

**UNIVERSAL APPLICATION  
FOR MARIN COUNTY SCHOOL DISTRICTS  
CERTIFICATED EMPLOYMENT**

*Please print in ink or use typewriter and return application to the personnel department*

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*April 2008*

<b>Name:</b>	<b>Position applied for:</b>	<b>District:</b>
May this application be shared with other districts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to accept temporary or substitute employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you accept part-time employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

California credentials now held:	Type _____	Expires _____
	Type _____	Expires _____
California teaching credential applied for _____	Date of application _____	
Status of pending credential _____		
Passage of CBEST Test	Yes <input type="checkbox"/>	No <input type="checkbox"/>
English Learner (e.g. CLAD, SDAIE) Certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<i>College or University education</i>			
Name and location of each institution attended	Degree	Major(s)	Minor(s)
Number semester units graduate work beyond BA or BS degree		1 quarter unit = 2/3 semester unit	

[illegible]

Work experience other than teaching:

Have you ever been convicted of any felony or misdemeanor, fined, or placed on probation? (exclude minor traffic violations)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently using controlled substances without a prescription and/or are you an active alcoholic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any relatives working for the district?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently, or have you ever been a member of STRS or PERS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your credential ever been suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been dismissed or asked to resign from any teaching position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you worked for the district under a different name, what was your former name? _____		
(For each question answered yes, explain in writing the circumstances and attach the statement to this form or write below)		

*Please list any training, skills, experiences, professional activities or special qualifications not shown on this form that you have gained through volunteer, community, or other activities; list qualifications which especially equip you to work with culturally diverse environments and/or multi-ethnic communities, and include a brief explanation; use this space for any other item you wish to explain in further detail.*

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**REFERENCES:** *Please list the names and current phone numbers of three people who have directly supervised your work in the positions listed on this application. You may also submit additional references.*

Name	Employer/Company	Home Phone	Work Phone

I hereby authorize the district to fully investigate my record and work qualifications either before or after my employment and to facilitate such investigation. I also hereby authorize any persons having knowledge thereof to give such information to the district upon request. I release from all liability persons and organizations reporting information required by this application. I certify that all statements made by me on this application for employment are true and correct to the best of my knowledge and belief and agree that if employed, any misrepresentation, falsification, or omission of facts thereon shall justify my dismissal. I further agree that as a condition of employment, I shall submit to an Oath of Office, fingerprinting, and an examination to determine freedom from active tuberculosis. I shall abide with the provisions of Penal Code Section 11166 and Welfare and Institution Code, Section 15630. Please note that smoking is not permitted in any district building. In compliance with the Immigration Act of 1986, you must submit prior to employment your Social Security card and valid driver's license or State Identification Card.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about this job?	Mailing Address: _____
<input type="checkbox"/> Schools employee <input type="checkbox"/> Internet/Job Hotline <input type="checkbox"/> State Employment Office <input type="checkbox"/> Newspaper <input type="checkbox"/> Other	Phone: _____  Email Address: _____