

Certificated Employment Application

Please complete all sections. INCOMPLETE applications will not be considered. Do not write "See Resume" in lieu of filling out this form completely. Any false or misleading information will disqualify the applicant from consideration.

GENERAL INFORMATIC	DN N					
Date:	Position You Are Applyi	Position You Are Applying For:				
Name (Last, First, Midd	le Initial):					
Address:	City:		State:	Zip:		
Phone:	Email Address:					
CREDENTIAL INFORMA	TION					
Туре:	Authorization:		e:	_Expires:		
Туре:	Authorization:	Sta	e:	_Expires:		
Tests You Have Passed	: CBEST MSAT	RICA CSET (Su	ubject Area)			
Certificates Held:	BCC BCLAD CLA	AD ELD/SDAIE	Other			
Programs Currently Enr	olled In: Pre Intern	Intern Author	zed Subject:			
Are you or have you e ^v Yes No	ver been a member of the ()	California Teachers' Re	tirement Syste	em?		

EDUCATION INFORMATION -

Name of High School, College or University	City & State	Major/Field of Study	Graduated Date Degree		Total Units Earned

EMPLOYMENT History —

Total Years of Teaching:______ Are you under contract now? Yes No

POSITIONS HELD IN EDUCATION: List last position first. If more than five years, list position for last five years. If none, report student teaching experience.

Туре*	D To	ates From	Grades/ Subjects	School	School District
			300jecis		

*Indicate type: Regular, Substitute, or Student Teaching



EXPERIENCE OTHER THAN TEACHING: Begin with your <u>most recent</u> experience. List all experiences in the last five years, including U.S. Military Service. Give detail on the experience which you believe meet the requirements for this position. Go back more than five years, if necessary. Also, list any volunteer experience which you feel helps you meet the requirements of the position for which you are applying. Show actual time (number of hours/day; number of hours/week) spent in such experience with "volunteer" in the space marked last salary. If more space is needed, attach a separate sheet to this form.

Position/Title:	From (mm/yy):	To (mm/yy):		
Employer/Business Name:				
Address:	Phone Number:			
Supervisor Name & Title:				
Duties:				
Reason for Leaving:				
May We Contact this Employer?	Yes No			
Position/Title:	From (mm/yy):	To (mm/yy):		
Employer/Business Name:				
Address:				
Supervisor Name & Title:				
Duties:				
Reason for Leaving:				
May We Contact this Employer?	Yes No			
Position/Title:	From (mm/yy):	To (mm/yy):		
Employer/Business Name:				
Address:	Phone Number:			
Supervisor Name & Title:				
Duties:				
Reason for Leaving:				
May We Contact this Employer?	Yes No			



EMPLOYMENT INFORMATION

Do you have a valid driver'	s license?	State:	Number:				
For each question answere statement to this form.	d yes below, pl	ease explain in writi	ng the circumstances c	and attach the			
Has your credential ever be resign, from any position red Yes No			e you ever been dismis:	sed, or asked to)		
After reviewing the job description for the position for which you are applying, are you capable of performing the essential functions of the position with or without reasonable accommodation?							
Yes No I understand that I will be required to be fingerprinted and, in accordance with Assembly Bill 1610 and Education 45125.1, will not be able to begin work until after my fingerprints have been cleared by the Department of Justice. Initials: Are You Able to Communicate in Any Language Other Than English? Yes No							
If Yes, Indicate Language(S Language	Speak	Read	Write	Understar	nd		

PROFESSIONAL REFERENCES (Include only those who have knowledge of your teaching experience; e.g. superintendents, principals, supervisors, student teaching master teachers and parents of previously taught students).

Occupation	Phone Number or Email Address
	Occupation

I hereby certify that the statements in this application are true and complete and authorized investigation of all statements herein recorded. I release from all liability persons and organization reporting information required by this application.

Applicant's signature:_____ Date:_____



AUTHORIZATION TO RELEASE INFORMATION

The Big Sur Charter School conducts reference checks for all candidates for employment. Reference checking is conducted after the interview portion of the selection procedure, and three references are normally obtained before the candidate is offered employment.

Your signature below indicates your agreement with and acknowledgement of the following:

As an applicant for an employment position with the Big Sur Charter School, I authorize my current and past employer and current and past work associates, including, but not limited to supervisor, colleagues, and subordinates, to release to the Big Sur Charter School any reference and employment information in my personnel records or file (e.g. applications for employment, time/vacation records, performance evaluations), academic records (e.g. transcripts, certificates, credentials, etc.), and information related to my work and my work-related personal characteristics (e.g. my character, dependability, honesty, integrity, ability to work under pressure, interpersonal skills, general physical ability, if relevant to the job, and reputation among co-workers).

I expressly and without reservation waive my right to review the information collected in the reference checks.

The Big Sur Charter School will maintain reference information in strictest confidence and solely for the purposes of the recruitment of the position for which I have applied. Information obtained during reference checks will not be provided to anyone outside the selection process.

A photocopy or fax of this signed Authorization is to be considered valid as an original.

IN EXECUTING THIS AUTHORIZATION, I FULLY WAIVE ALL CLAIMS AND COMPLETELY RELEASE ALL PRESENT AND PAST EMPLOYERS AND THEIR EMPLOYEES, AND FORMER EMPLOYEES, THE BIG SUR CHARTER SCHOOL AND ITS EMPLOYEES, AND ALL OTHER PERSONS AND ENTITIES FROM LIABILITY FOR ANY DAMAGE, TO THE FULL EXTENT ALLOWED BY LAW, INCLUDING LIABILITY UNDER CALIFORNIA CIVIL CODE SECTIONS 45 AND 46 AND CALIFORNIA LABOR CODE SECTIONS 1050-1054, OR ANY SIMILAR LAWS OF OTHER STATES OR POLITICAL ENTITIES, WHICH MAY RESULT FROM FURNISHING INFORMATION WHICH I AM CONSENTING AND PERMITTING TO BE RELEASED BY WAY OF THIS AUTHORIZATION.

I HAVE CAREFULLY READ AND UNDERSTAND ALL OF THE PROVISIONS OF THIS AUTHORIZATION AND HAVE VOLUNTARILY AND WITHOUT COERCION OR DURESS AGREED TO AND SIGNED THIS AUTHORIZATION IN COMPLIANCE WITH CIVIL CODE SECTION 1668 AS INTERPRETED BY THE COURTS. THIS RELEASE DOES NOT RELEASE CLAIMS AGAINST ANYONE BASED ON HIS/HER OWN FRAUD OR WILLFUL INJURY OR VIOLATION OF THE LAW TO THE EXTEND REQUIRED BY APPLICABLE LAW.

Candidate's Full Name

Other Last Names You Have Used (If Any)

Candidate's Signature

Date