## WILLIAMS UNIFIED SCHOOL DISTRICT 260-11<sup>th</sup> Street - P.O. BOX 7 WILLIAMS, CA 95987

PHONE (530) 473-2550 FAX (530) 473-5894 www.williamsusd.net

### **ADMINISTRATIVE CERTIFICATED APPLICATION**

### **All Information Must Be Complete**

|   | Date of Application   |                    |                |                 |                    |  |  |  |
|---|---|--------------------|----------------|-----------------|--------------------|--|--|--|
| Position(s) applied for                                 |   |                    |                |                 |                    |  |  |  |
| PERSONAL:   |   |                    |                |                 |                    |  |  |  |
| NAME FIRST  | MIDDLE  | MIDDLE             |                |                 | LAST               |  |  |  |
| MAILING ADDRESS   | CITY  | CITY               |                |                 | ZIP CODE           |  |  |  |
| HOME PHONE  | ( )   | WORK PHONE         |                |                 | SOCIAL SECURITY #  |  |  |  |
| CELL PHONE  | ( )   | FAX#               |                |                 | DRIVER'S LICENSE   |  |  |  |
| Email address:  | ,   |                    | -              |                 |                    |  |  |  |
| Are you bilingual? ☐ Yes ☐ N                            | o If yes, in which language   | e?                 |                |                 |                    |  |  |  |
| Were you previously employed                            | d by us? □ Yes □ No   |                    |                |                 |                    |  |  |  |
| If yes, when and for what posit                         | ion?  |                    |                |                 |                    |  |  |  |
| EDUCATION:  |   |                    |                |                 |                    |  |  |  |
| Name of High School:                                    |   |                    |                |                 |                    |  |  |  |
| Highest Grade Completed:                                | □ I have a high schoo   | l diploma 🗆 I      | passed the     | GED             |                    |  |  |  |
| Name of College Attended (most current college first)   | Attended From/To  | Degree<br>Received | Total<br>Units | Major and Min   | or Fields of Study |  |  |  |
|   |   |                    |                |                 |                    |  |  |  |
|   |   |                    |                |                 |                    |  |  |  |
|   |   |                    |                |                 |                    |  |  |  |
| possess a Certificate of Com                            | /Language Arts     Foreign L  | .anguage 🗆 M       | athematics     | □ Biological Sc |                    |  |  |  |
| □ I hold a valid Califo                                 | rnia Teaching Credential<br>rnia Emergency Credential<br>ning Credential in another sta | te                 |                |                 |                    |  |  |  |
| Applied for Credential: If you have applied for a crede | ntial, list the name of the coll  | ege or universit   | y at which y   | ou applied:     |                    |  |  |  |

Date of entrance to program: \_\_\_

| Tests, Certificates and P I have passed t □ CBE  | he follo           | wing t              | ests (check all<br>Γ □ RICA □ F          | that apply)            | ):<br>SAT □ CS | ET                                    |                                      |                     |                      |        |  |
|--|--------------------|---------------------|--|------------------------|----------------|---------------------------------------|--------------------------------------|---------------------|----------------------|--------|--|
| I am participating in the following programs (check all that apply): ☐ Pre-Intern ☐ Intern ☐ BTSA  |                    |                     |  |                        |                |                                       |                                      |                     |                      |        |  |
| I hold the follow ☐ BCC  | ving cer<br>C □ BC | tificate<br>CLAD    | es (check all tha                        | at apply):<br>DS □ EL: | S/SDAI 🗆       | Other:                                |                                      |                     |                      | _      |  |
| Extracurricular:<br>Indicate any sport(s) or o   | other ex           | tracu               | ricular activities                       | s for which            | you are qu     | alified to o                          | lirect or coa                        | ach:                |                      |        |  |
| Contract: Are you currently under of the second sec |                    |                     |  |                        |                |                                       |                                      |                     |                      | _      |  |
| If selected for employme   | ent, on w          | vhat c              | late will you be                         | available t            | o begin wo     | rk?                                   |                                      |                     |                      | _      |  |
| TEACHING EXPERIENCE ST(Student Teaching).  | CE: If no          | one, r              | eport student te                         | eaching - Ir           | ndicate type   | R(Regula                              | ar), T(Temp                          | orary), S(          | Substitute)          | ,      |  |
| Name of School Location  |                    | tion City and State |  | Dates employed         |                | Subject Taught or<br>Other Assignment |                                      | Full or<br>Part-tim | Туре                 | Salary |  |
|  |                    |                     |  |                        |                |                                       |                                      |                     |                      |        |  |
|  |                    |                     |  |                        |                |                                       |                                      |                     |                      |        |  |
|  |                    |                     |  |                        |                |                                       |                                      |                     |                      |        |  |
|  |                    |                     |  |                        |                |                                       |                                      |                     |                      |        |  |
| RELATED EXPERIENC  | E: Othe            | r thar              | teaching, plea                           | se include             | volunteer o    | or unpaid e                           | experience.                          |                     |                      |        |  |
| Name of Employer   |                    | Location City and S |  | state                  | Date er        | nployed                               | Subject Taught or Other Assignment F |                     | Full or<br>Part-time | Salary |  |
|  |                    |                     |  |                        |                |                                       |                                      |                     |                      |        |  |
|  |                    |                     |  |                        |                |                                       |                                      |                     |                      |        |  |
|  |                    |                     |  |                        |                |                                       |                                      |                     |                      |        |  |
|  |                    |                     |  |                        |                |                                       |                                      |                     |                      |        |  |
| REFERENCES: Names  | and ad             | dress               | es of supervisor                         | rs in most             | recent profe   | essional p                            | ositions.                            |                     |                      |        |  |
| Name   |                    |                     | Address, City, State, & Telephone Number |                        |                |                                       |                                      |                     | Position             |        |  |
|  |                    |                     |  |                        |                |                                       |                                      |                     |                      |        |  |
|  |                    |                     |  |                        |                |                                       |                                      |                     |                      |        |  |
|  |                    |                     |  |                        |                |                                       |                                      |                     |                      |        |  |
|  |                    |                     |  |                        |                |                                       |                                      |                     |                      |        |  |

**CITIZENSHIP AND AGE:** Pursuant to the Immigration Reform and Control Act of 1986, I understand that any offer of employment which may be made to me will be conditioned on my ability to provide proof of identification and legal right to work in the United States. I also understand that I may be required to provide proof of my birth date.

**MEDICAL REQUIREMENTS:** If authorized or otherwise required by law, offers of employment may be conditioned upon the satisfaction of medical examination requirements and meeting lawfully required physical or medical standards for employment. Pre-employment alcohol and drug testing may be required.

# from consideration, except for affirmative responses to certain enumerated sex and/or drug convictions and/or convictions for committing serious and/or violent felonies. CONVICTIONS Have you ever been convicted of a felony or misdemeanor, other than a conviction related to marijuana if it is more than two years after the date of the conviction, or do you currently have a felony or misdemeanor charge pending? Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or a jury. □ Yes □ No If yes, list all convictions including, but not limited to convictions for "driving under the influence," and convictions for sex and/or drug offenses listed in California Education Code Sections 44010 and 44011, except for convictions related to marijuana if it is more than two years after the date of the conviction. Include any serious or violent felony conviction in any state or jurisdiction as enumerated in California Penal Code sections 667.6(c) and 1192.7(c): **DISMISSALS** Have you ever been dismissed or asked to resign from any position? ☐ Yes ☐ No If you answered yes, please explain: Have you ever received a non-reelect notice? ☐ Yes ☐ No If you answered yes, please explain: **ACCOMODATIONS** This school district does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, gender, mental or physical disability, sex orientation, or any other basis protected by federal, state or local law, ordinance or regulation, in its educational program(s) or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position(s) or program for which application has been made. Will you need any reasonable accommodation to participate in the hiring process? ☐ Yes ☐ No If so, what accommodations will be needed? **AUTHORIZATION AND CERTIFICATION:** My submission of this application authorizes the school to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local law enforcement agencies, information from Central Criminal Records Exchange or either date on all criminal convictions or certification that no data on criminal convictions are maintained, information from the California or other State Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information to any findings of child abuse or neglect investigations involving Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district. (Signature of applicant) (Date)

The following information is REQUIRED for your application to be considered. Your answers will not necessarily disqualify you

**LEGAL INFORMATION:** (Explain All Yes Answers)

#### WILLIAMS UNIFIED SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability. P(EC 221.5[d], 5 CCR 4930, 4931; 34 CFR 106.36)