



ENRICHMENT PROGRAM APPLICATION

SANTA CRUZ CITY SCHOOLS DISTRICT

405 Old San Jose Road, Soquel, CA 95073

831/429-3410

Assignment Title/Description: _____	Site/Department: _____
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Applicants Full Name:	_____	_____	_____
	(Last)	(First)	(M.I.)
Address:	_____	_____	_____
	(Street)	(City)	(State) (Zip)
Telephone Numbers:	() _____	() _____	() _____
	(Home)	(Work)	(Cell)
Person to Notify in Case of Emergency:	_____		
	(Name)	(Telephone#)	

GENERAL INFORMATION

Are you now or have you ever been a volunteer or employed by Santa Cruz City Schools? YES <input type="checkbox"/> NO <input type="checkbox"/> Title and dates: _____
Can you provide legal documentation of your right to remain and work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you <u>ever</u> been convicted of a felony or misdemeanor that has resulted in incarceration, a fine in excess of \$50.00, and/or probation? YES <input type="checkbox"/> NO <input type="checkbox"/> If <u>yes</u> , explain on a separate sheet. A conviction may not necessarily disqualify an applicant from employment.
Do you possess a valid California Teaching Credential? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Type: _____ Subject: _____ Expiration: _____
Persons transporting students must also meet district requirements for a clear DMV record, a safe vehicle and insurance coverage. Are you an insured driver with a CA Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>

REFERENCES (Related Employment or Other)

Name	Official Position	Present Address and Phone Number

