

ARVIN UNION SCHOOL DISTRICT

737 Bear Mountain Boulevard
Arvin, California 93203
(661) 854-6500
(661) 854-2362 Fax
www.arvinschools.com

The detailed information sought here will be carefully evaluated in considering a candidate. The accuracy and completeness with which this form is prepared will be a factor in your candidacy.

Minimum Requirements: Hold or be able to hold a valid California teaching credential. Fingerprint/background and TB clearance of all applicants offered employment at his/her expense.

Applicant's Full Name _____

First

Middle

Last

Present Position _____ Employer _____

Present Address _____

Street

City

State

Zip Code

Area Code

Telephone

Have you previously applied for a position in the Arvin Union School District? Yes _____ No _____

If so, when? _____

When will you be available for employment? _____

Do you hold a valid teaching certificate? Yes _____ No _____, If yes, indicate State _____

Field _____ Type _____

Do you hold a CLAD Certificate? Yes _____ No _____

Do you hold a BCLAD? Yes _____ No _____

LEVEL:

Mark first choice 1, second choice 2, etc.

Kgn. _____ Primary (1-2) _____ Intermediate (3-5) _____ Middle (6-8) _____

SPECIALIST: indicate below the specialist area in which you are certified and seek assignment.

Art _____ Music _____ Phys. Ed. _____ Librarian _____ Nurse _____ Speech _____

Psychologist _____ Other (Please Specify) _____

MIDDLE SCHOOL CANDIDATES complete the following:

List in order of preference the subjects you are qualified to teach:

1. _____ 2. _____ 3. _____

What athletic activities are you qualified and willing to coach? _____

List athletic playing experience and/or coaching positions held. _____

What non-athletic activities are you qualified and willing to direct? _____

List any training and or experience which you have had that will help you successfully direct such activities: _____

Are you a U.S. citizen? Yes _____ No _____ If you are not a U.S. citizen, list type of Visa _____

Have you ever been convicted of a crime? Yes _____ No _____ (Do not include minor traffic violations - Conviction will not necessarily disqualify the applicant).

Have you ever been dismissed, asked to resign, or refused re-employment as a teacher? Yes _____ No _____

If your answer to either of the above two questions is "Yes", please provide complete details on a separate sheet of paper.

List any professional organizations of which you are a member, or any scholastic or academic honors received since high school: _____

How did you become interested in the Arvin Union School District? _____

EDUCATIONAL BACKGROUND

Name	City & State	Attended		Diploma, Degree or Credits Earned	Date of Graduation or Anticipated Date of Grad.	
		From	To		Mo.	Yr.
High School						
College						
College						
Graduate Study						
Graduate Study						

Undergraduate Major _____ Undergraduate Minor _____

Original transcripts are required, copies of transcripts will not be accepted.

STUDENT OR PRACTICE TEACHING

Grade or Subject Taught	Name and Address of School	1. College Supervisor
		2. Cooperating Teacher

CREDENTIALS

Do you have placement office credentials on file? Yes_____No_____. If "Yes" please request that they be sent to the personnel office. Credentials must be received in the person nel office before the application will be considered complete.

EMPLOYMENT

WORK EXPERIENCE (list most recent first)

1.	Dates	Name and Address of District/Company	Position
	Name of Supervisor	Final Yearly Salary	Reason for Leaving

2.	Dates	Name and Address of District/Company	Position
	Name of Supervisor	Final Yearly Salary	Reason for Leaving

3.	Dates	Name and Address of District/Company	Position
	Name of Supervisor	Final Yearly Salary	Reason for Leaving

4.	Dates	Name and Address of District/Company	Position
	Name of Supervisor	Final Yearly Salary	Reason for Leaving

5.	Dates	Name and Address of District/Company	Position
	Name of Supervisor	Final Yearly Salary	Reason for Leaving

REFERENCES: _____ **ADDRESS:** _____ **TELEPHONE #** _____

1. _____
2. _____
3. _____

Have you passed CBEST? Yes _____ No _____

Number of semester units you have beyond your BA Degree? _____

Number of quarter units you have beyond your BA Degree? _____

Please give, in your own handwriting, any further information about yourself which you feel would be of importance in arriving at a fair evaluation of your qualifications:

Before this application can be evaluated, all requested information and materials must be received in the personnel office.

I authorize the verification of all references and information contained in this application, and hereby declare that the information given by me in this application is true and complete. I understand that any misrepresentation, falsification, or omission will be sufficient cause for cancellation of the application, or discharge if I have been employed.

Signature _____ Date _____

This application will be kept active until the opening of the next school year. It must be renewed (and date updated) by written request to remain in active file.