

Mother Lode Union School District
3783 Forni Road * Placerville, California 95667
(530) 622-6464

**Application of Employment
Certificated Staff**

Application for the position of: _____ Full-Time Part-Time

PERSONAL DATA

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone No.: _____ Work Phone No.: _____ Cell No.: _____

Email Address: _____

Date available for employment _____ Are you currently under contract? Yes No

Do you have the ability to speak in a language other than English? Yes No If Yes, which language _____

Have you ever been convicted of a crime? Yes No If yes, please explain: _____

Has your credential ever been suspended or revoked? Yes No If yes, please explain: _____

Have you ever been dismissed/non-reelected or asked to resign from any certificated position? Yes No If yes, please explain: _____

EDUCATION & PROFESSIONAL DATA

Name of College or University	Major Field	Degree Earned	Credential Type	Expires
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If no Credential/Permit, have you applied to the Commission for Teacher Credentialing? Yes No
If yes, give date application was mailed: _____

What type of Credential/Permit did you apply for? _____

Have you met California Basic Educational Skills (CBEST) requirements? Yes No

Total upper division or graduate semester units beyond Bachelor's Degree: _____

EXPERIENCE (show present job first)

STUDENT TEACHING, INTERNSHIPS, SUBSTITUTE WORK (if within the last three years)

Name of School or District	Assignment/Grade	Supervisor/Teacher	From Mo/Yr	To Mo/Yr
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TEACHING/ADMINISTRATIVE EXPERIENCE

Name of School or District	Assignment/Position	Full/Part Time/Temp	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROFESSIONAL REFERENCES

Professional Name	Address	Telephone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal: Name	Address	Telephone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____

AGREEMENT

Following an offer of employment, are you willing to:

Swear or affirm allegiance to the United State and the State of California? Yes No

Provide a current x-ray or intradermal tuberculin report? Yes No

I authorize the Mother Lode Union School District to contact professional references, former employees, and educational institutions to verify the information contained herein. Yes No

I understand this application and materials submitted with it are the property of the Mother Lode Union School District. The purpose of the application is to obtain job-related information to identify the best-qualified applicants. I certify that all information on this application is accurate and true to the best of my knowledge. I understand and agree that any misstatements, omissions, or falsification of material facts herein, will cause forfeiture of all rights, terms, conditions and privileges of employment with the Mother Lode Union School District. **Please review your application! You will not be allowed to make corrections after the filing deadline. An omission or misstatement may result in the disqualification of your application!**

Signature of Applicant

Date