

Office of Christine Lizardi Frazier
Kern County Superintendent of Schools
Advocates for Children

APPLICATION FOR EMPLOYMENT - CERTIFICATED POSITION

Return to: Human Resources, 1300 17th St. CITY-CENTRE, Bakersfield, CA 93301-4533
An Equal Opportunity Employer

Date: _____

Specific grades, subject, or position for which you are applying: _____

Applicant Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip Code

Telephone Numbers: _____
Home Business Cell

Have you ever used another name? _____

(Information necessary to enable us to check your work, education and credential records.)

Date available for employment: _____

Please indicate the types of employment you will accept: Full Time Substitute Part Time

Have you been previously employed by the Kern County Superintendent of Schools? Yes No

If yes, from _____ to _____

Do you have any relatives working for the Kern County Superintendent of Schools? Yes No

If yes, state name(s) and relationship:

For each question answered "yes," a completed Criminal Records Response form must be attached.

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever entered a plea of No Contest or Guilty to a misdemeanor? Yes No

Have you ever entered a plea of No Contest or Guilty to a felony? Yes No

A conviction will not necessarily disqualify you from employment.

Each prospective employee must undergo a background clearance through the Department of Justice prior to employment. Fingerprint clearance is pursuant to Education Code section 45125(a) as amended by AB 1610, Stats 1997.

Educational Background

Name of College or University _____ Years: From _____ to _____

City & State _____ Subject: Major _____ Minor _____

Degree(s): _____ Date _____

Name of College or University _____ Years: From _____ to _____

City & State _____ Subject: Major _____ Minor _____

Degree(s): _____ Date _____

Graduate Work: After B.A. _____ semester hours or _____ quarter hours

After M.A. _____ semester hours or _____ quarter hours

California Credentials/Permits now held: Type _____ Expires _____

Type _____ Expires _____

Type _____ Expires _____

Name of California Teaching credential applied/qualified for: _____

Date of application _____

Have you passed the California Basic Education Skills Test (CBEST)?

Yes Not Necessary No, but will test on _____

Employment History

Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment. Attach another sheet if necessary. Applicants that do not clearly meet the minimum required experience will be rejected.

School & District _____ Employment Dates: From _____ to _____

City & State _____ Grade/Subject/Position _____

Reason for leaving and explanation: _____

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City & State _____ Grade/Subject/Position _____

Reason for leaving and explanation: _____

Are you now under contract with a California Public School entity? Yes No If yes, Expiration Date _____

Total years of full time experience applicable to the position for which you are applying _____

Experience Other Than Teaching (Including U.S. Armed Forces)

List Last position First. Show complete record including periods between jobs beginning with your most recent experience.

Employer _____ Employment Dates: From _____ to _____

City & State _____ Type of Work _____

Employer _____ Employment Dates: From _____ to _____

City & State _____ Type of Work _____

Employer _____ Employment Dates: From _____ to _____

City & State _____ Type of Work _____

Professional References – Three References Required

Please list three individuals (no relatives) from whom you will obtain recommendations concerning your recent experience or training and forward to the address listed below. Include names of principals, superintendents and supervisors. If student teaching is your only experience, list names of college supervisor and supervising teachers. If you are applying for substitute teaching, list names of employers/supervisors under whom you have been employed in any capacity.

Name _____ Position & School _____

Address _____ Phone Number _____

Name _____ Position & School _____

Address _____ Phone Number _____

Name _____ Position & School _____

Address _____ Phone Number _____

Proof of formal education, credentials, and any other certifications applicable to the position must be submitted to the Human Resources Department.

ANY PERSONAL DOCUMENTS, WHICH YOU ENCLOSE, WILL NOT BE RETURNED.

I hereby certify that all statements made in this application are true. I authorize the Office of Christine Lizardi Frazier, Kern County Superintendent of Schools to investigate my references, work record, education, and other matters related to my suitability for employment. I also authorize the references and my prior employers to disclose to the Office of Christine Lizardi Frazier, Kern County Superintendent of Schools any and all letters, reports, and other information related to my professional and personal background, without giving me prior notice to such disclosure. I agree and understand that any misstatement of material facts herein will cause (a) rejection of my application and (b) forfeiture on my part to any employment or payment as an employee in the service of the Office of Christine Lizardi Frazier, Kern County Superintendent of Schools. I further agree to be fingerprinted, to submit to a complete medical examination, and upon employment, to furnish such proof of age and citizenship as may be directed.

Signature of Applicant (Mandatory)

Date