BOLINAS-STINSON
UNION SCHOOL DISTRICT

125 Olema-Bolinas Road
Bolinas, CA 94924

Lawrence H. Enos
Principal/Superintendent

(415) 868-1603
FAX (415) 868-9406

APPLICATION FOR CERTIFICATED EMPLOYMENT

Please print in ink or use typewriter

Name _____

Position applied for _____

California credentials now held: Type_____ Expires_____
Type_____ Expires_____
California teaching
credential applied for _____ Date of application _____
CALIFORNIA CREDENTIALS NOW PENDING
(Give exact status) _____
Has your credential ever been suspended or revoked? Yes o No o
Have you ever been dismissed or asked to resign from any teaching position? Yes o No o
(For each question answered yes, explain in writing the circumstances and attach the statement to this form)

College or University Education Name and Location of each institution attended	Attended From	To	Graduated Date	Degree	Majors(s)	Minor(s)

Number semester units graduate work beyond BA or BS degree _____ beyond MA or MS _____ 1quarter unit = 2/3 semester unit

Dates of paid experience in education (List last position first. If more than five years , list positions for last five years; if none, report student teaching experience. Indicate type – regular, substitute, or student teaching. Total years in education _____

Type	From	To	Grades or Subject	School	District	District Address

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 o	No o
Are you currently using controlled substances without a prescription and/or are you an active alcoholic?	Yes o	No o
Do you have any relatives working for the Bolinas-Stinson Union School District?	Yes o	No o
Are you currently, or have you ever been a member of PERS or STRS?	Yes o	No o
Has your credential ever been suspended or revoked?	Yes o	No o
Have you ever been dismissed or asked to resign from any teaching position?	Yes o	No o

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)*

REFERENCES: *Please list the names and current phone numbers of four 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

Please list any training skills, experiences, 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 diverse environments and/or multi-ethnic communities. Include a brief explanation; use this space for any other item you wish to explain in further detail.

_____

_____

_____

_____

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_____

I hereby authorize the Bolinas-Stinson Union School 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 Bolinas-Stinson Union School District upon request. Notwithstanding any agreement I may have made with any previous employer this authorization includes any information or documents contained in my personnel file with any previous employer. 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 tuberculosis. I shall abide with the provisions of Penal Code Section 11166 (Child Abuse Reporting) and Welfare and Institution Code, Section 15630. Please note that smoking is not permitted in any Bolinas-Stinson Union School District building or grounds. I also acknowledge that in compliance with the Immigration Act of 1986, I must submit prior to employment my Social Security card and valid driver's license or State Identification Card.

Signature: _____ Date: _____

How did you learn about this job?

- θ School employee
- θ Internet/Job Hotline
- θ State Employment Office
- θ Newspaper
- θ Other

Name (please print):_____

Phone:_____
Home Work

Mailing Address:_____

_____
City State Zip