19500 Learning Way, Cottonwood, CA 96022-9602 (530) 347-3411; (530) 347-7954-fax

| (Last Name) | (First Name) | (Middle Name) | |
|---|---|------------------------------------|---------------|
| (Address) | (City) | (State) | (Zip) |
| (Telephone) | (Messa | age Phone or Cell Phone) | |
| Have you filed an application with us be | fore? Yes No | _ | |
| When? | Under what name? _ | | |
| Positions for | r which you are applying | (according to preference | e) |
| 1) | _ 2) | 3) | |
| * List Total Years of Service | ching Experience (List LA: ce <u>Under Contract</u> (not to incluse or Subjects: Distric | | substituting) |
| College or U Name and location of institution a | niversity Education and ttended: | Professional Trainin Degree(s): | g |
| Majors: | Minors | 3: | |
| Туре: | Current Credential State: | • • | tion Date: |
| What California Teaching Credential(s) | | | |
| Semester units graduate work beyond B | 5 | | |
| Undergraduate GPA: | Graduate GPA | \: | |

Note: Incomplete or unsigned applications will not be processed.

Certificated Application EVERGREEN UNION SCHOOL DISTRICT

Page 2 of 4 Current Certificate(s) BCLAD: In Progress _____ Date expected completion _____ CLAD: Date expected completion _____ In Progress _____ Language: Other Certificate(s): California Basic Education Skills Test (CBEST) Date of test: Card Number: A. Are you or have you ever been a member of the California Teachers Retirement System? Yes ___ No ___ B. Has your credential ever been suspended or revoked? Yes ___ No ___ C. Have you ever left a regular teaching position at any time other than the end of the school year? Yes No Professional References (Include only those who have knowledge of your teaching experience. Provide current telephone numbers.) Position Address Home Number Work Number Name Before you can start work, AB 1667 requires a TB test or TB risk assessment be completed within 60 days of hire. Have you been screened for TB within the past 60 days? Yes ____ No ____ If yes, please provide proof with application submittal. A copy of the credential(s) you currently hold, three letters of recommendation, CBEST verification, copies of your college transcripts, and tuberculosis verification must accompany this application. I release from all liability persons and organizations reporting information required by this application. I further certify that I have ____, I have not ____ been released or resigned in lieu of release from a teaching position nor have I been asked to resign for any reason. (In the event that you have been released or asked to resign, a full and accurate explanation must be attached to this form.) I hereby certify that all statements made hereon are true and correct to the best of my knowledge, and authorize investigation of all statements herein recorded, and understand failure to provide accurate information may be cause for a non-selection or termination. Signature of Applicant Date Date available for employment

Certificated Application EVERGREEN UNION SCHOOL DISTRICT

| Applicant's Name: |
|---|
| 1. <u>Professional Experience</u> : |
| Please provide below, <u>in your own handwriting</u> , details regarding your teaching experience as listed on your application. (Please include student teaching.) |
| Suggestion: Describe actual subjects and grade levels taught. Show experience in special teaching situations such as open space facilities, team teaching, continuation education, multi-grade teaching, etc. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Page 3 of 4

^{*}Please attach another piece of paper if you need to continue.

Certificated Application EVERGREEN UNION SCHOOL DISTRICT

Page 4 of 4 Applicant's Name: 2. Special Professional Experience: Please indicate specific education areas in which you have special training, experience or interest. Designate a "T" if you have training, "E" if you have experience, and "I" if you are interested. Miller-Unruh Reading Specialist Speech Therapy **Computer Literacy** Bilingual Education Gifted/Talented Counseling Chapter I/SIP Family Life Math **Special Education** Music Social Studies Reading Physical Education Science Language Arts Art Other _____ Languages spoken/written other than English: 3. Extra Curricular Interest and Related Information: Please indicate information that may be directly or indirectly related to your professional background. Please check those you are capable and willing to supervise. ____ Coaching/Athletic Background: Music: Sports: *Type:* _____ ____ Club Sponsorship: ____ Vocational Arts: Type: *Type:* _____ _____ Drama _____ Art ___ Song/Cheer Leaders ____ Drill Team ____ Newspaper Yearbook Other: Please list your hobbies:

7/17/14