

7201 Clayton Road Turlock, CA 95380

CERTIFICATED APPLICATION

	Turlock, CA 95380	_				ГЕ	
. PER	RSONAL	Da	te availal	ble for employ	ment:		
	First	Middle			Last	Name	
Addres	ss:			Phone: _			
		City	State	Zip			
√lailinį	g Address:			Pho	ne:		
		City	State				
ocial !	Security #		Total Y	ears of Teach	ng		
	encesubjects you are qualified t						
1.	ase answer the following Have you ever been employed	under another name	? If yes, wh	nat name?	-	Yes	erse s
	•	under another name in this country? (Pro	? If yes, wh	nat name?	-	Yes	_ No
1. 2. 3.	Have you ever been employed Are you legally eligible to work will be required upon employm Has your driver's license ever b	under another name in this country? (Pro ent.) een suspended or re	? If yes, whof of citizer	nat name? nship and/or imn ason	nigration status	Yes Yes	
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For each question answered yes, explain in writing the circumstances and attach the statement to this form.

Have you ever been dismissed, or asked to resign, from any teaching position? Yes___No___

ADDRESS a. Note: Check if you have qualifications which especially equip you to work with culturally diffind/or minority groups and multiethnic programs and include a brief explanation with your app b. Work experience other than teaching: 5. COLLEGE OR UNIVERSITY EDUCATION Name and location of each institution attended pate Degree Major (s) Minority institution attended institution attended pate Degree (1 quarter unit = 2/3 semester units) Itumber of semester units of graduate work beyond BA or BS degree. Itumber of units beyond MA or MS (1 quarter unit = 2/3 semester units) The My placement papers are on file with the following placement office: Address City State Zip Under the name of: Professional references if not registered with a placement office. (Include only those who has knowledge of your teaching experience, e.g., Superintendents, Principals, Supervisors, and St teaching master teachers.)		FROM	ТО	GRAD	GRADES OR SUBJECTS SCHOO			OOL	DISTRICT		DISTRICT	
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Name Position Address				D:	Position				Address			

I hereby certify that all statements made hereon are true and and authorize investigation of all statements herein recorded. organizations reporting information required by this application	I release from all liability persons and
Signature of applicant	Date