

**JEFFERSON ELEMENTARY SCHOOL DISTRICT**

101 Lincoln Avenue  
Daly City, California 94015-3934  
(650) 746-2422  
Hot Line (650) 746-2429

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**APPLICATION FOR EMPLOYMENT – CERTIFICATED**

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(Please Type Or Print)

Name \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN) (LAST)

Current address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Permanent address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone (\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

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Title of position applying for: \_\_\_\_\_ Regular \_\_\_\_ Sub \_\_\_\_

Subject(s), Grade level(s), or non-teaching position(s) -- according to preference:

First preference \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

Other subjects you are qualified to teach, activities to direct, or positions to fill:

First preference \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

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**DO YOU HAVE A LEGAL RIGHT TO BE EMPLOYED IN THE UNITED STATES?** Yes \_\_\_\_ No \_\_\_\_  
(Proof required if offered employment)

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California credentials/CLAD certification and/or Certificates of Competency held/applied for:

Type \_\_\_\_\_ Expires \_\_\_\_\_

Type \_\_\_\_\_ Expires \_\_\_\_\_  
Date Application Sent to  
Credential Commission

APPLIED FOR \_\_\_\_\_

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Are you/have you ever been a member of the California Teachers' Retirement System? Yes \_\_\_\_ No \_\_\_\_

Has your credential ever been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_

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

Have you ever been arrested for anything other than a minor traffic violation? Yes \_\_\_\_ No \_\_\_\_

Have you ever been convicted of a drug/sex offense? Yes \_\_\_\_ No \_\_\_\_

Have you ever failed to fulfill a valid contract? Yes \_\_\_\_ No \_\_\_\_

For each question answered yes, explain in writing the circumstances and attach the statement to this form. Please indicate any convictions other than minor traffic infractions. It is the applicant's responsibility to fully state any record of conviction. The existence of a criminal record does not automatically bar employment.

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**Demonstration of Core Academic Area Competence**

**Please check the core academic subject(s) for which you have demonstrated competence as per NCLB requirements.**

English _____	Economics _____
Reading/Language _____	Arts _____
Mathematics _____	Foreign Language _____
Science _____	History _____
Civics & Government _____	Geography _____
Self-Contained/Elementary Multiple Subjects _____	

In the space provided to the right of the subject (s) you circled, please write the letter (s) that correspond to the processes by which you demonstrated competency in the indicated core academic area.

- A. I have passed the following CCTC approved subject matter exam on the date indicated: \_\_\_\_\_
- B. I have an undergraduate major in the core subject.
- C. I have 32 or more non-remedial semester units in the core subject area (attach a copy of transcript or verification).
- D. I have a graduate degree in the core subject from (School) \_\_\_\_\_ (Date) \_\_\_\_\_
- E. I have completed a CCTC approved subject matter program in the core subject indicated (attach proof of verification).
- F. I have National Board Certification in the core subject area (attach a copy of the certificate).
- G. I have completed California's High Objective Uniform State Standard of Evaluation (HOUSSE) in the indicated core subject from (District) \_\_\_\_\_ on (date) \_\_\_\_\_

**TOTAL YEARS TEACHING** \_\_\_\_\_ **TOTAL YEARS ADMINISTRATION** \_\_\_\_\_

**COLLEGE OR UNIVERSITY EDUCATION AND PROFESSIONAL TRAINING**

Name and location of Institute attended	Attended		Graduation Date	Degree	Major Subjects	Minor Subjects
	From	To				

**Number of semester units beyond graduate work BS/BA degree:** \_\_\_\_\_

**Number of semester units of graduate work beyond MA/MS degree:** \_\_\_\_\_  
(1 QUARTER UNIT = 2/3 SEMESTER UNIT)

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**\*TEACHING APPLICANTS:** List five years most recent teaching experience, including student teaching – list most current position first.

**\*ADMINISTRATIVE APPLICANTS:** List all applicable administrative and teaching experience – list most current position first.

**\*If additional space is needed, please attach a sheet of paper.**

	District Name/Address/Telephone	Date From	Date To	Position Title/Grades/or Subjects
1.				
2.				
3.				
4.				
5.				

Culturally different/multi-ethnic experience:

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**PROFESSIONAL REFERENCES** (Include only those who have knowledge of your administrative and/or teaching experience, including student teaching.)

Name	Position	Address/Telephone

**PROFESSIONAL EXPERIENCE**

Please provide details regarding your teaching and/or administrative experience as listed on your application (include student teaching). Suggestions: For administrative, describe actual position functions; for teaching, describe actual subjects and grade level taught, show experience in special teaching situations such as team teaching, split grade assignments, ESL training, etc.

**If additional space is needed, please attach a sheet of paper.**

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**ADDITIONAL COMMENTS (Optional)**

Include work experience other than teaching and/or educational administration.

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***I HEREBY CERTIFY*** that all statements made herein are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I agree and understand that any misstatements of material facts herein may cause forfeiture on my part of all rights to any employment in the service of the Jefferson Elementary School District.

\_\_\_\_\_  
DATE AVAILABLE FOR EMPLOYMENT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please return to

**Certificated Personnel  
Jefferson Elementary School District  
101 Lincoln Ave., Daly City, CA 94015  
(650) 746-2422**

*The Jefferson Elementary School District is an Affirmative Action/Equal Opportunity employer. The District does not discriminate regarding actual or perceived sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, mental or physical disability, age or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics. (PC 422.55, EC 200, EC 220, T5CCR 4610)*

**Optional** – If you wish us to have this information, please indicate to which group you belong.

**Please check:**

<b>American Indian</b>	_____	<b>Asian /Pacific</b>	_____
<b>Alaskan</b>	_____	<b>Chinese</b>	_____
<b>Black</b>	_____	<b>Filipino</b>	_____
<b>Hispanic</b>	_____	<b>Japanese</b>	_____
<b>White</b>	_____	<b>Other</b>	_____

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