



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## STUDENT TEACHER APPLICATION

All student teachers will be separated from DOJ last day of school

Applicant's Full Name \_\_\_\_\_  
(Last) (First) (Middle)

Employee I.D.# \_\_\_\_\_

Present Address \_\_\_\_\_  
Address City State Zip

Telephone Number: ( ) \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_

### Alum Rock Program Information:

School Year: 20\_\_\_\_ / 20\_\_\_\_

Program Manager: \_\_\_\_\_ Telephone Number (Ext): \_\_\_\_\_

Program Assigned To: \_\_\_\_\_ School: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### University Program Contact Information:

Program Supervisor: \_\_\_\_\_ University: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Have you ever been convicted of a misdemeanor? (If yes, explain)  Yes  No

Have you ever been convicted of a felony? (If yes, explain)  Yes  No

**Please Note:** Conviction of a crime or pending criminal action will not automatically disqualify a volunteer from volunteer services – all circumstances will be considered.

Student Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Manager Signature (ARUSD) \_\_\_\_\_ Date \_\_\_\_\_

For Human Resources Use Only
_____ Fingerprint Clearance _____ TB Clearance

*The Alum Rock Union Elementary School District does not discriminate on employment or any program on the basis of age, creed, sexual orientation, race, ethnic background, marital status, national origin or handicap.*