

# TRINITY ALPS UNIFIED SCHOOL DISTRICT

P.O. Box 1227 321 Victory Lane, Weaverville CA 96093 530-623-6104 Fax 530-623-3418

## CERTIFICATED APPLICATION

(Include also: letter of intent, three letters of recommendation, resume, and verification of NCLB requirements)

Please Print

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Business Phone
Email Address		Social Security #	
Specific Title of California Credential	Other Subject Authorizations Listed on your Credential	Expiration Date	

Have you passed CBEST?  Yes  No Date Taken \_\_\_\_\_

Do you have CLAD Certification?  Yes  No

If you hold an out-of-state credential, list state and type: \_\_\_\_\_

If you do not currently possess a California Teaching Credential, Have you made an Application for one?  Yes  No

If "Yes"

Credential applied for: \_\_\_\_\_ Date applied: \_\_\_\_\_

Applied through (Name of College/University of office): \_\_\_\_\_

If "No"

Do you anticipate making an application for a credential?  Yes  No

Date you intend to apply \_\_\_\_\_

Name of credential intending to apply for: \_\_\_\_\_

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

Do you have a master's degree?  Yes  No

Total years teaching experience (not including student/substitute teaching)? \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

INDICATE ALL POSITIONS FOR WHICH YOU WOULD LIKE TO BE CONSIDERED:

SUBJECT AREAS \_\_\_\_\_

HAVE YOU PREVIOUSLY COMPLETED AN APPLICATION IN THE TAUSD?  Yes  No

EQUAL OPPORTUNITY EMPLOYER

**STUDENT TEACHING**

School and District	Grade/Subject	Dates	Name/Phone # of Supervisor

**CONTRACTED EXPERIENCE (List more recent experience first)**

School and District	Grade/Subject	Dates	Number Years of Experience	Reason For Leaving	Name/Phone # of Supervisor

**EDUCATION (Official transcripts are required prior to final salary determination)**

School	Name/Location of School	Dates Attended MM/YY-MM/YY	# YRS. COMPLETED	DEGREE/ DIPLOMA	MAJOR/ MINOR
COLLEGES					
OTHER					

**EXTRACURRICULAR ACTIVITIES** Please check activities you are capable and willing to supervise.

<input type="checkbox"/> ASB	<input type="checkbox"/> Cheerleaders	<input type="checkbox"/> Softball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Academic Challenge	<input type="checkbox"/> Drama	<input type="checkbox"/> Swimming	<input type="checkbox"/> Yearbook
<input type="checkbox"/> Band	<input type="checkbox"/> Football	<input type="checkbox"/> Track	<input type="checkbox"/> Other
<input type="checkbox"/> Baseball	<input type="checkbox"/> Golf	<input type="checkbox"/> Vocal Music	<input type="checkbox"/> Other
<input type="checkbox"/> Basketball	<input type="checkbox"/> Soccer	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Other

**REFERENCES: Do not list persons related to you.**

Name/Position/Title	Company Name/ Address	Phone
		(   )
		(   )
		(   )

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## EQUAL OPPORTUNITY EMPLOYER

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Applicant: \_\_\_\_\_

### IMPORTANT INFORMATION FOR ALL APPLICANTS

1. Convictions: A conviction may not necessarily disqualify you from the job for which you have applied. Convictions include diversionary offenses, or other offenses that have been plea-bargained or for which you have pleaded no contest. Failure to reveal convictions is grounds for immediate termination. Have you had any convictions including felonies or misdemeanors? Do not include minor traffic violations.
- Yes      No

If you answered "Yes," please attach a statement that includes the nature, penal code number, disposition, and date of the conviction.

2. Have you ever had any professional license, degree, or privilege revoked or suspended?
- Yes      No

If you answered "Yes," please attach a statement that includes the reason for the revocation, the date of the revocation, and the name and address of the agency revoking the privilege or license.

3. Have you ever been discharged or asked to resign from a position?
- Yes      No

If you answered "Yes," please attach a statement that includes the reason for the discharge or resignation, the date of the discharge or resignation, and the name and address of the employer or organization.

4. Have you ever been a member of the Public Employees Retirement System (PERS)?
- Yes      No

5. If employed, can you produce verification of your legal right to work in the United States?
- Yes      No

6. I have reviewed the job description(s) for the position(s) for which I have applied and I would be capable of performing the essential functions of the position(s) with or without reasonable accommodation.
- Yes      No

7. I understand that, if selected, I must pass a tuberculosis examination or provide certification that I am free of communicable tuberculosis in accordance with Education Code 49406.
- Yes      No

8. I understand that, upon selection, some positions may require the successful completion of a static strength test. Successful completion of the test is correlated with the ability to perform the essential physical tasks identified for the position.
- Yes      No

9. I understand that I will be required to be fingerprinted and, in accordance with Assembly Bill 1610 and Education Code 45125, I will not be able to begin work until after my fingerprints have been cleared by the Department of Justice.
- Yes      No

10. I understand that my appointment to a position with the Trinity Alps Unified School District is subject to the approval of the Board of Education.
- Yes      No

EQUAL OPPORTUNITY EMPLOYER

11. I understand that I will be in probationary status for six months during which time the District may release me from my position without cause.  
Yes      No

12. I swear and affirm that all of the information provided in this application and in any attached documents is accurate, not misleading, true, correct, and complete. I understand that any false information, inaccuracies, or incomplete information contained in this application or attachment to this application will constitute grounds for rejection of the application or for termination, if hired. I understand that falsification of this application or any documents included with it qualifies as grounds for termination under the Education Code for dishonesty.  
Yes      No

13. I understand that the TrinityAlps Unified School District will contact references that are given on my application as well as individuals that are not shown on my application. I authorize the District office to contact these individuals and absolve the District office from any liability in regard to employment references. In addition, I authorize the release of information in regard to my employment and absolve any prior employer or any other individual contacted for a reference from any liability. I agree that this signed form can be faxed to former employers or persons being contacted for a reference and that my faxed signature will serve as an original. If hired, I agree that if I leave District employment, the District has my consent to give an accurate and truthful reference to any other employers.  
Yes      No

14. Have you ever been employed by the TrinityAlps Unified School District?  
Yes      No      If "yes", please list your job titles and dates of employment:

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## NOTICE TO ALL APPLICANTS

The Trinity Alps Unified School District complies with the rules and regulations contained in Title VII of the Civil Rights Act of 1964, Title II of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, respectively. The Trinity Union High School district wishes to inform all individuals and organizations that the District does not discriminate on the basis of sex, race, color, religious creed, national origin, ancestry, age over 40, marital status, pregnancy, physical or mental ability, medical conditions, Vietnam era veteran status, actual or perceived sexual orientation, or any other reason prohibited by State and Federal law.

Applicant's Signature:	Date:
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## EQUAL OPPORTUNITY EMPLOYER