

TRAVIS UNIFIED SCHOOL DISTRICT



Reaching beyond the boundaries
to build a community of learners.

Tiffany Benson
Superintendent

2751 De Ronde Drive
Fairfield, CA 94533
(707) 437-4604

Cambridge Elementary School
100 Cambridge Drive, Vacaville
(707) 446-9494

Center Elementary School
3101 Markeley Lane, Fairfield
(707) 437-4621

Foxboro Elementary School
600 Morning Glory Drive, Vacaville
(707) 447-7883

Golden West Middle School
2651 De Ronde Drive, Fairfield
(707) 437-8240

Scandia Elementary School
100 Broadway Street, Travis AFB
(707) 437-4691

Travis Community Day School
2785 De Ronde Drive, Fairfield
(707) 437-8265

Travis Elementary School
100 Fairfield Avenue, Travis AFB
(707) 437-2070

Travis Education Center
2775 De Ronde Drive, Fairfield
(707) 437-8265

Vanden High School
2951 Markeley Lane, Fairfield
(707) 437-7333

Governing Board

Mindy Beyer
Matthew Bidou
Ivery Hood
Manveer Sandhu
Will Wade

Welcome to Travis Unified School District and thank you for supporting our students and staff.

Before we can provide you with access to the resources to effectively complete your responsibilities as student teacher, please complete the following documents required by the Human Resources Department.

The following documents that should be signed, printed, and submitted to HR prior to your first day on campuses. A scheduled Live Scan appointment with the District Office will be the expected opportunity to submit the completed forms.

Applicant Data Record

Application

Personnel Data Record

Child Abuse Reporting

Requirements Live Scan Form

Copies include:

Certificate of Clearance (COC)

Fingerprint clearance document submitted to the California Commission on Teacher

Credentialing

Negative TB Test

Valid within the past four (4) years

Official College and University Transcript

Copies of official transcripts with official seal are acceptable

Satisfactory basic skills requirement - see CTC leaflet CL - 667

Passing CBEST, CSET, CSU Early Assessment Program or the CSU
Placement Examinations scores; qualifying SAT or ACT scores, College
Board Advance Placement Examinations

To schedule a Live Scan appointment with the District Office,
visit <https://calendly.com/tusdlivescan/livescan> to select a time to meet the final requirements.

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**TRAVIS UNIFIED SCHOOL DISTRICT
APPLICANT DATA RECORD**

Qualified applicants are considered for all positions without regard to race, color religion, sex , national origin, age, marital or veteran status, medical condition or handicap.

The Travis Unified School District is an Equal Opportunity Employer.

Solely, to help us comply with government record keeping and other legal requirements, the District requests that you fill out this Applicant Data Record. It will be kept in a confidential file separate from the application for Employment.

Date: _____

Position(s) Applied For: _____

Name: _____ Phone: _____
Last First M.I.

Address: _____
Number Street City State Zip code

Gender: ☐ Female ☐ Male ☐ Non-binary ☐ Undeclared

Race/ Ethnic Group:		
<input type="checkbox"/> African American	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> American Indian /Alaskan	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Samoan
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> White
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Decline to State

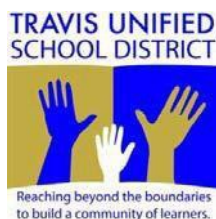
Check if any of the following are applicable:

<input type="checkbox"/> Air Force	<input type="checkbox"/> Marines	<input type="checkbox"/> Active Military	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Retired Military	<input type="checkbox"/> Disable Veteran
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Space Force	<input type="checkbox"/> Handicapped	

Referral Source: ☐ Advertisement ☐ Friend ☐ EdJoin
☐ University Placement Office ☐ Relative ☐ Other

In addition to the federal minimum individual categories, California Government Code Section 8310.5 requires state agencies to collect data for each major Asian and Pacific Islander group, including, but not limited to, Chinese, Japanese, Filipino, Korean, Vietnamese, Asian Indian, Laotian, Cambodian, Hawaiian, Guamanian, and Samoan.

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STUDENT TEACHER APPLICATION

2751 DeRonde Drive, Fairfield, CA 94533-9710

(707) 437-4604 Fax (707) 437-3378

Date _____

PERSONAL DATA

(Please Print or Type)

Last Name		First	Middle
Present Address		City	Zip
		Email Address	
Telephone Number	Cell Phone Number	Do You Have Base Access? Yes No <input type="checkbox"/> <input type="checkbox"/>	

EDUCATION - Please list the following in order of attendance. The information should be complete and accurate.

	Name of Institution	Location	From – To	Units/Degree	Major
Under-Graduate College					
Graduate College Work					
Total Semester or Quarter Units After Bachelors Degree: _____				Thesis Topic: _____	

CALIFORNIA CREDENTIAL HELD

Type (General/Standard/Other)	Subject and/or Major/Minor	Date of Expiration

If you do not hold a California Teacher's Credential, complete the following:

Have you applied for a California Teaching Credential? Yes ☐ No ☐

Type _____ Date of Application _____

Agreement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the school district.

Signature _____

Date _____

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PERSONNEL DATA RECORD

Full Name: _____

Employee ID #: _____

PHYSICAL ADDRESS:

Address: _____
Street City State Zip

MAILING ADDRESS: SAME AS ABOVE:

Home Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Personal Email: _____

EMERGENCY NOTIFICATION INFORMATION

Complete information for two people you would to be contacted should you become disabled at work due to illness or injury.

Spouse Information:

Name of Spouse: _____

Mailing Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Relationship: _____

Mailing Address _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature: _____ Date: _____



RECEIPT AND ACKNOWLEDGMENT OF
CHILD ABUSE REPORTING
REQUIREMENTS Human Resources

As an employee of Travis Unified School District, I certify that I have been given a copy of Board Policy relating to Child Abuse Reporting and Penal Code Sections 11164-11174.3. I have read and understand the requirements for reporting known or suspected instances of child abuse and will comply with these requirements. I further understand that failure to certify to these requirements constitutes reason for non-employment.

Employee Name *(Please Print)*

Employee Signature

Date

Legal Reference:

Board Policies: DO/PERS/0255

California Penal Code Sections 11164- 11174.3

5141.4



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AE66

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Travis Unified School District

Agency Authorized to Receive Criminal Record Information

15993

Mail Code (five-digit code assigned by DOJ)

2751 De Ronde Dr.

Street Address or P.O. Box

Cara Aviles

Contact Name (mandatory for all school submissions)

Fairfield

City

CA

State

94533

ZIP Code

(707) 437-4604

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Driver's License Number

Height Weight Eye Color Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc.
Number

(Other Identification Number)

Home
Address Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI
number:

Original ATI Number

(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed