

TWIN HILLS UNION SCHOOL DISTRICT

SunRidge Charter School
487 WATER TROUGH ROAD
SEBASTOPOL, CALIFORNIA 95472
TELEPHONE (707) 824-2844
FAX (707) 824-2861

CERTIFICATED EMPLOYMENT APPLICATION

Please submit this application with all of the information requested as completely as possible. You may attach additional sheets where the space provided is not sufficient. Please do not write "see attached résumé" in any spaces. Please do not include high school or college graduation dates on any résumé you may attach to this application.

TODAY'S DATE: ___/___/___ (Application valid for 6 months from this date only)

NAME _____
FIRST MIDDLE LAST

TELEPHONE # _____ CELL OR OTHER _____

ADDRESS _____
STREET CITY ST ZIP

Do you have a California driver's license? _____ YES OR NO
Have you lived in California the past 12 months? _____ YES OR NO

POSITION for which you are now applying: _____
(Separate application required for each position)

Total years of teaching: _____ Total years of administration: _____

Other subjects you are qualified to teach; activities to direct; etc.: _____

CREDENTIALS:

California Credentials now held: Type: _____ Expires: ___/___/___
Type: _____ Expires: ___/___/___
Type: _____ Expires: ___/___/___
Type: _____ Expires: ___/___/___

Name of any California credential applied for but not yet received: _____ Date applied: ___/___/___

Have you passed the CBEST? Yes ___ No ___ Exempt ___ If exempt, please explain: _____

Has your credential ever been suspended or revoked? Yes ___ No ___
Has the Commission on Teacher Credentialing taken any action against you? (i.e. public reproof) Yes ___ No ___
Have you ever been dismissed, or asked to resign, from any teaching/administrative position? Yes ___ No ___
Have you ever been convicted of a crime other than a minor traffic violation Yes ___ No ___

(Conviction does not necessarily disqualify you from employment. You need not disclose convictions that have been judicially sealed, expunged, or statutorily eradicated.)

Are you now or have you ever been a member of the California State Teachers' Retirement System (STRS)? Yes ___ No ___

Are any members of your immediate family employees of the Twin Hills Union School District? Yes ___ No ___

For each question answered yes, explain in writing the circumstances and attach the statement to this form.

COLLEGE OR UNIVERSITY EDUCATION:

College name (list all attended)	Location (City, State)	Major Course or subject	Minor	Graduated Yes or No	Degree

Other Education/Training (including coursework and workshops completed beyond your credential):

Number of semester units of graduate work beyond BA or BS degree: _____
 Number beyond MA or MS: _____ (1 quarter unit=2/3 semester unit) Highest degree held: _____

TEACHING EXPERIENCE:

Starting with present or most recent, list previous school employers. Please include student and substitute teaching. If more space is required, please continue on separate sheet. You may attach a résumé, but you must complete this application as well.

School name	Phone #	Grade level(s)
Street address	Brief description of job duties, include any extracurricular work	
City	State	Zip
Supervisor's name and title	Phone #	
Salary	Dates worked	School District name
From: / / To: / /		
Reason for leaving		

School name	Phone #	Grade level(s)
Street address	Brief description of job duties, include any extracurricular work	
City	State	Zip
Supervisor's name and title	Phone #	
Salary	Dates worked	School District name
From: / / To: / /		
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School name	Phone #	Grade level(s)
Street address	Brief description of job duties, include any extracurricular work	
City	State	Zip
Supervisor's name and title	Phone #	
Salary	Dates worked	School District name
From: / / To: / /		
Reason for leaving		

TEACHING EXPERIENCE (Continued):

School name	Phone #	Grade level(s)
Street address		Brief description of job duties, include any extracurricular work
City	State Zip	
Supervisor's name and title	Phone #	
Salary	Dates worked	School District name
Reason for leaving		

School name	Phone #	Grade level(s)
Street address		Brief description of job duties, include any extracurricular work
City	State Zip	
Supervisor's name and title	Phone #	
Salary	Dates worked	School District name
Reason for leaving		

STUDENT TEACHING:

Complete this section if you are now doing student teaching or if you have not taught since completing student teaching.

	<u>1st Assignment</u>	<u>2nd Assignment</u>
School/ District name		
Telephone number		
Name of Principal		
Master Teacher		
Grade Level/Subject		
College Supervisor		

OTHER WORK EXPERIENCE (Including relevant job related skills obtained during U.S. Military Service):

Name and Location of Employer	Date From/To	Supervisor	Description of Work

PROFESSIONAL REFERENCES (three required):

List two past supervisors and one or two people who are not related to you who have knowledge of your qualifications for the position for which you are applying from whom we may solicit a letter or verbal appraisal.

Name First and last	Title/ Relationship	Address Street/City/State/Zip	Phone # (include area code)	District (if applicable)

OUTSIDE ACTIVITIES (Excluding those indicating race, color, religion, sex, national origin, age, or handicap status):
Professional memberships, certificates, honors, awards, or licenses held

Past and present civic or cultural activities, including offices held

Principal hobbies

SUPPLEMENTARY INFORMATION:

Please list other skills and/or equipment/language experience you have acquired: _____

Do you have qualifications which especially equip you to work with culturally different and/or minority groups and multi-ethnic programs? Yes___ No ___

If yes, explain: _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes ___ No ___

If no, explain: _____

After reading the enclosed Job Description, will you be able to perform all Essential Job Functions? Yes___ No___

If no, explain: _____

CERTIFICATE OF APPLICANT - Read carefully before signing:

I hereby certify that all statements made in my application for employment with the Twin Hills Union School District, to the best of my knowledge, are true, accurate, and complete. Any misrepresentations or willful omissions of fact shall be sufficient cause for disqualification of the application or termination of employment. Furthermore, it is understood that this application and records become the property of the district which reserves the right to accept or reject it.

I hereby authorize the District to conduct work history, personal reference, or police record inquiries to determine my acceptability for employment.

_____ Date

_____ Signature

A completed application packet consists of:

- 📖 Cover letter acknowledging qualifications and intent 📖 District employment application
 - 📖 Signed Authority for Release of Information form 📖 Applicant questions/statements 📖 Résumé
 - 📖 3 Letters of Recommendation 📖 Placement file/Sealed Transcripts 📖 Copy of CBEST "pass" certificate
- All documents included in your application packet become the property of the District and will not be returned.

Certificated employment with the Twin Hills Union School District requires membership in the THTA and payment of dues.

Employment with the Twin Hills Union School District is subject to a negative tuberculin test or x-ray and fingerprint clearance.

If this is your first certificated position in California, employment shall be subject to passing a physical examination (Ed Code 44839(a) and Title 5 sec 5504).

The Twin Hills Union School District is an Equal Opportunity Employer

TWIN HILLS UNION SCHOOL DISTRICT

Apple Blossom Elementary  Twin Hills Middle  Orchard View Charter  SunRidge Charter
District Office – 700 Watertrough Rd, Sebastopol, CA 95472 Phone: 707/823-0871

AUTHORITY FOR RELEASE OF INFORMATION

I authorize any hiring official from Twin Hills Union School District to obtain any information relating to employment from any or all professional references and present or former employers listed on my employment application and *résumé*.

This information may include, but is not limited to, achievement, performance, attendance, personal history, or disciplinary information.

I direct you to release such information upon the request of any designated hiring official from Twin Hills Union School District regardless of any agreement I may have made with you previously to the contrary.

I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization.

Signature

Date: ___ / ___ / ___

Print full name: first, middle initial, last