

Hanford Elementary School District

714 N. White Street Phone (559) 585-3619 P.O. Box 1067 Fax (559) 584-8013 Hanford, California 93232 www.hesd.k12.ca.us

CERTIFICATED EMPLOYMENT APPLICATION

NOTE: ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED. References to other documents such as resumes will not be accepted in place of completing any portion of the application unless noted. Completed application should include submission of three letters of recommendation, official college transcripts and a copy of applicable credential document. This application will remain active for a period of twelve (12) months from date submitted.

Applicant's Full Name(Las		(First)	(M.I.)	(Maiden Name)	
Other Name(s)					
Present Mailing Address					
	(Street)	(City)	(State)	(Zip Code)	
Permanent Mailing Address	(Street)	(City)	(State)	(Zip Code)	
E-Mail Address	,		,	(Esp code)	
Telephone Numbers: Current ()	Cell ()	Mes	sage ()	_
Social Security Number (Optional, failure to submit social security number on this form will not prohibit employment consideration. Social Security number may be required on other forms prior to employment.)					
Human Resources Use		INDICATE POSIT	ION(S) DESIRED FOR	WHICH YOU ARE CREDENTIALED:	
Received		☐ Elementa	y Teacher	☐ Special Education Teacher	
			gh Teacher	☐ Administrator	
		Other:			
For: Credential Conf. Data References		List extracurric	ılar activities you are qua	alified for or are willing to direct or supervise:	:
	List languages in which you are fluent, other than English:				
☐ Interview				Read Write Speak	
Candidate				Read Write Speak	

THE HANFORD ELEMENTARY SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

The Hanford Elementary School District does not discriminate on the basis of the person's actual or perceived race, religious creed, color, national origin, ancestry, age, marital status, pregnancy, physical or mental disability, medical condition, genetic information, military and veteran status, gender, gender identity, gender expression, sex, or sexual orientation at any district site and/or activity. No person shall be denied employment solely because of any impairment which is unrelated to the ability to perform the essential functions of the position for which application has been made.

I. CERTIFICATION

II.

A. Attach copies of valid credential documents. Type of California Credential Held: **Expiration Date** Supplemental/Degree Authorizations Name of California Credential Applied for: Application Date Supplemental/Degree Authorizations Out-of-State Credential Held: (specify state) **Expiration Date** Supplemental/Degree Authorizations B. Have you passed the California Basic Education Skills Test? □ Yes \square No (attach a copy of your verification) C. Have you passed the CSET exam? \square Yes \square No Subject Area: D. Have you passed the RICA? \square Yes \square No **GENERAL INFORMATION** ☐ Yes ☐ No Are you under a teaching contract with another district? If yes. . . Where_____ Present Position Why do you wish to change? Have you notified your employer of your interest in this position? ☐ Yes ☐ No Have you ever been discharged or requested to resign from a position? \square Yes \square No (If yes, attach explanation) Have you ever been convicted of a violation of law other than a minor \square Yes \square No traffic violation? (If yes, attach explanation) Have you ever had a certificate or license revoked or suspended? \square Yes \square No (If yes, attach explanation) Federal law requires proof of legal right to work in the United States. Can you, after employment, submit verification of your legal right to work in the United States? ☐ Yes ☐ No To avoid conflict of interest, list any HESD school board member or relative employed in the school district and cite relationship:

College or university City, State			M	ajor	Min	or	Degree/Date Earned			
If hired,	candidat		uired to su	beyond B.A bmit complete set of						
IV.				NISTRATIVE EX ot list substitute expe		NCE (list al	ll paid expe	rience in d	chronological	
Fron	From To Scho		ol and District City a		nd State	Grade – Subject Position		Full-Time or Part-Time		
V.	STUD	ENT TEA(CHING E	XPERIENCE (lis	t chronol	ogically an	d include ar	ıv interns	hips)	
Name and Address of District			Name of School Grade Level and/or Subject			Mo./Yr. From To		Master Teacher		
School Dis	strict	Princ	cipal							
Address		City	State							
School Dis	strict	Princ	cipal							
Address		City	State							
VI.	WORI	K EXPERI	ENCE O	THER THAN TE	ACHIN	T (list chron	ologically and	l attach a c	heat if necessary)	
From	To	Employer				City and State			Type of Work	
prior to b	APPLICA eing cons	sidered for em	ployment: 1	FY to have the following A) If no contracted experipals; or B) list below,	erience, all	student teac	hing experier	ce referenc	ce(s) included with	
Name of Reference Positi		on/Relationship M		lailing Address		Pho	Phone Number			

III.

EDUCATION (list chronologically)



APPLICANT CERTIFICATION

My signature below authorizes the Hanford Elementary School District to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include requesting information from criminal or civil convictions, driving records, present employer, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: The local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the California or other State Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

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, 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 with the Hanford Elementary School District. I understand that acceptance of a position in the Hanford Elementary School District indicates willingness to accept assignment where needed. I also understand that before my contract for teaching becomes effective or compensation is possible, a valid California credential, or an affidavit indicating that a California teaching credential has been applied for, must be filed in the Office of the Kings County Superintendent of Schools.

Date	Signature of Applicant
Date	Signature of Applicant