

LIBERTY UNION HIGH SCHOOL DISTRICT

DATE _____

20 Oak Street
Brentwood, California 94513
(925) 634-2166**CERTIFICATED APPLICATION**NAME: _____ PHONE: (H) _____
Last First (C) _____ADDRESS: _____
Mailing address City Zip

EMAIL ADDRESS _____

POSITION DESIRED: _____

CBEST: YES [] NO []

CREDENTIALS HELD:

CREDENTIAL TYPE	EXPIRATION DATE

EDUCATION: List most recent first

COLLEGE OR UNIVERSITY	YEAR(S) ATTENDED	MAJOR SUBJECT	MINOR SUBJECT	DEGREE

EXPERIENCE: In teaching related fields; list chronologically, most recent first (attach additional sheet(s) if more room is necessary)

YEAR(S)	LOCATION	POSITION	SUBJECT(S) TAUGHT

REFERENCES:

List three persons, other than relatives, who can furnish information concerning your qualifications and related experience; include most recent employer.

NAME	POSITION	PRESENT ADDRESS, work preferred	PHONE
			(H) (W)
			(H) (W)
			(H) (W)

(Please Complete Reverse Side)

Are you proficient in more than one language? _____ If yes, please list (1) _____ (2) _____ (3) _____

List activities, athletic coaching or special programs, for which you are qualified and would accept an extra duty assignment:

PERSONAL DATA & HISTORY:

- | | | | |
|----|--|------------|-----------|
| 1. | Can you, upon employment, submit verification of your legal right to work in the United States?
If no, please explain. _____ | Yes
[] | No
[] |
|----|--|------------|-----------|

- | | | | |
|----|--|------------|-----------|
| 2. | Have you ever been discharged, forced to resign, or rejected during a probationary period from any employment within the last ten years? If yes, please explain | Yes
[] | No
[] |
|----|--|------------|-----------|

If answer is yes, it is not necessarily a bar to employment. Each case is given individual consideration, based on job-relatedness.

3. This School District does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, gender, mental or physical disability, sex orientation, or any other basis protected by federal, state or local law, ordinance or regulation, in its educational program(s) or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position(s) or program for which application has been made.

Will you need any reasonable accommodation to participate in the hiring process?

Yes []	No []
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4. **Remarks for additional space if necessary.**

Certification of Applicant

Recheck the Application to be sure it is complete and read the following carefully before signing. Applicant must sign personally.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatements or omission of material facts herein will cause forfeiture on my part of employment. I further agree to be fingerprinted, to submit to a complete medical examination, to sign a loyalty oath, and, upon employment, to furnish such proof of age as may be required.

Signature - Present **LEGAL** Name

Date