

**MOJAVE UNIFIED SCHOOL DISTRICT**

**3500 DOUGLAS AVENUE**

**MOJAVE, CA. 93501**

**661-824-4001 Phone 661-824-2686 Fax careers@mojave.k12.ca.us**

**Standard Application for Teaching Certificated Public School Employment**

Name \_\_\_\_\_ Date available for Employment \_\_\_\_\_

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

\_\_\_\_\_ Phone Home/Work \_\_\_\_\_

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

PRE EMPLOYMENT DRUG/ALCOHOL TESTING REQUIRED PRIOR TO SUCCESSFUL EMPLOYMENT (POLICY #8511.11)

Position for which you are applying \_\_\_\_\_

Preferences: First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

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

California Credentials Held \_\_\_\_\_ Expires \_\_\_\_\_

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

California Credential Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Are you NCLB Highly Qualified? \_\_\_\_\_ Via: \_\_\_\_\_

Are you CLAD or BCLAD Certified? \_\_\_\_\_ Are you Bilingual? \_\_\_\_\_ Languages \_\_\_\_\_

Are you or have you ever been a member of the California Teacher's Retirement System? \_\_\_\_\_

Have you ever been dismissed or asked to resign, from any teaching position? \_\_\_\_\_

Has your credential ever been suspended or revoked? \_\_\_\_\_

For either question answered yes, submit a written explanation of the circumstances and attach to this application.

Teaching experience (List the most recent position first. If more than five years experience, list positions for the last five years. If no teaching experience, report student teaching experience.) Indicate type such as; regular, substitute, or student teaching.

TYPE	DATE From/To	Grades/Subjects	School	District	District Address & Phone #
1. _____	____/____/____	_____	_____	_____	_____
2. _____	____/____/____	_____	_____	_____	_____
3. _____	____/____/____	_____	_____	_____	_____
4. _____	____/____/____	_____	_____	_____	_____
5. _____	____/____/____	_____	_____	_____	_____

Work Experiences other than Teaching \_\_\_\_\_

**College or University Education**

Name & Location of each Institution	Attended	Graduated			Major	Minor
	From/To	Date	Degree			
1. _____	____/____/____	_____	_____	_____	_____	_____
2. _____	____/____/____	_____	_____	_____	_____	_____
3. _____	____/____/____	_____	_____	_____	_____	_____

Number of semester units of graduate work beyond a BA or BS degree \_\_\_\_ # beyond MA or MS \_\_\_\_ 1 Qtr = 2/3 semester  
Professional References. Include only those who have knowledge of your teaching experience; (superintendents, principals, vice principals, fellow teachers, supervisors, and student teaching master teachers)

Name	Position	Address	Phone Work/Home
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

May we contact your above references and any other references that come to light through the hiring process? \_\_\_\_\_

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**MOJAVE, CA. 93501**  
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Name \_\_\_\_\_

Date \_\_\_\_\_

The Mojave Unified School District does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, gender, mental or physical disability, sex orientation, or any other basis protected by federal, state or local law, ordinance or regulation, in its educational program(s) or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position(s) or program for which application is made.

If you need reasonable accommodation to participate in the hiring process, Mojave Unified School District will provide you with one upon notice.

I hereby Certify that all statements made hereon are true and correct to the best of my knowledge and authorize the investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

Signature of Applicant \_\_\_\_\_

Date of Signature \_\_\_\_\_