

DURHAM UNIFIED SCHOOL DISTRICT

9420 Putney Drive ● P. O. Box 300 ● Durham, CA 95938
 (530) 895-4675 FAX (530) 895-4692

FOR DISTRICT USE ONLY	
<input type="checkbox"/>	Application
<input type="checkbox"/>	Resume
<input type="checkbox"/>	Letters
<input type="checkbox"/>	Transcripts
<input type="checkbox"/>	Credential

APPLICATION FOR CERTIFICATED POSITION

Applicant's Full Name _____			
(Last)	(First)	(M.I.)	
Present Mailing Address _____			
(Street/P.O. Box)	(City)	(State)	(Zip)
Telephone Numbers (_____) _____		(_____) _____	
(Home)		(Work)	
Social Security Number ____/____/____			

Position(s) Desired	
Elementary (K-5) _____	Grade Level: _____
Middle (6-8) _____	Grade Level: _____
Secondary (9-12) _____	Grade Level: _____
Administrative _____	Grade Level: _____
Other _____	Grade Level: _____

List any extra-curricular activities for which you are willing to assist:

PLACEMENT FILE

College/University	City/State	Located Under What Name	File Number

If a placement file is not available, attach at least three (3) letters of recommendations from persons who will attest to your most recent training and experience.

EDUCATIONAL BACKGROUND

Name of School or University	City/State	Degree	Major	Minor
Total number of semesters (or equivalent) units earned AFTER Bachelor's Degree _____				

STUDENT TEACHING EXPERIENCE

District	City/State	Dates From - To	Grade level and/or Subject Taught	Supervisor	Supervisor's Phone

TEACHING AND/OR ADMINISTRATIVE EXPERIENCE (UNDER CONTRACT)

(List most recent first)

District	City/State	Position Held	Supervisor	Supervisor's Phone #	Dates From - To

Total full years (75% of year) of full time (at least 50% of day) teaching experience: _____
 Total full years (75% of year) of full time (at least 50% of day) administrative experience: _____

CREDENTIALS

California Credentials Now Held

Type	Subject Authorization	Grade Authorization	Expires

If applicable, California teaching credential for which you have applied:

_____ Application Date _____

Recent Professional Growth (Please briefly describe the professional growth activities you have completed during the past two years)

OTHER

Are you authorized to teach Limited English Proficient (LEP) students? Yes No

If yes, type of authorization _____

If no, are you willing to work toward authorization? Yes No

Were you required to take the CBEST? Yes No

To date, areas passed: Reading Math Writing

In what language other than English do you possess proficiency? _____

If so, indicate: Speaking Reading Writing

How were you informed of this position? _____

Are you able to perform, with or without reasonable accommodation, the functions of the position you seek?

Yes No

If no, how can we accommodate you? _____

IMPORTANT NOTICE: Dishonest answers to any questions may result in disqualification or dismissal. All new employees are fingerprinted with copies sent to the State Department of Justice and/or FBI to check for prior criminal convictions. "YES" answers to any of the following questions will not necessarily result in disqualification. For each "YES" answer, please provide an attached written explanation.

Have you ever been dismissed, non-reemployed or asked to resign from any contracted certificated position? Yes No

Have you ever left a position prior to the expiration of the contract? Yes No

Has your credential ever been suspended or revoked? Yes No

Have you ever been convicted of a felony or misdemeanor that has resulted in incarceration, a fine in excess of \$50, and/or probation? Yes No

Are you currently released from custody on your own recognizance or on bail while awaiting court action for any pending criminal charges? Yes No

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AUTHORIZATION & RELEASE

I HEREBY CERTIFY that all statements made herein 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. Falsification of any information on this application may be grounds for disqualification or dismissal.

Having applied for certificated employment with the Durham Unified School District, I do hereby consent to have an investigation made by or on behalf of the Durham Unified School District as to my employment qualification and fitness. I agree to give any further information which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, school district or institution having control of any documents, records and other information pertaining to me, to furnish to the District or its representatives any such information, including documents or records, or any other pertinent data, and/or to permit the District or its representatives to inspect and make copies of such documents, records and other information. I understand and agree that no document, record or information of any kind pertaining to me, shall be a basis for any legal action by me or on my behalf.

As an inducement to the District to investigate and reach a determination respecting my employment qualifications and fitness, I hereby release, discharge and exonerate the District, its agents and representatives, and any person or entity furnishing oral reports, documents, records or other information, including but not limited to information or documents which may be untrue, defamatory, misleading or damaging in any way, from any and all liability of any nature arising out of any such investigation, or out of the furnishing, inspection or use of such reports, documents, records and other information. I also understand and agree that all oral and written responses to the district's inquiries shall remain confidential and shall not be divulged to the applicant.

_____ **Print Name**

_____ **Signature**

_____ **Date**