

**Maricopa Unified School District
Certificated Application of Employment**

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

Position Desired _____ Date _____

First Name _____ Last Name _____

Mailing Address _____
Street or PO Box City ZIP

Contact Info _____
1st phone # 2nd phone # email

Credential Information

Type _____

Authorization _____

Expiration Date _____ State Issued _____

Type _____

Authorization _____

Expiration Date _____ State Issued _____

If you **do not** currently hold a valid teaching credential, give information on your application for a credential.

College or University _____

Type of Credential applied for _____

Please check off any tests you have passed or certificates you hold:

CBEST MSAT RICA PRAXIS/SSAT CSET

CLAD BCLAD BCC LDS ELD/SDAIE

Do you possess a Certificate of Compliance for No Child Left Behind (NCLB) _____

If so in what subject area _____

Please list any extracurricular activities that you are qualified to direct or coach _____

Work Experience (list most recent first)

1) **Current employer** _____ Start Date _____
(If not working put none.)

Address _____
Street City Zip

Position _____ Phone _____ email _____
Dates employed

2) **Previous employer** _____ Start / End _____

Address _____
Street City Zip

Position _____ Phone _____ email _____
Dates employed

3) **Previous employer** _____ Start / End _____

Address _____
Street City Zip

Position _____ Phone _____ email _____

Record of Educational and Professional Preparation

Name of High School attended _____

Did you graduate? _____ or did you complete GED? _____.

College or University attended _____ Units _____

Major/Field of Study _____ Dates attended _____

College or University attended _____ Units _____

Major/Field of Study _____ Dates attended _____

College or University attended _____ Units _____

Major/Field of Study _____ Dates attended _____

College or University attended _____ Units _____

Major/Field of Study _____ Dates attended _____

Date of Bachelor Degree _____ Total Quarter Units _____ Semester _____

Professional References

1) Name _____ Phone # _____

Address _____
Street City Zip email

2) Name _____ Phone # _____

Address _____
Street City Zip email

3) Name _____ Phone # _____

Address _____
Street City Zip email

Give a brief summary of your philosophy of education: _____

Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending?

yes no If yes, give information _____

Have you ever been dismissed or asked to resign? yes no If yes, give information

I HEREBY CERTIFY that all statements made in this application are true. I authorize the District 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 District any and all letters, reports, and other information related to my professional and personal background, without giving me prior notice of 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 this District. I further agree to be fingerprinted, to submit to a complete medical examination if asked, and upon employment, to furnish such proof of age and citizenship as may be directed.

Applicants Signature

Date

Return to: Maricopa Unified School District, 955 Stanislaus St, Maricopa CA 93252