

SAN BRUNO PARK SCHOOL DISTRICT
500 ACACIA AVENUE
SAN BRUNO, CA 94066-4298
(650) 624-3100

PRESCHOOL TEACHER EMPLOYMENT APPLICATION

NAME AS IT APPEARS ON CREDENTIAL/PERMIT _____			SOCIAL SECURITY NUMBER _____		
PRESENT ADDRESS:					
_____			PHONE # _____		
			(Area Code)		
CITY _____		STATE _____	ZIP _____		
PERMANENT ADDRESS:					
_____			PHONE # _____		
			(Area Code)		
CITY _____		STATE _____	ZIP _____		

FOR WHAT POSITION DO YOU WISH TO APPLY? REGULAR SUB BOTH
(Check Preferred Level)

Teacher Associate Teacher Assistant Teacher

WHAT CO-CURRICULAR ACTIVITIES CAN YOU LEAD? _____

ARE YOU BILINGUAL? YES NO LANGUAGE _____

CERTIFICATION:

1. CALIFORNIA CREDENTIALS/ PRESCHOOL PERMIT HELD: _____
Expiration Date _____

2. IF YOU DO NOT HOLD A CALIFORNIA TEACHER'S CREDENTIAL OR PRESCHOOL PERMIT, LIST NAME OF CREDENTIAL/PERMIT YOU ARE WORKING TOWARD: _____
DATE OF ANTICIPATED COMPLETION OF REQUIREMENTS: _____

3. HAS APPLICATION BEEN SENT TO CALIF. STATE DEPT. OF EDUC.? YES NO
IF YES, TYPE: _____ DATE OF APPLICATION: _____

DO YOU HOLD A TEMPORARY COUNTY CREDENTIAL? YES NO

REFERENCES - LIST THREE (3) PERSONS WHO HAVE A PROFESSIONAL KNOWLEDGE OF YOUR TRAINING & EXPERIENCE:

NAME	OFFICIAL POSITION	PRESENT ADDRESS

(PLEASE COMPLETE THE FOLLOWING IN YOUR OWN HANDWRITING: (USE BACK OF APPLICATION OR ATTACH ADDITIONAL SHEETS IF NECESSARY)

BRIEFLY DESCRIBE SIGNIFICANT EXPERIENCES WHILE WORKING WITH PRESCHOOL STUDENTS:

WHY ARE YOU INTERESTED IN TEACHING IN THE SAN BRUNO DISTRICT PRESCHOOL PROGRAM?

HAVE YOU PREVIOUSLY APPLIED FOR A POSITION IN THIS DISTRICT? YES NO IF YES, WHEN?

BRIEFLY DESCRIBE HOBBIES, SKILLS OR OTHER INTERESTS WHICH WILL HELP YOU TO BE A BETTER TEACHER:

PLEASE ADD ANY OTHER INFORMATION OR COMMENTS WHICH YOU FEEL WILL ASSIST US IN EVALUATING YOUR APPLICATION?

THE SAN BRUNO PARK SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. THE DISTRICT DOES NOT DISCRIMINATE IN EDUCATIONAL PROGRAMS AND ACTIVITIES OR IN THE EMPLOYMENT OF PERSONNEL ON THE BASIS OF SEX, RACE, NATIONAL ORIGIN, COLOR, RELIGION, AGE OR PHYSICAL HANDICAP.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE INVESTIGATION OF ALL STATEMENTS HEREIN RECORDED. I REALIZE THAT FALSE INFORMATION CAN RESULT IN TERMINATION. I RELEASE FROM ALL LIABILITY PERSONS AND ORGANIZATIONS REPORTING INFORMATION REQUIRED BY THIS APPLICATION.

SIGNATURE OF APPLICANT

DATE