

Ridgecrest Charter School

325 South Downs Street

Ridgecrest, CA 93555

(760) 375-1010

fax (760) 375-7766

Teacher Application

POSITION FOR WHICH YOU ARE APPLYING:

LAST NAME	FIRST NAME	M.I.
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ADDRESS	CITY	STATE	ZIP
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PHONE	MESSAGE PHONE	SOCIAL SECURITY #
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Are you authorized to work in the U.S? Yes No

Notice: Before hiring, documentation of authorization to work in the United States will be required. Documentation must include a picture identification card (such as a drivers license, valid passport or resident alien card). If the picture identification is a drivers license, at least one other identification document will be required, such as a birth certificate, certificate of naturalization, certificate of United States citizenship, or social security card). A foreign passport or resident alien card must include authorization of employment.

Have you passed the CBEST? Yes (If yes, please attach a copy of verification) No

Educational and Professional Preparation						
	Name of Institution	Dates	Major	Minor	Units	Degree/Date
Undergraduate Work:						
Graduate Work:						

California Credentials (Please list those granted)	Credential Numbers

General Information		
Total years of teaching experience (excluding student teaching):		
Are any criminal charges or proceedings pending against you? (If yes, explain on separate sheet):	Yes	No
Have you been convicted of any offense involving the physical or sexual molestation, physical or sexual abuse or rape of a child? (If yes, explain on separate sheet).	Yes	No
Have you ever been convicted of any felony or misdemeanor? (If yes, explain when, where and disposition of case/s).	Yes	No
Has your credential ever been suspended or revoked? (If yes, explain on separate sheet):	Yes	No
Have you ever been dismissed, or asked to resign, from any certificated position? (If yes, please explain on separate sheet).	Yes	No
To avoid possible conflict of interests, list any local school board member/s or employee relative/s in the School and indicate relationship:		
Do you have any physical or mental conditions which would adversely affect your ability to perform the duties of the position you seek? If yes, how can we accommodate you?	Yes	No

Employment History (Begin with most recent experience)

Job Title/Assignment	Employer and Address	Dates (from-to)	Salary
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Appropriate Experience:

Job Title/Assignment	Employer and Address	Dates (from-to)	Salary
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Job Title/Assignment	Employer and Address	Dates (from-to)	Salary
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Appropriate Experience:

References (Indicate those that should NOT be contacted at this time. This section must be completed.)

Name/Position	Employer	Phone Number

Certification

I affirm that the statements provided are true and complete to the best of my knowledge. If I misrepresent or deliberately omit a fact in this application and/or in any documents attached to this application, I may be refused employment or, if employed, I may be terminated.

Applicant
Signature

Date