

ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT
44811 SIERRA HIGHWAY LANCASTER CALIFORNIA 93534 (661) 948-7655
www.avdistrict.org



CERTIFICATED SUBSTITUTE EMPLOYMENT APPLICATION

(Applicant: you may keep this informational page)

Please complete and return the district Application Form together with the items listed below in order to be considered for a certificated substitute position with the Antelope Valley Union High School District. All candidates *must* provide the following items to be considered for certificated substitute positions:

- | **Completed and signed AVUHSD Application Form**
- | **Chronological resume (resume must reflect all periods of work, non-work, college attendance, etc)**
- | **College/University Placement File or one (1) recent letter of reference.**
- | **Official sealed transcripts verifying Bachelor's degree & major**
- | **Original verification of passing the California Basic Educational Skills Test (CBEST)**
- | **Copy of T.B. (Mantoux) Test**

The application of all candidates will be held in strict confidence. All applications will be carefully screened. A district representative may contact previous and/or current employers to gather information regarding performance.

Thank you for your interest in a position with the Antelope Valley Union High School District.

Kristina Ramos
Director Personnel Services

The Antelope Valley Union High School District Governing Board prohibits unlawful discrimination against and/or harassment of district employees and job applicants on the basis of race, color, national origin, ancestry, religious creed, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender, and actual or perceived sexual orientation, or any other unlawful consideration.

EQUAL OPPORTUNITY EMPLOYER

Please note that specific programs and subject areas will require varied duties, responsibilities, qualifications, physical abilities, and other certifications than those listed. This description is offered strictly as a generic guideline to the basic duties of a classroom teacher.

Brief Description of Position: Teaches and is assigned to various classroom based on the need of the site.

Major Duties and Responsibilities:

Teach content and skills in designated subject to secondary students, utilizing the lesson plan of teacher. May instruct students in citizenship, basic communication skills, and other general elements of the course of study common to all teachers. Adapts designated subject material and methods to develop relevant sequential assignments that guide and challenge students. May develop lesson plans and supplementary materials compatible with the basic instructional philosophy. Establishes and maintains standards of student behavior needed to provide an organized, productive classroom environment.

Supervision Exercised or Received:

Supervises, plans, and coordinates the work of aides, classified personnel, assistants, and other paraprofessionals. Receives supervision pursuant to the evaluation proceedings.

Minimum Qualifications:

Credential: 30 Day Substitute Credential

Education: Bachelor's degree with major or minor in designated subject, including all courses needed to meet credential requirements. Must pass the California Basic Educational Skills Test (CBEST).

Personal Qualifications: Ability to meet state standards of physical and mental health.

Physical Abilities:

Visual ability to read handwritten or typed documents, and the display screen of various office equipment and machines. Able to conduct verbal conversation. Able to hear normal range verbal conversation (approximately 60 decibels). Able to sit, stand, stoop, kneel, bend and walk. Able to sit for sustained periods of time. Able to climb slopes, stairs, steps, ramps and ladders. Able to lift up to 30 pounds frequently, and 30 pounds occasionally. Able to carry up to 30 pounds frequently, and 30 pounds occasionally. Able to push and pull objects weighing up to 30 pounds. Able to exhibit full range of motion for shoulder external rotation and internal rotation. Able to exhibit full range of motion for shoulder abduction and adduction. Able to exhibit full range of motion for elbow flexion and extension. Able to exhibit full range of motion for shoulder extension and flexion. Able to exhibit full range of motion for back lateral flexion. Able to exhibit full range of motion for hip flexion and extension. Able to exhibit full range of motion for knee flexion. Able to demonstrate manual dexterity necessary to operate a computer and other classroom equipment in a safe and efficient manner. (note: will vary based on particular duties of position, example Physical Education, Home Economics, Shop classes, etc)

AVUHSD CERTIFICATED SUBSTITUTE EMPLOYMENT APPLICATION

| | | | |
|---|--|--|------------|
| Last Name | First Name | Middle Name | Other Name |
| Current Address Street | City, State, Zip | | Phone |
| Permanent Address Street | City, State, Zip | | Phone |
| Social Security Number: _____ - _____ - _____ Disclosure of your social security number on this form is voluntary. If employment is offered to you, it will be necessary that you provide your social security card for income tax reporting, social security withholding, and personnel and payroll record keeping purposes. | <input type="checkbox"/> NO <input type="checkbox"/> YES Has your credential ever been suspended or revoked? Explain. <input type="checkbox"/> NO <input type="checkbox"/> YES Have you ever been dismissed or asked to resign from any job? If yes, explain in writing the circumstances on a signed and dated sheet and attach it to this form. Include all employment information on the back of this application. <input type="checkbox"/> NO <input type="checkbox"/> YES Have you ever worked for the Antelope Valley Union High School District in any capacity? Include all employment information on the back of this application. <input type="checkbox"/> NO <input type="checkbox"/> YES Are you under any contract with any other school, district or county office? If yes, with whom? _____ Contract expiration: _____ | | |
| CALIFORNIA CREDENTIALS HELD | | | |
| Type: Subject Area: Date of Expiration: | Type: Subject Area: Date of Expiration: | Type: Subject Area: Date of Expiration: | |
| OUT OF STATE CREDENTIALS HELD | | | |
| Type: Subject Area: Date of Expiration: | Type: Subject Area: Date of Expiration: | Type: Subject Area: Date of Expiration: | |
| Name of California Teaching Credential Applied for: | | Date of Application: | |
| Are you currently enrolled in a Credential Program? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, list school name and scheduled completion date: | | | |
| Have you taken and passed Basic Skills Exam? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, have you ever had a CBEST Waiver? <input type="checkbox"/> YES <input type="checkbox"/> NO | Are you now, or ever been, a member of: California State Teachers Retirement System (CalSTRS) <input type="checkbox"/> NO <input type="checkbox"/> YES California Public Employees Retirement System (CalPERS) <input type="checkbox"/> NO <input type="checkbox"/> YES | Do you speak any languages other than English? <input type="checkbox"/> NO <input type="checkbox"/> YES (please list) | |
| Is there any reason you would be unable to safely perform any of the duties or positions for which you have applied as set forth in the job description for this position with or without reasonable accommodations? <input type="checkbox"/> NO <input type="checkbox"/> YES, please explain: | | | |
| COLLEGE/UNIVERSITY EDUCATION | | | |
| INSTITUTION: _____ FROM: ____/____/____ TO: ____/____/____ | | | |
| GRADUATED? DATE: _____ DEGREE _____ MAJOR : _____ MINOR: _____ | | | |
| STREET, CITY, STATE, ZIP: _____ | | | |
| INSTITUTION: _____ FROM: ____/____/____ TO: ____/____/____ | | | |
| GRADUATED? DATE: _____ DEGREE _____ MAJOR : _____ MINOR: _____ | | | |
| STREET, CITY, STATE, ZIP: _____ | | | |
| INSTITUTION: _____ FROM: ____/____/____ TO: ____/____/____ | | | |
| GRADUATED? DATE: _____ DEGREE _____ MAJOR : _____ MINOR: _____ | | | |
| STREET, CITY, STATE, ZIP: _____ | | | |
| Semester units of Graduate Work beyond BS or BA? _____ Beyond MA or MS? _____ (1 QUARTER UNIT = 2/3 SEMESTER UNIT) | | | |
| Name of placement office where placement files are located: _____ | | Name filed under: _____ | |
| <i>It is the responsibility of the applicant to forward placement papers.</i> | | | |

TEACHING EXPERIENCE

GRADES/SUBJECTS: _____ FROM: ___ / ___ / ___ TO: ___ / ___ / ___
 SCHOOL/DISTRICT NAME: _____ PHONE: (____) _____ - _____
 STREET, CITY, STATE, ZIP: _____ REASON FOR LEAVING: _____

SCHOOL/DISTRICT NAME: _____ PHONE: (____) _____ - _____
 STREET, CITY, STATE, ZIP: : _____ REASON FOR LEAVING: _____

GRADES/SUBJECTS: _____ FROM: ___ / ___ / ___ TO: ___ / ___ / ___
 SCHOOL/DISTRICT NAME: _____ PHONE: (____) _____ - _____
 STREET, CITY, STATE, ZIP: : _____ REASON FOR LEAVING: _____

SCHOOL/DISTRICT NAME: _____ PHONE: (____) _____ - _____
 STREET, CITY, STATE, ZIP: : _____ REASON FOR LEAVING: _____

SCHOOL/DISTRICT NAME: _____ PHONE: (____) _____ - _____
 STREET, CITY, STATE, ZIP: : _____ REASON FOR LEAVING: _____

SCHOOL/DISTRICT NAME: _____ PHONE: (____) _____ - _____
 STREET, CITY, STATE, ZIP: : _____ REASON FOR LEAVING: _____

NON-TEACHING EXPERIENCE

POSITION/DUTIES: _____ FROM: ___ / ___ / ___ TO: ___ / ___ / ___
 COMPANY/EMPLOYER NAME: _____ PHONE: (____) _____ - _____
 STREET, CITY, STATE, ZIP: : _____ REASON FOR LEAVING: _____

POSITION/DUTIES: _____ FROM: ___ / ___ / ___ TO: ___ / ___ / ___
 COMPANY/EMPLOYER NAME: _____ PHONE: (____) _____ - _____
 STREET, CITY, STATE, ZIP: : _____ REASON FOR LEAVING: _____

PROFESSIONAL REFERENCES

NAME: _____ OFFICIAL POSITION: _____
 SCHOOL DISTRICT NAME: _____ PHONE: (____) _____ - _____
 STREET, CITY, STATE, ZIP: _____

SCHOOL DISTRICT NAME: _____ PHONE: (____) _____ - _____
 STREET, CITY, STATE, ZIP: _____

SCHOOL DISTRICT NAME: _____ PHONE: (____) _____ - _____
 STREET, CITY, STATE, ZIP: _____

POSITIONS APPLIED FOR: _____

Please submit any additional comments if you believe they will be valuable in helping AVUHSD determine your qualifications.
I HEREBY CERTIFY that all statements made herein or contained in any materials submitted by me are true and correct to the best of my knowledge and I authorize the full investigation of all information contained therein. I understand that falsification or omission of any matters or information on this application and attached material, or failure to pass fingerprint clearance or any other clearance for the position, or failure to obtain and maintain any required certification as needed for this position will be sufficient cause for termination. I agree that if employed, I will abide by all policies and procedures established by the Administration.

PRINT DOCUMENT AND PROVIDE ORIGINAL SIGNATURES AND DATE

Signature: _____ **Date:** _____

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Authorization for Drug/Substance Use Screening

Offers of employment of the Antelope Valley Union High School District are contingent upon successful completion of a required pre-placement Drug/Substance Use test and any other pre-placement physical examination required of the position. If offered employment, it is the employee's responsibility to provide verification of freedom from tuberculosis via a Mantoux TB Test/chest x-ray every four years.

APPLICANT READ AND SIGN:

I, _____, consent to submit to a Drug/Substance Use
print name
Screening and/or any other physical exam required for initial and continued employment with the Antelope Valley Union High School District and authorize the facility conducting the screening and/or exam to release said results to the Antelope Valley Union High School District. I hereby certify that I have no previous medical history or disability which would prevent me from performing the physical requirements for the position of _____.
print job title

I understand that any false statement or material omission by me in connection with my physical abilities or medical history will disqualify me from employment or be cause for dismissal.

SIGNATURE: _____ **DATE:** _____

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Authorization for Release of Confidential Information/Hold Harmless

Pursuant to the provision of California Labor Code section 1053,

I, _____ hereby expressly authorize any officer, agent, employee,
print name

superintendent or manager representing a former employer to respond to any oral or written inquiries regarding my past performance and general character as a former employee.

I further understand and agree that this authorization will permit my former employer to provide any information regarding my performance including, but not limited to , performance or evaluation reports or other related documents maintained for all employees.

I further understand that in signing this authorization for release of confidential information, I expressly waive the provisions of Government Code Section 5254 c. and California Constitution Article I, Section I, relating to privacy and agree to hold my former employer harmless from the release or any information pursuant to this request.

SIGNATURE: _____

DATE: _____