

APPLICATION FOR ADULT EDUCATION TEACHING POSITION

GROSSMONT ADULT EDUCATION

GROSSMONT UNION HIGH SCHOOL DISTRICT

1550 Melody Lane • El Cajon, California 92019 • (619) 588-3512

Name _____ Date _____
Last First Middle (Other Name-Optional)

Present Address _____
Street City State Zip Code

Telephone _____ Email _____
Home Business

Social Security No. _____

Present Employer _____
Firm Address

Are you presently employed in the Grossmont Union High School District? Yes No

Position _____ Location _____

Have you previously taught for Grossmont Adult School? Yes Year _____ No

What languages other than English do you speak fluently? _____

Has your credential ever been suspended? Yes No

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

Have you ever been convicted of a felony, or within the past seven years, a misdemeanor which resulted in imprisonment? Yes No

If "yes" to any of the above, please attach statement describing circumstances.

SUBJECT (S) PREFERENCE _____

CREDENTIAL STATUS Do you have an active California Teaching Credential? Yes No

If no, have you applied? Yes No If you hold a California credential, complete below.

A. Designated Subjects _____ Expiration Date _____

(Subject Areas)
B. Secondary _____ Elementary _____ Major: _____ Expiration Date _____
Minor: _____ Expiration Date _____

C. Other _____ Expiration Date _____

D. Has credential been recorded with San Diego County Office of Education? Yes No

Have you passed the CBEST? Yes No Date _____

EDUCATIONAL AND PROFESSIONAL PREPARATION (Include High School and College)

Institution	# Years	Dates	Diploma/Degree/Certificate	Major Subjects

(OVER)

TEACHING EXPERIENCE

Institution/City & State	Part Time/ Full Time	Inclusive Dates		Subjects/Level
		From	To	

SPECIAL TRAINING WORK EXPERIENCE IN TEACHING FIELD OR SUBJECT IN WHICH YOU DESIRE TO TEACH

Name and Address of Employer (Most recent first)	Position	Inclusive Dates		Type of Work/Training
		From	To	

ADDITIONAL INFORMATION MAY BE ATTACHED

INDICATE YOUR AVAILABILITY FOR EMPLOYMENT (Check all that apply)

Substitute Part Time Full Time Mornings Afternoons Evenings
 Immediately Fall Trimester Winter Trimester Spring Trimester Summer

REFERENCES: List only employers and/or persons who have first-hand knowledge of your training or experience.

DO NOT LIST RELATIVES OR FRIENDS

PLEASE MAKE SURE YOU HAVE INCLUDED COMPLETE INFORMATION FOR YOUR REFERENCES

Name, Address, Zip Code, and Telephone Number	Official Position

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I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and I understand that any false statements will subject me to disqualification or dismissal. I authorize the Grossmont Union High School District to obtain information concerning me from any source, including former employers. I release from all liability persons and organizations reporting information.

Date _____

Signature of Applicant _____

This application will become void three years after date received. Please feel free to re-apply, if you are still interested in employment.