

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

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 Iı	nformation			
Full Name:	Last First	Date	:		
Address:	Street Address		Apartment/Unit #		
	City	State	ZIP Code		
Phone:		Email:			
	Position	Desired			
Position Ap	plied for:				
Grade Leve	Preference: Upper Lower	Special Education			
Where or fi	om whom did you hear about this position?				
	e to perform the essential functions of the positio accommodations: Yes No	n for which you are applying, eitl	her with or without		
If necessar	y, please describe what type(s) of reasonable accor	mmodations 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	e process for CA credential(s) Y	/es No		
Has any st	ate educator/administrator credentialing or lic	ensing agency, including but no	ot limited to the CTCC even		
(a) acted o	n a complaint against you as a licensed educato	or? Yes No			

(b) issued a pul	blic or private reproval/reprimar	nd against any of the credentials yo	ou have ever held as
an educator?	Yes No		
(c) suspended a	any credential you have held for o	one or more days (even if this info	rmation has since
been sealed)?	Yes No		
(d) revoked any	y credential or certification you h	ave ever held as an educator? Yes	3 No
If the answer to	any of these questions is "yes",	please provide a detailed explanat	ion attached to this
application tha	t will allow the District to evalua	te all of the facts in considering yo	ur application for
employment.			
Have you ever	been dismissed or asked to resign	n from a credentialed position? Ye	s No
If yes, explain i	n writing the circumstances and	attach statement to application.	
TESTING IN	FORMATION:		
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 submitted appl		priate NCLB Compliance, CBEST,	and RICA with
submitted appi	ication.		
	Add	litional Information	
If hired, can yo	u present proof of your legal righ	t to live and work in this country?	Yes No
Have you ever	worked for the Sulphur Springs U	Jnion School District?	Yes No
		If yes, v	vhen?
Have you been	a member of STRS/PERS? Yes	s No If yes, whi	ich retirement
Have you ever	been arrested, charged or convic	ted of a criminal offense other than	a minor traffic violation?
Yes	No		
If yes, please st	ate the nature of the crime(s), wh	nen and where convicted and disp	osition 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
Number of SEMESTER Units of graduate work beyon	nd BA/BS	MA	
Do you speak, write or understand any languages oth	ner than English? Yes	No	
If yes, which language(s)?			
Prev	ious Employment		
Employer:			
Address:			
Job Title:			
Responsibilities:			
Reason for Leaving: May we contact your previous supervisor for a refere			
may we contact your previous supervisor for a refere	ncer res No_		
Employer:		Phone:	
Address:	Supervisor	:	
Job Title:	From:		Го:
Responsibilities:			
Reason for Leaving:			

Phone:	
Supervisor:	
From:	To:
ence? Yes No	_
ssional References	
owledge of your work performance wi	thin the last two (2) years.
Relationshi	p:
Phone:	
Polotionshi	n.
Relationshi	p:
Phone:	
ngs School District Referral	S
se state their name and location.	
Location:	
Location:	
ce/Supplementary Informat	tion
	Supervisor: From: No

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:	
- 0		

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.