

Twin Ridges Elementary School District
P.O. Box 529, North San Juan, CA 95960

Application for Certificated Position



Applicants are requested to complete this form in its entirety

Name: _____ Telephone: _____
Address: _____ Home: (____) _____
City, State, Zip: _____ Work: (____) _____

POSITION FOR WHICH YOU ARE APPLYING: _____

Other subjects you are qualified to teach: _____

Date(s) available for interview: _____

Date available for employment: _____

If you are employed, are you able to submit verification of your legal right to work in the United States? Y N

RECORD OF PROFESSIONAL EXPERIENCE (start with most recent experience)

Title	Years Served		School	Salary
	From	To		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COLLEGE/UNIVERSITY EDUCATION

Institution	Dates	Major	Degrees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of semester units of graduate work beyond B.A. or B.S. degree: _____

Number beyond M.A. _____ (1 quarter unit = 2/3 semester unit)

California Credential now held:

Type: _____ Expires: _____

Type: _____ Expires: _____

Type: _____ Expires: _____

Name of credential for which you have applied: _____

Credential Application date: _____

It is the responsibility of the applicant to request that placement files be forwarded to the District Service Center.

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Work experience other than teaching: _____

List any honors or awards you have received: _____

Are you currently, or have you ever been a member of the California State Teachers Retirement System? Y N
Have you withdrawn Y N When? _____ From which county? _____

Give names, titles, addresses and telephone numbers of administrators or others who are familiar with your career that we may contact. This will be done in confidence.

Name and title	Address and telephone number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you object to our office contacting references other than those listed?

Yes No

SPECIAL NOTES: (please limit comments to space provided.)

I certify that the information provided herein is true and complete to the best of my knowledge.

Signature of applicant: _____ Date: _____