

Hamilton Unified School District

620 Canal Street, P.O. Box 488
 Hamilton City, CA 95951
 (530) 826-3261 Ext. 6012
 (530) 826-0440 FAX
www.husdschools.org

CERTIFICATED APPLICATION

Position applying for _____

Date _____

Last Name		First Name		Middle	Former Name
Mailing Address			City		State/Zip
Home Phone		Cell Phone		E-mail Address	

TEACHING EXPERIENCE – Please list your last four (4) paid jobs starting with the most recent

1	Total Years/Mos.	Employer Name/Address	Phone
	Dates From/To		Supervisor
	Grade Level/s		
Subject			Reason for Leaving
2	Total Years/Mos.	Employer Name/Address	Phone
	Dates From/To		Supervisor
	Grade Level/s		
Subject			Reason for Leaving
3	Total Years/Mos.	Employer Name/Address	Phone
	Dates From/To		Supervisor
	Grade Level/s		
Subject			Reason for Leaving
4	Total Years/Mos.	Employer Name/Address	Phone
	Dates From/To		Supervisor
	Grade Level/s		
Subject			Reason for Leaving

EDUCATION & PROFESSIONAL TRAINING – List, in order of attendance, all colleges or universities attended.

Name of Institution	Location: City/State	From (date)	To (date)	Years	Semester Hours Credit Received	Degree Diploma

CA Credential	Type _____	Expires _____
	Now Held	Type _____

Please list additional information inside application where appropriate. Although information may be on your resume, it **MUST** also be listed on your application to be considered for the position.

Please use this space for additional remarks, special skills, etc., and for other courses, training, or education equivalencies specifically required for the position, and for explanation of other items.

ADDITIONAL EXPERIENCE RELATED TO THIS POSITION		
Total Years/Mos.	Employer Name/Address	Phone
Dates From/To		Supervisor
Job Title		
Duties		Reason for Leaving
Total Years/Mos.	Employer Name/Address	Phone
Dates From/To		Supervisor
Job Title		
Duties		Reason for Leaving

STUDENT TEACHING INFORMATION – To be completed by first year teachers only				
Type of Work	From	To	Location (City/State)	Name & Address of Employer

EXPERIENCE OTHER THAN TEACHING			
From	To	Name/Location	Duties

BILINGUAL SKILLS – Check appropriate ability	
Language:	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
Language:	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

References (Please list):

In the event that you are one of our final candidates, references will be required.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

If you answer "yes" to questions 5 through 9 in this section, explain below. A "yes" answer does not disqualify you from consideration, but may be discussed with you by the personnel administration.

1. Yes ___ No ___ Have you been employed by us before?
2. Yes ___ No ___ Have you applied for work with us before?
3. Yes ___ No ___ Do you have any friends or relatives working for us?
4. Yes ___ No ___ Are you presently on leave status and subject to recall?
5. Yes ___ No ___ Have you ever, under your name or another name, been convicted of (or pleaded guilty or nolo contendere to) a felony which has not been judicially ordered sealed, expunged or statutorily expunged?

6. Yes ___ No ___ Have you been convicted of a misdemeanor that resulted in imprisonment?
7. Yes ___ No ___ Have you been released or terminated from employment or suspended from a job as a result of any allegations that might render you unfit to instruct or associate with children?

8. Yes ___ No ___ Have you been discharged or forced to resign for misconduct or other reason?
9. Yes ___ No ___ Has your credential ever been suspended or revoked?
10. Yes ___ No ___ Are you currently employed?
11. Yes ___ No ___ May we contact your present employer?
12. Yes ___ No ___ If employed, could you furnish proof of citizenship?
13. If employed by us are you willing to:
 - a. Yes ___ No ___ Swear/affirm allegiance to the United States of America and the State of California?
 - b. Yes ___ No ___ Be fingerprinted?
 - c. Yes ___ No ___ Submit a current chest x-ray or TB skin test?
 - d. Yes ___ No ___ Abide by all District policies and procedures governing conduct and safety?

Reference explanation to above questions by number 1, 2, 13a, etc.

Waiver Agreement

Please read before signing

I, the undersigned applicant for employment, hereby certify under penalty of perjury under the laws of the State of California that all statements contained in my application for employment are true and complete. I understand that if employed, false or incomplete statements on this application shall be sufficient cause for dismissal.

I understand that, as part of my application for employment, a routine inquiry will be made of my former employer(s) requesting information concerning my character, general reputation, personal characteristics, and work habits.

I hereby authorize the School District to investigate my employment background and all of the statements contained in my employment application including: (1) the procurement of consumer reports or investigative consumer reports in accordance with the Consumer Credit Report Reform Act.; and (2) inquiry regarding controlled substance and alcohol test results from my former employer(s) pursuant to 49 CFR SS 82.413.

I agree to defend, indemnify, and hold the District harmless for its reasonable investigation of my employability. I waive the right to hold those persons whose names I have listed as references and the former employers listed on my employment application liable with respect to any damages which I might sustain as a result of their responses, whether oral or written, regarding my character, general reputation, personal characteristics and work habits.

If I am granted an interview, I authorize the last employer listed on my application to release my personnel file to the District as part of the District's background investigation regarding my employment.

I understand any offer of employment from the District will be conditional upon satisfactory results in any pre-employment screening.

I authorize a copy of this document to be furnished to my references and former employers.

Not a valid unless signature appears here:

Signature _____ Date _____