APPLICATION FOR EMPLOYMENT – CERTIFICATED PERSONNEL

PERSONAL

Name _____

Current Address _____ Last _____ First _____ Middle Initial _____ Home Phone (____) _____

City _____ State _____ Zip _____ Cell Phone (____) _____

Total Years Teaching _____ (excluding part-time, substituting, student teacher)

E-mail address _____

Proficient in languages other than English _____ Speak Read Write

_____ Speak Read Write

Dates Available for Interview _____ Dates Available for Employment _____

Position(s) Applying For Full-time Part-time Substitute

Subject/Grade Level Preferences _____

Activities/Athletics interested in and capable of supervising _____

CREDENTIAL(S) Now Held or Applied For (Include out-of-state)

Type _____ State _____ Subject _____ Expires _____

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If new credential applicant, date of application _____ University _____

Do you have CLAD or other English Language Authorization? Yes No Authorization Type _____

Have you passed CBEST? Yes No Not applicable CBEST Test date scheduled _____

OTHER INFORMATION

Has your credential ever been suspended or revoked? Yes No

Have you ever been dismissed or asked to resign from any teaching position? Yes No

Have you ever been convicted of, found guilty of, or pleaded no contest to a felony or misdemeanor? Yes No

If yes, for each offense indicate date, charges, location, and action taken _____

If you answered "yes" to any of the above, explain the circumstances. An answer of "yes" will not necessarily disqualify you from consideration, but failure to provide accurate information will cause rejection of application, or if discovered after employment, in dismissal.

A complete application packet includes: an application, cover letter, and resume, three letters of recommendation and copy of appropriate credential.

COLLEGE/UNIVERSITY EDUCATION

Name/Location of Institution	From	To	Degree	Date Graduated	Major(s)	Minor(s)

Number of units of graduate work beyond BA (One quarter unit = 2/3 semester units) _____

TEACHING EXPERIENCE

Under contract and credentialed (List last position first)						
From	To	Grade(s)/Subject(s)	School	District	Telephone	

Student Teaching						
From	To	Grade(s)/Subjects(s)	School	District	Telephone	

Other applicable Work or Volunteer Experience						
From	To	Position	Employer	Address	Telephone	

PROFESSIONAL REFERENCES [Minimum of three (3)]

Include only those who have knowledge of your teaching experience (superintendents, principals, master teachers, university supervisors, etc.)

Name	Position/School/District	Home Phone	Business Phone

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I understand that any omission, falsely answered statements by me on this application, or any supplement to it, will be sufficient grounds for failure to employ or for my discharge should I become employed by the Dublin Unified School District.

Signature _____ Date _____

It is the policy of the Dublin Unified School District to provide a school and work environment which is free from discrimination and harassment on the basis of sex, race, color, religious creed, national origin, ancestry, age over 40, marital status, pregnancy, physical or mental disability, medical condition, Vietnam-era veteran status, actual or perceived sexual orientation, or any other reason prohibited by state and federal law.