

**Mother Lode Union School District**  
3783 Forni Road \* Placerville, California 95667  
(530) 622-6464

**Application of Employment  
Certificated Staff**

Application for the position of: \_\_\_\_\_  Full-Time  Part-Time

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**PERSONAL DATA**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date available for employment \_\_\_\_\_ Are you currently under contract?  Yes  No

Do you have the ability to speak in a language other than English?  Yes  No If Yes, which language \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, please explain: \_\_\_\_\_

Has your credential ever been suspended or revoked?  Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been dismissed/non-re-elected or asked to resign from any certificated position?  Yes  No If yes, please explain: \_\_\_\_\_

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**EDUCATION & PROFESSIONAL DATA**

Name of College or University	Major Field	Degree Earned	Credential Type	Expires
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If no Credential/Permit, have you applied to the Commission for Teacher Credentialing?  Yes  No  
If yes, give date application was mailed: \_\_\_\_\_

What type of Credential/Permit did you apply for? \_\_\_\_\_

Have you met California Basic Educational Skills (CBEST) requirements?  Yes  No

Total upper division or graduate semester units beyond Bachelor's Degree: \_\_\_\_\_

**EXPERIENCE** (show present job first)

**STUDENT TEACHING, INTERNSHIPS, SUBSTITUTE WORK (if within the last three years)**

Name of School or District	Assignment/Grade	Supervisor/Teacher	From Mo/Yr	To Mo/Yr
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TEACHING/ADMINISTRATIVE EXPERIENCE**

Name of School or District	Assignment/Position	Full/Part Time/Temp	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PROFESSIONAL REFERENCES**

Professional Name	Address	Telephone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal: Name	Address	Telephone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____

**AGREEMENT**

Following an offer of employment, are you willing to:

Swear or affirm allegiance to the United State and the State of California?  Yes  No

Provide a current x-ray or intradermal tuberculin report?  Yes  No

I authorize the Mother Lode Union School District to contact professional references, former employees, and educational institutions to verify the information contained herein.  Yes  No

I understand this application and materials submitted with it are the property of the Mother Lode Union School District. The purpose of the application is to obtain job-related information to identify the best-qualified applicants. I certify that all information on this application is accurate and true to the best of my knowledge. I understand and agree that any misstatements, omissions, or falsification of material facts herein, will cause forfeiture of all rights, terms, conditions and privileges of employment with the Mother Lode Union School District. **Please review your application! You will not be allowed to make corrections after the filing deadline. An omission or misstatement may result in the disqualification of your application!**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date