



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

2930 Gay Avenue, San José, CA 95127 · Phone: 408-928-6800 · Fax: 408-928-6401 · www.arusd.org

## APPLICATION FOR EMPLOYMENT-CERTIFICATED

**IMPORTANT INSTRUCTIONS: Please print in Ink or Type. Answer all questions completely.**

**NOTE: COPY OF CREDENTIAL (S), TRANSCRIPTS, RESUME, & LETTERS OF RECOMMENDATION MUST BE ATTACHED AT TIME OF APPLICATION. APPLICATION MUST BE SIGNED.**

Name \_\_\_\_\_  
FIRST MIDDLE LAST

Current Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Permanent Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Message Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
AREA CODE AREA CODE

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
AREA CODE

Email Address: \_\_\_\_\_

Title of position for which applying: \_\_\_\_\_ Part-Time  Full-Time

Grade Level(s) or Administrative Position(s) (according to preference):

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Please check all exams taken and the date you **passed** the exam:

CBEST

MSAT/CSET (Multiple Subject Credential)

Praxis (Single Subject Credential)

RICA

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Subject: \_\_\_\_\_

California Credentials and/or Certificates **HELD**: (Include Out-of-State Credential, if held.)

Type \_\_\_\_\_ Expires \_\_\_\_\_

Type \_\_\_\_\_ Expires \_\_\_\_\_

Type \_\_\_\_\_ Expires \_\_\_\_\_

California Credentials and/or Certificates **APPLIED FOR**:

Type \_\_\_\_\_ Date of Application \_\_\_\_\_

Agency who filed the credential with the California Commission on Teacher Credentialing (CCTC): \_\_\_\_\_

**Please answer all the following questions.**

**1. Have you ever been convicted of a crime, other than a minor traffic violation?**

Yes  No

If yes, please use the space provided in #9 to explain the nature of the crime(s), when and where convicted, and disposition of the case(s).

2. Can you, upon employment, submit verification of your legal right to work in the United States? Yes  No   
*(Proof of citizenship or immigration status will be required upon employment)*
3. Have you been employed with Alum Rock before? Yes  No   
If yes, give title and date, or indicate if currently employed with Alum Rock.  
Title: \_\_\_\_\_ Date: \_\_\_\_\_
4. Have you ever left a regular teaching position at any time other than the end of the school year? Yes  No   
If yes, please use the space provided in #9 to explain.
5. Have you ever been dismissed from employment due to misconduct or unsatisfactory service or resigned to avoid dismissal? Yes  No   
If yes, please give details in the space provided in #9 to explain.
6. Are you able to perform the essential functions of the job for which you are applying? Yes  No   
If no, use the space provided in #9 to describe the functions that cannot be performed and what can be done to accommodate the limitation(s).
7. Do you speak a language other than English? If yes, please rate yourself. Yes  No   
Language: \_\_\_\_\_ 1 2 3 4 5  
NON-PROFICIENT PROFICIENT
8. Do you read and write a language other than English? If yes, please rate yourself. Yes  No   
Language: \_\_\_\_\_ 1 2 3 4 5  
NON-PROFICIENT PROFICIENT
9. Please use this space for explanation to questions 1-6. *(Use additional sheets of paper, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

**Computer** Macintosh  Personal Computer

List software package(s) in which you are proficient: \_\_\_\_\_

\_\_\_\_\_

**Professional Experience**

Please provide below details regarding your administrative and/or teaching experience as listed on your application (including student teaching). Suggestions: for administrative position, describe actual position functions; for teaching, describe actual subjects and grade levels taught and show experience in special teaching situations such as open space facilities, team teaching, multi-grade teaching etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Extra-Curricular Interest And Related Information**

Please provide below information that may be directly or indirectly related to your professional background. Suggestions: athletics, art, drama, musical ability, newspaper, bilingualism, reading skills, experiences, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment Experience**

Begin with your present or most recent job and account for **ALL** time during the past ten years. Verifiable voluntary experience will be considered if job related. If additional space is needed, please duplicate this sheet. **NOTE: A RESUME WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION**

Employer Name and Address		Dates		Description of Job					
Name		From							
Address									
City/State/Zip		To							
Supervisor/Title									
Phone#		Reason for Leaving:		Full-time		Part-time		Volunteer	
Name				From					
Address									
City/State/Zip		To							
Supervisor/Title									
Phone#		Reason for Leaving:		Full-time		Part-time		Volunteer	
Name				From					
Address									
City/State/Zip		To							
Supervisor/Title									
Phone#		Reason for Leaving:		Full-time		Part-time		Volunteer	
Name				From					
Address									
City/State/Zip		To							
Supervisor/Title									
Phone#		Reason for Leaving:		Full-time		Part-time		Volunteer	
Name				From					
Address									
City/State/Zip		To							
Supervisor/Title									
Phone#		Reason for Leaving:		Full-time		Part-time		Volunteer	

**Education**

Name of Colleges, Universities, and other Schools attended	Units Completed		Type of Degree Program	Degree Awarded		Date	Major Subject(s)	Minor Subject(s)
	Semester	Quarter		Yes	No			

Number of semester units of graduate work beyond BA/BS degree: \_\_\_\_\_

**Employment References** *(Include only those who have knowledge of your work experience such as your immediate supervisors.)*

Name	Position	Address	Work Phone	Home Phone

I HEREBY CERTIFY that all statements herein are true and correct to the best of my knowledge. I understand that false statements shall be sufficient cause for dismissal or disqualification from employment consideration. I release from all liability persons and organizations reporting information required by this application.

I hereby authorize representatives of Alum Rock Union Elementary Union School District to contact (unless otherwise noted) organizations (including employers and schools) and individuals listed for the purpose of establishing or verifying my qualifications, work history, and work habits in connection with this application for Alum Rock Union Elementary Union School District. I understand and acknowledge that such information will be used confidentially for the purpose of employment decisions only. It will not become part of my personnel record once I am employed and will not be available for review by me.

\_\_\_\_\_  
*Date Available for Employment*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Please return to:** Human Resources Division  
 Alum Rock Union Elementary Union School District  
 2930 Gay Avenue  
 San Jose, CA 95127  
 (408) 928-6507

**For District Use Only:**      Received       Accepted       Reason for Denial:      Education       Experience       Late Filing       Other  \_\_\_\_\_  
 Postmarked       Not Accepted       Credential Analyst: \_\_\_\_\_      Date: \_\_\_\_\_

**AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**