



OFFERS YOU A CHALLENGING AND REWARDING CAREER

- A COMMITMENT TO EXCELLENCE IN EDUCATION
- EXCELLENT SALARY SCHEDULE
- EXCEPTIONAL FRINGE BENEFITS
- STRONG COMMUNITY SUPPORT

The Mission Statement of the Salinas City Elementary School District is to maximize the potential of all students to become responsible, literate, thinking, caring and contributing members of a democratic, multicultural and interdependent society. This mission is accomplished through excellence in teaching and in partnership with parents and the community.



Return Application to:

**PERSONNEL OFFICE
Salinas City Elementary School District
840 South Main Street
Salinas, California 93901**

Telephone: (831) 753-5600

APPLICATION FOR CERTIFICATED EMPLOYEES

1. PERSONAL (Type or Print)

Last Name	First	Middle	Other
Social Security Number: _____ - _____ - _____			
(_____)			
Current Address	City	State & Zip	Phone
(_____)			
Permanent Address	City	State & Zip	Phone

2. POSITION FOR WHICH YOU ARE APPLYING: _____

Date Available for Work: _____

3. CALIFORNIA CREDENTIALS NOW HELD

Type: _____ Expires: _____
 Type: _____ Expires: _____

PLEASE ATTACH A COPY OF THE ABOVE CREDENTIAL(S).

California Credential in Progress: _____

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

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

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

For each of the above questions answered YES, explain the circumstance in item 11.

4. PROFESSIONAL PREPARATION

Name and location of each institution	<u>Attended</u>		<u>Graduated</u>		Major	Minor
	From	To	Yes/No	Degree		
a. Undergraduate Degree						
b. Summary of Graduate Study						
c. Advanced Degree						

5. OTHER THAN THE ENGLISH LANGUAGE, I
 SPEAK _____, READ _____, WRITE _____, _____

6. PAID CERTIFICATED EXPERIENCE

Total Years in Teaching: _____

Start with Last Position

Total Years in Administration: _____

(If none, list student teaching experience.)

POSITION	Grade Level	Dates		District Name/ Address	Phone	Supervisor
		From	To			

7. WORK EXPERIENCE OTHER THAN CERTIFICATED, starting with last position

POSITION	Dates		Employer/Address	Phone	Supervisor
	From	To			

8. QUALIFICATIONS/EXPERIENCE WHICH ESPECIALLY EQUIP ME TO WORK WITH CHILDREN:

9. MY COLLEGE PLACEMENT FILE IS AT:

Name of Institution	Address

10. PROFESSIONAL REFERENCES:

Name	Position	Address and Phone Number

11. COMMENTS: _____

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. THIS APPLICATION AND ALL DOCUMENTS SUBMITTED BECOME PROPERTY OF SALINAS CITY SCHOOL DISTRICT AND CANNOT BE RETURNED.

SIGNATURE OF APPLICANT

DATE

PROCESSING INFORMATION--FOR OFFICE USE ONLY

INITIAL SCREENING

Date: _____

RECOMMENDATION: _____

COMMENTS: _____

BASIS FOR DECISION: CREDENTIAL EXAMINATION _____ INTERVIEW _____

PERSON MAKING DECISION: _____

INITIAL INTERVIEW

Date: _____

RECOMMENDATION: _____

COMMENTS: _____

INTERVIEWERS: _____

SUPPLEMENTARY INTERVIEW

Date: _____

RECOMMENDATION: _____

COMMENTS: _____

INTERVIEWERS: _____

RECOMMENDATION FOR EMPLOYMENT

Date: _____

POSITION AND SCHOOL: _____

BEGINNING DATE: _____ BEGINNING SALARY: _____

AUTHORIZATION: REPLACEMENT _____ ADDITION _____

BY WHAT AUTHORITY: _____

RECOMMENDOR: _____