

**APPLICATION FOR CERTIFICATED POSITION**  
**WILLIAM S. HART UNION HIGH SCHOOL DISTRICT**  
21380 CENTRE POINTE PARKWAY  
SANTA CLARITA, CA 91350  
Telephone: (661) 259- 0033 ext. 282      FAX: (661) 254- 3467  
www.hartdistrict.org

Application Reviewed  
For Completeness by  
Personnel Officer

Date \_\_\_\_\_

By \_\_\_\_\_

**AN AFFIRMATIVE ACTION - EQUAL OPPORTUNITY EMPLOYER**

*This district is committed to equal opportunity for all individuals. District programs and activities are free from discrimination based on sex, race, color, religion, national origin, ethnic group, marital or parental status, physical or mental disability or any other unlawful consideration.*

**TYPE OR PRINT**

Position Applied For: \_\_\_\_\_

Name \_\_\_\_\_ Email: \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Number Street (Area Code) Home

City State Zip Alternate Telephone No. \_\_\_\_\_  
(Area Code) Cell

**CERTIFICATION:**

Do you hold a valid California Teaching Credential? Yes  No  Have you passed the **CBEST**? Yes  No

Have you passed the: **CSET SSAT MSAT** other \_\_\_\_\_ Subject

Authorization \_\_\_\_\_

Do you hold a valid California Emergency Permit? Yes  No  What is it's title? \_\_\_\_\_

If you are presently enrolled in a credential program, what is the expected date of completion?

Type \_\_\_\_\_

(e.g., Single/Multiple Subject, Specialist in Special Education, Pupil Services, etc.)

Subject Authorization: \_\_\_\_\_ Supplementary Authorization: \_\_\_\_\_

Do you hold a valid out of state credential? Yes  No  What State? \_\_\_\_\_

How did you qualify? 1. Teacher Preparation program with student teaching  or 2. Alternative route

When did you complete the out of state teaching program? Month \_\_\_\_\_ Year \_\_\_\_\_ Which state? \_\_\_\_\_

**POSITION DESIRED:** (x) in the appropriate spaces below:

- |                 |                         |
|-----------------|-------------------------|
| ( ) Junior High | ( ) Continuation School |
| ( ) Senior High | ( ) Substitute          |

List the secondary school subjects you are certified to teach and the number of college or university semester units completed in each. (Multiply quarter hours by 2/3 to convert to semester units)

First \_\_\_\_\_ UNITS \_\_\_\_\_

Second \_\_\_\_\_ UNITS \_\_\_\_\_

Third \_\_\_\_\_ UNITS \_\_\_\_\_

OTHER SUBJECTS YOU CAN TEACH \_\_\_\_\_



**F. ADDITIONAL INFORMATION**

1. List job-related organizations to which you belong (you may omit those which indicate your race, religious creed, color, national origin, ancestry, sex or age):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Honors or awards received: \_\_\_\_\_

\_\_\_\_\_

2. Military Service: \_\_\_\_\_

Branch Number of Years

3. Do you have any physical condition which may limit your ability to perform the job applied for?

Yes ( ) No ( )

If yes, what could the district do to reasonably accommodate you ? \_\_\_\_\_

4. Are you, or have you been, a member of the California Teachers' Retirement System? Yes ( ) No ( )

a. If yes, name county of last teaching position. \_\_\_\_\_

b. If yes, have you withdrawn your funds? Yes ( ) No ( ) \_\_\_\_\_

c. Date withdrawn: \_\_\_\_\_

5. Language Ability (specify): Fluent in: \_\_\_\_\_ Conversant In: \_\_\_\_\_

(other than English)

List any bilingual certification: \_\_\_\_\_

6. Have you ever been convicted of a crime? (A conviction will not automatically bar one from employment.)

**INITIAL yes or no.** Yes ( ) No ( )

If yes, state in full detail. Failure to answer correctly will be cause to be barred from employment or voiding of contract at a later date. You may attach a sheet if necessary.

Date \_\_\_\_\_ Court \_\_\_\_\_

Offense \_\_\_\_\_ Disposition \_\_\_\_\_

**G. REFERENCES**

Name	Title & Place of Work	Telephone Numbers			
		Home		Work	
		( )	-	( )	-
		( )	-	( )	-
		( )	-	( )	-
		( )	-	( )	-
		( )	-	( )	-

