

Imperial Valley Regional Occupational Program
687 State Street, El Centro, CA 92243

TEACHING AND ADMINISTRATION APPLICATION FOR EMPLOYMENT

Dates Available for Interview _____ Dates Available for Employment _____

1. _____
Last First Middle Maiden and Other Names

Current Address: _____ Phone: _____

Permanent Address: _____ Phone: _____

Valid California Driver's License No. _____ Social Security No.: _____

Do you have a legal right to reside and seek employment in the U.S.? ☐ Yes ☐ No

Can you, after employment, submit proof of military service and type of discharge upon request? ☐ Yes ☐ No

A physical exam will be required of all employees who are new to teaching in California. (Educ. Code Sec. 44839)

2. Positions for which you are applying and for which you are qualified on credential:

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 _____

Do you have any physical condition that may limit your ability to perform employment with us? ☐ Yes ☐ No

Do you speak or write any language(s) other than English? ☐ Yes ☐ No

Speak _____ Write _____

3. Valid California Credential now held:

Type _____ Major _____ Expires _____

Type _____ Major _____ Expires _____

or

Applying for _____ Credential. Date of Application _____

Have you passed the California Basic Skills Examination (CBEST)? ☐ Yes ☐ No

For each question answered "Yes" explain on a separate sheet of paper.

4. Has your credential ever been revoked or suspended? ☐Yes ☐No

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

5. Public School Experience. List last position first. If more than five years, list positions for last five years. If none, report student teaching experience. Indicate type: Regular, Substitute or Student teaching.

Type	Date		Grades or Subjects	School	District	District Address
	From	To				

5a. Check box if you have qualifications which especially equip you to work with culturally different and/or minority groups and have multiethnic programs. ☐ Include a brief explanation on a separate sheet of paper.

5b. Work experience other than teaching: Include voluntary youth work. Use a separate sheet of paper if needed:

--

6. College or University Education.

Name and Location of Each Institution Attended	Attended		Graduated		Major	Minor
	From	To	Date	Degree		

Number of semester units of graduate work beyond BA/BS____; Beyond MA/MS____ (1 Quarter unit=2/3 sem.unit).

7. My placement papers are on file with the following placement office:

Address_____City_____State_____Zip_____

It is your responsibility to have your confidential placement papers sent to us. No further action will be taken on your candidacy until we receive these papers, unless you advise that our office must initiate the request.

8. Name a principal or master teacher whom you will authorize us to phone
for an immediate recommendation.

Name_____Position_____

Address_____Phone_____

I hereby certify that all statements made hereon 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 realize that any false statements will disqualify me and, if discovered subsequent to employment, will be grounds for dismissal.

Signature of Applicant

Date

IMPERIAL VALLEY REGIONAL OCCUPATIONAL PROGRAM

APPLICANT IDENTIFICATION RECORD

Date _____ S.S.# _____

TO THE APPLICANTS: The information requested on this form is required by the regulations of the Department of Fair Employment and Housing (DFEH). The employers in California are required to keep these records on file for a period of two years. For your protection, the employers are ordered to store the records in a different location away from your application. The information is for data purposes only, and voluntary on your part.

NAME _____ SEX _____ DATE _____

POSITION APPLIED FOR: _____

(PLEASE CHECK ONE)

AMERICAN INDIAN OR
ALASKAN NATIVE _____

ASIAN _____

BLACK _____

CAUCASIAN _____

FILIPINO _____

HISPANIC _____

PACIFIC ISLANDER _____

OTHER _____

The following option is not required to comply with the DFEH Regulations, but is for data purposes only and is voluntary on your part:

AGE _____