

RINCON VALLEY UNION SCHOOL DISTRICT
1000 Yulupa Avenue Santa Rosa, CA 95405

TYPE or PRINT Dates available for interviews: _____ Date available for employment _____

Name _____
First Middle Other Name Last Name

Current Address _____ Phone: () _____
City Zip Code State Area Code

Permanent Address _____ Phone: () _____
City Zip Code State Area Code

Social Security No.: _____ Total years of teaching _____

Position(s) for which you are applying: (Grade Level(s) or nonteaching position(s) (according to preference): _____ REGULAR _____ SUBSTITUTE

1st Preference _____ 2nd Preference _____ 3rd Preference _____

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

Do you speak, read, or write any language other than English? _____

California credentials now held: Type: _____ Expires _____

Type: _____ Expires: _____

Name of California teaching credential applied for: _____ Date of application: _____

Has your credential ever been suspended or revoked? _____ Yes* _____ No

*For each question answered yes, explain in writing the circumstances and attach the statement to this form.

Have you ever been dismissed, or asked to resign, from a teaching position? _____ Yes* _____ No

Have you ever been convicted for anything other than a minor traffic violation? _____ Yes* _____ No

Teaching 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	From	To	Grades or Subjects	School	District	District Address

Work experience other than teaching: _____

College or university education
Name and location of each institute attended Degree Major(s) Minor(s)

Number of semester units of graduate work beyond BA or BS degree _____ Number beyond MA or MS _____ (1 quarter unit = 2/3 semester unit)

Professional references, if not registered with placement office (Include only those who have knowledge of your teaching experience; superintendents, principals, supervisors, and student teaching master teachers.)

Name	Position	Address	Home Phone	Work Phone

I HEREBY CERTIFY that all statements made hereon are true and correct to be 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.

Signature of Applicant

Date

AN EQUAL OPPORTUNITY EMPLOYER