

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

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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 _____ # of years of Experience _____ Reason for Leaving _____ Name/Phone# of Supervisor _____

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

School _____ Name/Location _____ Dates Attended _____ Number of Years _____ Degree/ _____ Major/ _____
Colleges/other _____ of School _____ MM/YY – MM/YY _____ Completed _____ Diploma _____ Minor _____

EXTRA CURRICULAR 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 Number _____

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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
3. Have you ever been discharged or asked to resign from a position?
 Yes No
4. Have you ever been a member of the State Teachers Retirement System (STRS)?
 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

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- 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 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 Trinity Alps 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 regards to my employment and absolve any prior employer or any other individual contracted for a reference for 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 Trinity Alps Unified School District?
 Yes No If “yes”, please list your job titles and dates of employment:

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, martial 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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