

C. WORK EXPERIENCE Other than teaching

Employer _____ Phone _____
Title/Position _____

Employer _____ Phone _____
Title/Position _____

Employer _____ Phone _____
Title/Position _____

May we contact employers listed above and/or others not listed? Yes ___ No ___
If no, please explain _____

D. EDUCATIONAL RECORD (Do not include elementary or high school graduation or attendance dates)

Institution	Dates	Major/Minor	Degree/Credential
1.			
2.			
3.			
4.			

Number of semester units: after BA/BS ___ after Credential ___ After MA/MS ___

Are you a member of STRS _____ PERS _____

E. PERSONAL DATA

1. If hired can you show proof of age? Yes ___ No ___
2. If hired, can you show proof of your legal right to work in the U.S.? Yes ___ No ___
3. Have you ever left a regular certificated position at any time other than the end of the school year? Yes ___ No ___
4. Have you ever been dismissed, or asked to resign from any teaching position? Yes ___ No ___
5. Has your credential ever been suspended or revoked? Yes ___ No ___
6. Have you ever been convicted of a felony, or within two years, a misdemeanor which resulted in imprisonment? Yes ___ No ___
(A conviction will not necessarily disqualify an applicant from employment)
7. If you answered yes to any of the questions 3 through 6, please explain:

F. PLEASE INCLUDE BELOW A STATEMENT OF 100 WORDS OR LESS INDICATING WHY YOU ARE QUALIFIED FOR THE POSITION.

I understand that with my signature, I am giving permission to share this application with the Sausalito Marin City School District Personnel Committee members.

Signature

Date

AUTHORITY FOR RELEASE OF INFORMATION

I authorize any hiring official from the Sausalito Marin City School District to obtain any information relating to my employment with the following employers:

(List of employers)

This information may include, but is not limited to achievement, performance, attendance, personal history, or disciplinary information.

I direct you to release such information upon the request of any designated hiring official from the Sausalito Marin City School District, regardless of any agreement I may have made with you previously to the contrary.

I release any individual, including the records custodian, from all liability for damages that may result to me on account of compliance, or any attempts to comply with this authorization.

Applicant's Signature Date