



**Sulphur Springs Union School District**  
27000 Weyerhaeuser Way, Santa Clarita, CA 91351  
Phone - (661) 252-5131 Fax - (661) 252-3589  
[www.sssd.k12.ca.us](http://www.sssd.k12.ca.us)

## Certificated Employment Application

**Instructions:** Complete this application carefully (type or print neatly) as it is the basis of our initial screening. All completed applications must be submitted with a Letter of Intent, current resume, three (3) recent letters of recommendation, and copies of all credential(s) held, NCLB, RICA, and CBEST.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Position Desired

Position Applied for: \_\_\_\_\_

Grade Level Preference: Upper \_\_\_\_\_ Lower \_\_\_\_\_ Special Education \_\_\_\_\_

Where or from whom did you hear about this position? \_\_\_\_\_

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations: Yes \_\_\_\_\_ No \_\_\_\_\_

If necessary, please describe what type(s) of reasonable accommodations are needed: \_\_\_\_\_

\_\_\_\_\_

### Credentials

Please list all CA credentials you hold or have applied for:

\_\_\_\_\_ Expires \_\_\_\_\_

\_\_\_\_\_ Expires \_\_\_\_\_

If you hold out-of-state credential(s), have you started the process for CA credential(s) Yes \_\_\_\_\_ No \_\_\_\_\_

Has any state educator/administrator credentialing or licensing agency, including but not limited to the CTCC ever:

(a) acted on a complaint against you as a licensed educator? Yes \_\_\_\_\_ No \_\_\_\_\_

(b) issued a public or private reproof/reprimand against any of the credentials you have ever held as an educator? Yes \_\_\_\_\_ No \_\_\_\_\_

(c) suspended any credential you have held for one or more days (even if this information has since been sealed)? Yes \_\_\_\_\_ No \_\_\_\_\_

(d) revoked any credential or certification you have ever held as an educator? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any of these questions is "yes", please provide a detailed explanation attached to this application that will allow the District to evaluate all of the facts in considering your application for employment.

Have you ever been dismissed or asked to resign from a credentialed position? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in writing the circumstances and attach statement to application.

**TESTING INFORMATION:**

CSET Date Taken: \_\_\_\_\_ Date Passed: \_\_\_\_\_

MSAT Date Taken: \_\_\_\_\_ Date Passed: \_\_\_\_\_

NTE Date Taken: \_\_\_\_\_ Date Passed: \_\_\_\_\_

HOUSSE Date Verified: \_\_\_\_\_

CBEST Date Taken: \_\_\_\_\_ Date Passed: \_\_\_\_\_

RICA Date Taken: \_\_\_\_\_ Date Passed: \_\_\_\_\_

**Note:** Include copies of credentials held, appropriate NCLB Compliance, CBEST, and RICA with submitted application.

**Additional Information**

If hired, can you present proof of your legal right to live and work in this country? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever worked for the Sulphur Springs Union School District? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Have you been a member of STRS/PERS? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which retirement \_\_\_\_\_

Have you ever been arrested, charged or convicted of a criminal offense other than a minor traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: \_\_\_\_\_

Note: No applicant will be denied employment solely on the grounds of a criminal offense. The nature and date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered.

## Education

College or University Education:

Name/location of each institution attended:                      Date Attended                      Major                      Degree Awarded

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Number of SEMESTER Units of graduate work beyond      BA/BS \_\_\_\_\_                      MA \_\_\_\_\_

Do you speak, write or understand any languages other than English?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which language(s)? \_\_\_\_\_

## Previous Employment

List below all present and past employment, starting with your most recent employer. If no experience in paid status, you may include volunteer work experience. Account for all time during the past five years, including periods of unemployment. Please use a separate sheet if needed. Do not indicate "see resume."

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?    Yes \_\_\_\_\_                      No \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?    Yes \_\_\_\_\_                      No \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

### Professional References

Please list three (3) persons who have first hand knowledge of your work performance within the last two (2) years.

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Sulphur Springs School District Referrals

If referred by an SSUSD Certificated Employee, please state their name and location.

Teacher Name: \_\_\_\_\_ Location: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Location: \_\_\_\_\_

### Special Experience/Supplementary Information

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## Disclaimer and Signature

*By signing this application I certify that all the facts set forth in the application are true and complete. I understand that before the District can employ me, I must submit fingerprints for purposes of a criminal background investigation, verification of my eligibility to work in the United States, and proof of freedom from lung infection (dated that within the 6-month period prior to the date of my employment in the District). I understand that any misrepresentation, falsification or material omission on this application form may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Sulphur Springs Union School District is an equal opportunity employer and does not discriminate on the basis of the person's actual or perceived race, religious creed, color, national origin, ancestry, age, pregnancy, physical disability, mental disability, medical condition, genetic information, veteran status, gender, gender identity, gender expression, marital status, sex, or sexual orientation.