UNIVERSAL APPLICATION FOR MARIN COUNTY SCHOOL DISTRICTS CERTIFICATED EMPLOYMENT

Please print in ink or use typewriter and return application to the personnel department April 2008 Name: Position applied for: **District:** May this application be shared with other districts? Yes \square No \square Are you willing to accept temporary or substitute employment? Yes \square No \square Will you accept part-time employment? Yes \square No \square 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 \square № П English Learner (e.g. CLAD, SDAIE) Certification Yes \square No 🗆 College or University education Name and location of each institution attended Major(s) Minor(s) Degree Number semester units graduate work beyond BA or BS degree 1 quarter unit = 2/3 semester unit Paid experience in education. List last position first. If more than five years, list positions on an attached sheet; if none, report student teaching experience. Indicate type - regular, substitute, or student teaching. Duration of Position Grades or Subject School District District Address **Employment** Work experience other than teaching:

	ye you ever been convicted of an	y felony or misdemeanor, fined	, or placed on probation?	Yes 🗆 No 🗀
	clude minor traffic violations)	uhatanaaa withaut a muaaaminti a	m and/an ana yay an activa alaaha	lia? N D N D
	you currently using controlled s you have any relatives working f		n and/or are you an active alcoho	
	you currently, or have you ever		DS2	Yes \(\Boxed{\sigma} \text{No} \text{No} \qq \qq \q
	your credential ever been suspe		KS!	Yes No No
	•			Yes No No
	ve you ever been dismissed or asl		; position?	Yes □ No □
	ou worked for the district under a true was your former name?	a different name,		
		colain in writing the circumstan	nces and attach the statement to t	 his form or write helow)
	,			,
				this form that you have gained through
				ally diverse environments and/or multi-
einn	ic communities, and include a brief	explanation; use this space for an	y other item you wish to explain in fi	ırıner aetati.
RE	FERENCES: Please list the n	ames and current phone number	hers of three neanle who have a	lirectly supervised your work in the
				lirectly supervised your work in the
	itions listed on this application.			lirectly supervised your work in the
posi	itions listed on this application.	You may also submit additiona	al references.	
posi	itions listed on this application.	You may also submit additiona	al references.	
posi	itions listed on this application.	You may also submit additiona	al references.	
posi	itions listed on this application.	You may also submit additiona	al references.	
posi	itions listed on this application.	You may also submit additiona	al references.	
posi	itions listed on this application.	You may also submit additiona	al references.	
posi	itions listed on this application.	You may also submit additiona	al references.	
posi Nar	itions listed on this application. ne	You may also submit additional Employer/Company	Home Phone	Work Phone
Post Nar	ne reby authorize the district to fully	You may also submit additional Employer/Company investigate my record and work	d references. Home Phone qualifications either before or after	
I he inve liabi	reby authorize the district to fully stigation. I also hereby authorize a lity persons and organizations repo	Employer/Company investigate my record and work my persons having knowledge the rting information required by this	qualifications either before or after reof to give such information to the application. I certify that all statem	work Phone my employment and to facilitate such district upon request. I release from all the tents made by me on this application for
I he inve liabi emp	reby authorize the district to fully stigation. I also hereby authorize a lity persons and organizations repolloyment are true and correct to the l	Employer/Company investigate my record and work my persons having knowledge the rting information required by this pest of my knowledge and belief and be	qualifications either before or after reof to give such information to the application. I certify that all statement agree that if employed, any misre	work Phone my employment and to facilitate such district upon request. I release from all the tents made by me on this application for presentation, falsification, or omission of
I he inve liabi emp facts	reby authorize the district to fully stigation. I also hereby authorize a clity persons and organizations repolloyment are true and correct to the list thereon shall justify my dismissal.	investigate my record and work my persons having knowledge the rting information required by this best of my knowledge and belief at I further agree that as a condition	qualifications either before or after reof to give such information to the application. I certify that all statement agree that if employed, any misrement of employment, I shall submit to a	work Phone my employment and to facilitate such district upon request. I release from all the tents made by me on this application for presentation, falsification, or omission of an Oath of Office, fingerprinting, and an
I he inve liabi emp facts exan	reby authorize the district to fully stigation. I also hereby authorize a lity persons and organizations repolloyment are true and correct to the list thereon shall justify my dismissal mination to determine freedom from	investigate my record and work my persons having knowledge the rting information required by this best of my knowledge and belief at I further agree that as a conditionactive tuberculosis. I shall abide	qualifications either before or after reof to give such information to the application. I certify that all statem ad agree that if employed, any misren of employment, I shall submit to a with the provisions of Penal Code So	work Phone my employment and to facilitate such district upon request. I release from all lents made by me on this application for presentation, falsification, or omission of an Oath of Office, fingerprinting, and an ection 11166 and Welfare and Institution
I he inve liabi emp facts exan Cod	reby authorize the district to fully stigation. I also hereby authorize a lity persons and organizations repolloyment are true and correct to the list thereon shall justify my dismissal mination to determine freedom from	investigate my record and work my persons having knowledge the rting information required by this pest of my knowledge and belief at I further agree that as a condition active tuberculosis. I shall abide a smoking is not permitted in any of	qualifications either before or after reof to give such information to the application. I certify that all statem ad agree that if employed, any misren of employment, I shall submit to a with the provisions of Penal Code Se district building. In compliance with	work Phone my employment and to facilitate such district upon request. I release from all the tents made by me on this application for presentation, falsification, or omission of an Oath of Office, fingerprinting, and an
I he inve liabi emp facts exar Cod subr	reby authorize the district to fully stigation. I also hereby authorize a lity persons and organizations report loyment are true and correct to the last thereon shall justify my dismissal mination to determine freedom from e, Section 15630. Please note that mit prior to employment your Social	investigate my record and work my persons having knowledge the rting information required by this best of my knowledge and belief at I further agree that as a conditionactive tuberculosis. I shall abide a smoking is not permitted in any of Security card and valid driver's lief.	qualifications either before or after reof to give such information to the application. I certify that all statem ad agree that if employed, any misren of employment, I shall submit to a with the provisions of Penal Code So district building. In compliance with cense or State Identification Card.	work Phone my employment and to facilitate such district upon request. I release from all lents made by me on this application for presentation, falsification, or omission of an Oath of Office, fingerprinting, and an ection 11166 and Welfare and Institution the Immigration Act of 1986, you must
I he inve liabi emp facts exar Cod subr	reby authorize the district to fully stigation. I also hereby authorize a lity persons and organizations repolloyment are true and correct to the list thereon shall justify my dismissal mination to determine freedom from e, Section 15630. Please note that	investigate my record and work my persons having knowledge the rting information required by this best of my knowledge and belief at I further agree that as a conditionactive tuberculosis. I shall abide a smoking is not permitted in any of Security card and valid driver's lief.	qualifications either before or after reof to give such information to the application. I certify that all statem ad agree that if employed, any misren of employment, I shall submit to a with the provisions of Penal Code So district building. In compliance with cense or State Identification Card.	work Phone my employment and to facilitate such district upon request. I release from all lents made by me on this application for presentation, falsification, or omission of an Oath of Office, fingerprinting, and an ection 11166 and Welfare and Institution
I he inve liabi emp facts exar Cod subr	reby authorize the district to fully stigation. I also hereby authorize a lity persons and organizations report loyment are true and correct to the last thereon shall justify my dismissal mination to determine freedom from e, Section 15630. Please note that mit prior to employment your Social	investigate my record and work my persons having knowledge the rting information required by this best of my knowledge and belief at I further agree that as a conditionactive tuberculosis. I shall abide a smoking is not permitted in any of Security card and valid driver's lief.	qualifications either before or after reof to give such information to the application. I certify that all statem ad agree that if employed, any misren of employment, I shall submit to a with the provisions of Penal Code So district building. In compliance with cense or State Identification Card.	work Phone my employment and to facilitate such district upon request. I release from all lents made by me on this application for presentation, falsification, or omission of an Oath of Office, fingerprinting, and an ection 11166 and Welfare and Institution the Immigration Act of 1986, you must
I he inve liabi emp facts exar Cod subr	reby authorize the district to fully stigation. I also hereby authorize allity persons and organizations repolloyment are true and correct to the sthereon shall justify my dismissal mination to determine freedom from e, Section 15630. Please note that nit prior to employment your Social nature:	investigate my record and work my persons having knowledge the rting information required by this pest of my knowledge and belief at I further agree that as a conditionactive tuberculosis. I shall abide a smoking is not permitted in any of Security card and valid driver's lief.	qualifications either before or after reof to give such information to the application. I certify that all statem and agree that if employed, any misren of employment, I shall submit to a with the provisions of Penal Code So district building. In compliance with cense or State Identification Card.	work Phone my employment and to facilitate such district upon request. I release from all ments made by me on this application for presentation, falsification, or omission of an Oath of Office, fingerprinting, and an action 11166 and Welfare and Institution the Immigration Act of 1986, you must
I he inve liabi emp facts exar Cod subr	reby authorize the district to fully stigation. I also hereby authorize a lity persons and organizations report loyment are true and correct to the last thereon shall justify my dismissal mination to determine freedom from e, Section 15630. Please note that mit prior to employment your Social	investigate my record and work my persons having knowledge the rting information required by this pest of my knowledge and belief at I further agree that as a conditionactive tuberculosis. I shall abide a smoking is not permitted in any of Security card and valid driver's lief.	qualifications either before or after reof to give such information to the application. I certify that all statem ad agree that if employed, any misren of employment, I shall submit to a with the provisions of Penal Code So district building. In compliance with cense or State Identification Card.	work Phone my employment and to facilitate such district upon request. I release from all ments made by me on this application for presentation, falsification, or omission of an Oath of Office, fingerprinting, and an action 11166 and Welfare and Institution the Immigration Act of 1986, you must
I he inve liabi emp facts exar Cod subr	reby authorize the district to fully stigation. I also hereby authorize allity persons and organizations repolloyment are true and correct to the sthereon shall justify my dismissal mination to determine freedom from e, Section 15630. Please note that nit prior to employment your Social nature:	investigate my record and work my persons having knowledge the rting information required by this pest of my knowledge and belief at I further agree that as a conditionactive tuberculosis. I shall abide a smoking is not permitted in any of Security card and valid driver's lief.	qualifications either before or after reof to give such information to the application. I certify that all statem and agree that if employed, any misren of employment, I shall submit to a with the provisions of Penal Code So district building. In compliance with cense or State Identification Card.	work Phone my employment and to facilitate such district upon request. I release from all ments made by me on this application for presentation, falsification, or omission of an Oath of Office, fingerprinting, and an action 11166 and Welfare and Institution the Immigration Act of 1986, you must
I he inve liabi emp facts exan Cod subr	reby authorize the district to fully stigation. I also hereby authorize a lity persons and organizations repolloyment are true and correct to the last thereon shall justify my dismissal interest to the senting of the	investigate my record and work my persons having knowledge the rting information required by this pest of my knowledge and belief at I further agree that as a conditionactive tuberculosis. I shall abide a smoking is not permitted in any of Security card and valid driver's lief.	qualifications either before or after reof to give such information to the application. I certify that all statem and agree that if employed, any misren of employment, I shall submit to a with the provisions of Penal Code So district building. In compliance with cense or State Identification Card.	work Phone my employment and to facilitate such district upon request. I release from all ments made by me on this application for presentation, falsification, or omission of an Oath of Office, fingerprinting, and an action 11166 and Welfare and Institution the Immigration Act of 1986, you must
I he inve liabi emp facts exan Cod subr	reby authorize the district to fully stigation. I also hereby authorize a lity persons and organizations report loyment are true and correct to the loss thereon shall justify my dismissal mination to determine freedom from e, Section 15630. Please note that mit prior to employment your Social nature: w did you learn about this job? Schools employee Internet/Job Hotline State Employment Office	investigate my record and work my persons having knowledge the rting information required by this pest of my knowledge and belief at I further agree that as a conditionactive tuberculosis. I shall abide a smoking is not permitted in any of Security card and valid driver's lief.	qualifications either before or after reof to give such information to the application. I certify that all statem and agree that if employed, any misren of employment, I shall submit to a with the provisions of Penal Code So district building. In compliance with cense or State Identification Card. Date	work Phone my employment and to facilitate such district upon request. I release from all tents made by me on this application for presentation, falsification, or omission of an Oath of Office, fingerprinting, and an extion 11166 and Welfare and Institution the Immigration Act of 1986, you must
I he inve liabit emp facts exan Cod subr	reby authorize the district to fully stigation. I also hereby authorize a lity persons and organizations repolloyment are true and correct to the last thereon shall justify my dismissal mination to determine freedom from e, Section 15630. Please note that mit prior to employment your Social mature: W did you learn about this job? Schools employee Internet/Job Hotline State Employment Office Newspaper	investigate my record and work my persons having knowledge the rting information required by this best of my knowledge and belief at I further agree that as a condition active tuberculosis. I shall abide a smoking is not permitted in any of Security card and valid driver's lief. Mailing Address:	qualifications either before or after reof to give such information to the application. I certify that all statem and agree that if employed, any misren of employment, I shall submit to a with the provisions of Penal Code So district building. In compliance with cense or State Identification Card. Date	work Phone my employment and to facilitate such district upon request. I release from all ments made by me on this application for presentation, falsification, or omission of an Oath of Office, fingerprinting, and an action 11166 and Welfare and Institution the Immigration Act of 1986, you must
I he inve liabi emp facts exar Cod subr	reby authorize the district to fully stigation. I also hereby authorize a lity persons and organizations report loyment are true and correct to the loss thereon shall justify my dismissal mination to determine freedom from e, Section 15630. Please note that mit prior to employment your Social nature: w did you learn about this job? Schools employee Internet/Job Hotline State Employment Office	investigate my record and work my persons having knowledge the rting information required by this pest of my knowledge and belief at I further agree that as a condition active tuberculosis. I shall abide a smoking is not permitted in any of Security card and valid driver's lief. Mailing Address: Phone:	qualifications either before or after reof to give such information to the application. I certify that all statem and agree that if employed, any misren of employment, I shall submit to a with the provisions of Penal Code So district building. In compliance with cense or State Identification Card. Date	work Phone my employment and to facilitate such district upon request. I release from all tents made by me on this application for presentation, falsification, or omission of an Oath of Office, fingerprinting, and an extion 11166 and Welfare and Institution the Immigration Act of 1986, you must