



Hughes-Elizabeth Lake Union Elementary School District
 16633 Elizabeth Lake Road
 Lake Hughes, CA 93532
 (661) 724-1231 • Fax (661) 724-1485

Certificated Employment Application Form

(Please type, print very clearly, or use a word processor, attach additional information if necessary)

Name _____ SSN _____

Address _____

City _____ State _____ Zip _____ Phone () _____

Position for which you are applying: _____

Other positions of interest: _____

Record of Professional Credentials

Type _____ Expires _____

Type _____

Type _____ Expires _____

Special Authorizations _____ Expires _____

Do you have a CLAD or BCLAD? _____ Are you working on completing either? _____

If you do not currently hold a California Credential, have you applied for one? _____ Eligible to apply for one? _____

Please explain: _____

Record of Professional Education

<u>Institution</u>	<u>Dates Attended</u>	<u>Major</u>	<u>Degree/Credential</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How many upper division or graduate units do you have, which were earned after your B.A.? _____

Record of Professional Experience or Preparation

<u>Title</u>	<u>District/Other</u>	<u>Dates of Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional References

Name

Relationship

Contact Information

What are your most important qualifications that especially equip you to perform as a teacher?

Please comment on your philosophy of teaching:

Please list or comment on any other unique qualifications, professional organizations, talents, awards, honors, travel, language or cultural experience, community service, or other items, which you believe would be of interest to the district.

Have you ever had your credential suspended or revoked? Yes _____ No _____ Have you ever been dismissed from a teaching position? Yes _____ No _____. Have you ever been convicted of any crime (other than a minor traffic violation)? Yes _____ No _____. Please explain any yes answers in a separate and attached document.

I hereby certify that the information provided is true and complete to the best of my knowledge. I authorize my references to be contacted and all statements made herein to be investigated.

Signature of Applicant

Date