



# APPLICATION FOR CERTIFICATED EMPLOYMENT

SANTA CRUZ CITY SCHOOLS DISTRICT  
405 Old San Jose Road, Soquel, CA 95073  
831/429-3410 ext. 231

Applicant's Full Name:

\_\_\_\_\_ (Last)

\_\_\_\_\_ (First)

\_\_\_\_\_ (M.I.)

Address:

\_\_\_\_\_ (Street)

\_\_\_\_\_ (City)

\_\_\_\_\_ (State)

\_\_\_\_\_ (Zip)

Telephone Numbers:

( ) \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

(Home)

(Work)

(Cell)

E-Mail Address:

Person to Notify in  
Case of Emergency:

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Telephone#)

Position(s) Desired:

• Elementary (K-5) \_\_\_\_\_

Grade Level: \_\_\_\_\_

• Middle (6-8) \_\_\_\_\_

Grade Level: \_\_\_\_\_

• Secondary (9-12) \_\_\_\_\_

Grade Level: \_\_\_\_\_

• Other \_\_\_\_\_

Grade Level: \_\_\_\_\_

List any extra-curricular activities for which you are qualified and willing to assist:

\_\_\_\_\_  
\_\_\_\_\_

• How were you informed of this position? \_\_\_\_\_

Official Use Only - Column:

Step:

Employment Status:

Date of Offer:

**EDUCATIONAL BACKGROUND:**

Name of School or University City/State	Degree	Major	Minor
Total number of semester (or equivalent) units earned AFTER Bachelor's Degree: _____			

**STUDENT TEACHING EXPERIENCE:**

District City/State	Dates From - To	Grade Level and/or Subject Taught	Supervisor's Name, Phone #

**TEACHING AND/OR ADMINISTRATIVE EXPERIENCE: (UNDER CONTRACT)**

(List most recent first)

District City/State	Position Held	Supervisor's Name, Phone #	Dates From - To

Total full years (75%of year) of full time (at least 50% of day) teaching experience: \_\_\_\_\_

Total full years (75%of year) of full time (at least 50% of day) administrative experience: \_\_\_\_\_

**RELATED/OTHER WORK EXPERIENCE:**

Employer	City/State	Dates	Position/Type of Work	Supervisor

**CREDENTIALS**

California Credentials now held:

Type	Subject Authorization	Grade Authorization	Expires

Credentials, other than California issued, now held:

Type	Subject Authorization	Grade Level	State	Expires

- If applicable, California Teaching Credential for which you have applied:

\_\_\_\_\_ Application Date: \_\_\_\_\_

**GENERAL INFORMATION**

- Are you authorized to teach English Language Learners?  Yes  No  
To date, areas passed:  Reading  Math  Writing
- Do you have CLAD Authorization?  Yes  No  
BCLAD?  Yes  No  
2042 Credential?  Yes  No  
If no, are you willing to work toward authorization?  Yes  No
- Have you acquired NCLB status in a previous district?  Yes  No  
Can you provide documentation?  Yes  No
- In what language(s) other than English do you possess proficiency?  
\_\_\_\_\_ Indicate:  Speaking  Reading  Writing
- Have you ever been dismissed, non-reemployed or asked to resign from any contracted certificated position?  Yes  No  
If yes, please explain on an attached sheet.
- Have you ever left a position prior to the expiration of the contract?  Yes  No  
If yes, please explain on an attached sheet.
- Have you ever been convicted of a felony or misdemeanor that has resulted in incarceration, a fine in excess of \$50, and/or probation?  Yes  No. A conviction may not necessarily disqualify an applicant from employment. If yes, please explain on an attached sheet.

REMINDER: You must sign and date application below in order to be considered for employment.

My signature certifies that the aforementioned information is an accurate and correct statement of my personal and professional history.

I understand that before my contract for certificated services becomes effective or compensation is possible, fingerprint clearance from the Department of Justice will be required, and a valid California credential or official authorization for services must be filed at the Santa Cruz County Office of Education.

As an applicant for a position with the Santa Cruz City School District, (hereinafter "District"), I am required to furnish information and references for use in determining my qualifications. I understand that the District may verify all data given in my Application For Employment, related papers, and/or oral interviews. I further understand that any and all references provided to the District may be contacted, either in writing or otherwise. By signing below, I hereby authorize such investigation. In addition, I authorize any previous employer and/or any other reference to release and fully disclose to any agent of the District any information that such person may have concerning me, including information of a confidential or privileged nature.

I hereby release the District, previous employers, and/or other references from liability or damage which may result from furnishing the information requested.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain my original written signature.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO COMPLETE YOUR APPLICATION, PLEASE PROVIDE THE FOLLOWING:**

1. Santa Cruz City School District Application
2. Cover Letter
3. Resume
4. Two (2) current letters of recommendation
5. Copy or verification of completion of current credential(s) / certificate(s)

**MAIL TO:**

Santa Cruz City Schools  
Human Resource Manager  
405 Old San Jose Road  
Soquel, CA 95073