

SONORA SCHOOL DISTRICT

830 GREENLEY ROAD, SONORA, CA 95370

TEL (209) 532-5491

FAX (209) 532-4828

Cheryl Griffiths, Superintendent

Cgriffiths@sesk12.org

APPLICATION FOR CERTIFICATED EMPLOYMENT

Submit the following items with your application:

- Cover Letter
- Resume
- Two Recent Letters of Recommendation
- Copies of Certificates and/or Credentials
- Copies of Transcripts
- Authorization to Release Information
- Addendum to Certificated Application, Authorization to Contact References

Contact:

Denise Alvillar, HR/Payroll Specialist

209-532-5491 or Dalvillar@sesk12.org

Sonora School District is an Equal Opportunity/ Affirmative Action Employer. The District is in compliance with Title IX of the Education Amendments of 1982 and does not discriminate on the basis of race, color, religion, ancestry, national origin, age (over 40 years), sex, marital status, medical condition (cured or rehabilitated cancer), or physical handicap in any of its programs, activities, or employment practices.

PERSONAL DATA

Last Name		First	Middle	Other Name	
Current Address			City	State	Zip
Other address where you may be contacted			City	State	Zip
Home Phone	Work/Other Phone		Social Security Number		

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

Position(s) you are applying for (list subjects/grade levels in order of preference):	
1.	3.
2.	4.

Other subjects you are credentialed to teach, activities qualified to direct, sports qualified to coach, positions qualified to fill:

Languages other than English you are proficient in:		
Speak?	Read?	Write?

Credentials and/or certificates currently held or applied for:	State	Exp. Date
Specify type of credential with major and minor.		

Have you taken and passed CBEST? () Yes () No () Not Necessary
If not, test date for CBEST

FULL-TIME TEACHING EXPERIENCE UNDER CONTRACT- AND CREDENTIAL
 (List most current position first.)

Dates	Subject/Grade	School/District	Address/Phone	Supervisor	Reason for Leaving

STUDENT TEACHING EXPERIENCE
 (List most current position first.)

Dates	Subject/Grade	School/District	Address/Phone	Master Teacher

OTHER APPLICABLE EXPERIENCE
 (List most current position first.)

Dates	Employer	Position	Address	Supervisor	Phone

COLLEGE/UNIVERSITY EDUCATION
 (List most current institution first.)

Name/Location	Dates	Degree	Major	Minor

Number of semester units of graduate work beyond bachelor's degree _____
 (One quarter = 2/3 semester unit)

PROFESSIONAL REFERENCES

(Include at least three people who have knowledge of your teaching experience, i.e., superintendent, principal, master teacher, college supervisor.)

Name	Position	Address	Phone

- YES ___ NO ___ Have you ever had any credential, application, permit, license or other document authorizing public school service or teaching suspended, revoked, voided, denied and/or otherwise rejected for cause in California or any other state or place?
- YES ___ NO ___ Have you resigned from or otherwise left public or private school employment to avoid investigation for alleged misconduct and/or dismissal in California or any other state or place?
- YES ___ NO ___ Have you ever resigned from a teaching position while under contract? *If yes, please explain.*
- YES ___ NO ___ Have you ever been dismissed or not reemployed in any probationary or permanent teaching position?
- YES ___ NO ___ Are you now the subject of any inquiry, disciplinary action, review or investigation, in any district, by a teacher licensing agency, or in the courts of California or any other state in connection with any alleged misconduct?
- YES ___ NO ___ Is any adverse action now pending against any credential you hold which authorizes public school service or teaching in California or any other state?
- YES ___ NO ___ Have you ever pleaded guilty or been convicted of a felony or misdemeanor? (State law requires that all applicants prior to employment be fingerprinted and prohibits employment of any person convicted of certain sex and narcotic offenses.) *Except for the preceding, conviction is not an absolute bar to employment.*

If you answered "yes" to any of the questions above, you may wish to attach additional page(s) explaining your answer(s). A "yes" answer to any of the above question is not an absolute bar to employment.

- YES ___ NO ___ Are you able to perform the essential job functions which may or may not require a reasonable accommodation?
- YES ___ NO ___ Can you, after employment, submit verification of your legal right to work in the United States?
- YES ___ NO ___ If presently under contract, can you be released if we offer you a position?

My signature below authorizes the Sonora School District to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right to access to any such information and without limitation hereby release the Sonora School District and the reference sources from any liability in connection with its release or use. Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or false statement made by me on this application or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed.

Applicant's Signature

Date

**SONORA SCHOOL DISTRICT
AUTHORIZATION TO RELEASE INFORMATION**

I authorize any duly accredited representative of the Sonora School District to obtain any information relating to my activities from any previous employers. This information may include, but is not limited to, achievement, performance, attendance, personal history and disciplinary information.

I DIRECT YOU TO RELEASE such information, upon request of the duly accredited representative of the Sonora School District, regardless of any agreement I may have previously made with you to the contrary.

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

DATED: _____

Print Name

Signature

ADDENDUM TO CERTIFICATED APPLICATION

I understand that the Sonora School District office will contact references that are given on my application as well as individuals that are not shown on my application. I authorize Sonora School District to contact these individuals and absolve the office from any liability in regard to employment references. In addition, I authorize the release of information in regard to my employment and absolve any prior employer or any other individual contacted for a reference from any liability. I agree that this signed form can be faxed to former employers or persons being contacted for a reference and that my faxed signature will serve as an original. If hired, I agree that if I leave Sonora School District employment, the office has my consent to give an accurate and truthful reference to any other employers.

Yes _____ No _____

Signature _____ Date: _____