



CERTIFICATED APPLICATION FOR EMPLOYMENT

2500 Vineyard Avenue
Oxnard, California 93036

Telephone: (805) 485-3111
Fax: (805) 604-7825

TYPE OR PRINT

Date(s) Available for Employment: \_\_\_\_\_

1. PERSONAL:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_
Phone Fax E-Mail

\*Have you ever been employed with the Rio School District in any capacity? Yes No
If yes, in what capacity? \_\_\_\_\_

2. POSITION FOR WHICH YOU ARE APPLYING: Administrative \_\_\_\_\_ Teaching \_\_\_\_\_ Substitute \_\_\_\_\_

Type of Position, Grade Level(s), Non-Teaching Position (According to Preferences):

First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

Other Subjects You are Qualified to Teach; Activities to Direct; or Positions to Fill:

Are you bilingual? \_\_\_\_\_ If yes, what language? \_\_\_\_\_

3. CALIFORNIA CREDENTIAL(S) NOW HELD:

Type: \_\_\_\_\_ Date Expires \_\_\_\_\_
\_\_\_\_\_ Date Expires \_\_\_\_\_

Date CBEST Passed \_\_\_\_\_

CALIFORNIA CREDENTIAL(S) APPLIED FOR:

Type: \_\_\_\_\_ Expected Date of Issuance \_\_\_\_\_

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

- 4. Has your credential ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_
Have you ever been dismissed, or asked to resign? Yes \_\_\_\_\_ No \_\_\_\_\_
Have you ever been convicted of any crime other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_
If yes, please explain on a separate piece of paper and attach to application.
Have you ever been convicted of a sex offense or narcotics offense? Yes \_\_\_\_\_ No \_\_\_\_\_
If yes, when? \_\_\_\_\_ Offense? \_\_\_\_\_
Code and Section number violated (if known): \_\_\_\_\_
Are you prevented from lawfully being employed in this country because of visa or immigration status\*? Yes \_\_\_\_\_ No \_\_\_\_\_

\* Upon appointment, proof of American citizenship or the right to work in the United States will be required.\*

**5. PROFESSIONAL EXPERIENCE:**

List most recent position first. If none, report student teaching experience. Indicate type of experience – regular, substitute, student teaching or internship.

Type	Dates		Grade/Subject	School	District	District Address
	From	To				

May we contact your present employer? Yes \_\_\_ No \_\_\_ If no, comments: \_\_\_\_\_

Note: List qualifications or experiences which have prepared you to work with culturally-diverse and/or minority groups.

\_\_\_\_\_

**6. COLLEGE OR UNIVERSITY EDUCATION:**

Name and Location of Each Institution Attended	ATTENDED		GRADUATED			
	From	To	Date	Degree	Major(s)	Minor(s)

Number of semester units of graduate work beyond BA or BS Degree: \_\_\_\_\_

Number of units beyond MA or MS Degree: \_\_\_\_\_ (1 quarter unit = 2/3 semester units)

**7. PROFESSIONAL REFERENCES:** Include only those who have knowledge of your teaching experience; e.g., Superintendents, Principals, Supervisors and Student Teaching Master Teachers.

Name	Position	Address/City	Phone Number	Email Address

I hereby certify that all statements made herein are true and correct to the best of my knowledge, and I authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

Dated: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_