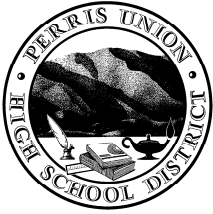


APPLICATION FOR CERTIFICATED EMPLOYMENT



PERRIS UNION HIGH SCHOOL DISTRICT

Human Resources
155 East Fourth Street, Suite 110
Perris, CA 92570

(951) 943-6369 phone; (951) 943-9852 fax; (951) 943-3099 job hotline

www.puhsd.org or www.edjoin.org

An Equal Opportunity Employer

Date Filed: _____

Position Applied For: _____

Personal Information

Name: _____
last name first name middle initial

Former Names: _____

Mailing Address: _____
street address city state zip

Permanent Address: _____
street address city state zip

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

Message Phone: (____) ____ - _____ E-Mail: _____

If no phone, how should we contact you? _____

Valid Drivers License: _____ Social Security Number: _____

Expiration Date: _____

Position(s) for which you are applying:

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Language/Speech/Hearing | <input type="checkbox"/> Secondary Teacher |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> School Psychologist | Subject Area: _____ |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> School Nurse | <input type="checkbox"/> Educational Specialist |
| Subject Area: _____ | | Subject Area: _____ |
| | | <input type="checkbox"/> 30-Day Substitute |

Foreign Language Ability:

List Languages, other than English, that you are familiar with:

1. _____ Read Speak Write Fluent Some
2. _____ Read Speak Write Fluent Some

LICENSE/CREDENTIAL INFORMATION

(type refers to multiple subject; single subject; services; specialist; emergency; 30-day substitute; standard; general; desig. subjects; child dev.; intern)

California Teaching Credentials Held:

Type: _____ Subject: _____ Expiration: _____

Type: _____ Subject: _____ Expiration: _____

Supplementary Authorizations (if applicable) _____

Out-Of-State Teaching License/Credential Held: State: _____ CBEST: yes no

Type: _____ Subject: _____ Expiration: _____

Type: _____ Subject: _____ Expiration: _____

Have you taken the following:	CBEST	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Passed <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	MSAT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Passed <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	CSET	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Passed <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	PRAXIS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Passed <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	SSAT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Passed <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	RICA	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Passed <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Certificate/Emphasis held: CLAD BCLAD
 NCLB Compliant: Yes No

I DO NOT HOLD Certification

Currently enrolled in credential program: Yes No Name of University: _____
 Credential you are working toward: _____
 Completed student teaching: Yes No If yes, date : _____
 Have you ever applied for a California Teaching Credential: Yes No If yes, date: _____
 Details: _____

Education

Name of Institution	Location (City/State)	From (Date)	To (Date)	Degree(s) Earned	Major	Minor

Student Teaching Experience

District	City/State	Number of Weeks	Dates	Sub/Grade Taught	Master Teacher	College Supervisor

Teaching Experience

District	City/State	School Name	Subjects Taught	Grade(s) Taught	Dates (from/to)	Substitute	No. Months
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	

Total Years of Full Time Teaching Experience: _____

Experience Other Than Teaching

(report all non-teaching employment since leaving high school as well as any special training you believe will contribute to your success as a teacher)

Position/Title	Firm Name/Agency	Address	Telephone No.	Dates (from/to)	Supervisor
			()		
			()		
			()		
			()		

Professional References

Reference Name	Official Position/Title	Telephone No.	Address
		()	
		()	
		()	
		()	

PERSONAL DATA

- 1. Have you every worked for the Perris Union High School District? Yes No
If yes, what position? _____ Dates: _____
- 2. Have you ever been dismissed or asked to resign a teaching position or other employment in lieu of disciplinary action? Yes No
If yes, please explain: _____

- 3. Have you ever left a teaching position prior to the expiration of a contractual agreement? Yes No
- 4. Are you currently under contract? Yes No
- 5. Have you ever had a teaching credential suspended or revoked? Yes No
If yes, please explain: _____

- 6. Is any adverse action now pending against any credential you hold which authorizes public school service? Yes No
If yes, please explain: _____

- 7. Can you provide evidence that you are a U.S. Citizen, or that you have the legal right to work in the U.S.? Yes No
- 8. Have you ever been convicted, including a conviction based on a plea of no contest, of any felony or misdemeanor (an affirmative answer will not necessarily disqualify an applicant)? You may exclude convictions as set forth in Labor Code 432.8. (if additional space is needed, attach separate sheet of paper) Yes No
If yes, please explain: _____

- 9. Do you object to having your present employer contacted? Yes No
- 10. Do you object to having your former employers contacted? Yes No
- 11. Are you capable of performing the essential function of the position with/without reasonable accommodation? Yes No
If accommodation is required, what reasonable accommodation do you request? _____

- 12. Are you, or have you been a member of the California Teachers' Retirement System (STRS)? Yes No
If yes, name county of last teaching position: _____

How were you referred to Perris Union High School District?

Advertisement Employment Agency Job Fair PUHSD Employee Ed-Join Other

Please specify: _____

I certify that the information supplied in this application is true and correct. Falsification of any part of this application shall be cause for rejection of application, or dismissal.

Signature _____ Date _____

Note: Please include copies of the following with this application:

1) resume, 2) credential(s), 3) transcripts, 4) CBEST, 5) 3 letters of recommendation.

Perris Union HS District provides equal opportunity in employment without regard to race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, age, and sex in accordance with Title VI of The Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, The Age Discrimination Act of 1975, and Perris Union HS District Policy. A physical examination and drug screen may be required of all finalists before employment.