

LAKE TAHOE UNIFIED SCHOOL DISTRICT
 Boulevard - South Lake Tahoe, California 96150 - (530)541-2850 - FAX (530)541-5930
STANDARD APPLICATION FOR CERTIFIED PUBLIC SCHOOL EMPLOYMENT

Date(s) available for interview: _____
 Date available for employment: _____

1. Personal Name:

First _____ Middle _____ Other Name _____ Last Name _____

Email Address: _____
 Current mailing address

Address _____ City _____ Zip Code _____ Phone: () _____

Permanent mailing address

Address _____ City _____ Zip Code _____ Phone: () _____

Social Security Number _____ **Total Years of Teaching** _____

2. Position(s) for which you are applying: _____

Other subjects you are qualified to teach; activities to direct; or positions to fill: _____

Do you speak, read, or write any language other than English? _____

3. California credentials now held:	Type	Expires

Name of California teaching credential applied for _____ Date of application _____
 Are you or have you ever been a member of the California Teacher's Retirement System? Yes - No -
 California Basic Educational Skills Test (CBEST) passed on (date): _____

- 4. Has your credential ever been suspended or revoked?** Yes - No -
- Have you ever been dismissed, or asked to resign, from any teaching position? Yes - No -
 Have you ever been convicted for anything other than a minor traffic violation? Yes - No -
 (For each question answered yes explain in writing the circumstances and attach the statement to the form.)

5. Teaching experience (List last position first. If more than four years, list positions for last four years; if none, report student teaching experience. Indicate title - regular, substitute, or student teaching.)

Title/Grade-Subject	Dates		School	District	District Address	Salary
	From	To				

5a. Qualifications which especially equip you to work with culturally different and/or minority groups and multiethnic programs. Include a brief explanation with your application: _____
5b. Work experience other than teaching: _____

6. College or university education

Name and location of institution attended	Attended		Graduated		Major(s)	Minor(s)
	From	To	Date	Degree		

Number of semester units of graduate work beyond BA or BS degree _____ Number beyond MA or MS _____ 1 quarter unit = 2/3 semester unit.

7. My placement papers are on file with the following placement office:
 Address _____ City _____ State _____ ZIP code _____
 Under the name of: _____ File # _____

8. Professional references if not registered with a placement office. (Include only those who have knowledge of your teaching experience: e.g., superintendents, principals, supervisors, and student teaching master teachers.)

Name	Position	Phone Number

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.

Signature of Applicant: _____ **Date:** _____