

TAFT UNION HIGH SCHOOL
ATTN: Sarah Mitchell
PRINCIPAL'S ADMINISTRATIVE ASSISTANT
701 SEVENTH STREET
TAFT, CA 93268
(661) 763-2336

NECESSARY MATERIALS AND FORMS FOR EACH NEW SUBSTITUTE TEACHER

Date: _____

TUHS ID # _____ SS# _____

Name: _____

Address: _____

City/Zip: _____

Phone #: _____

*1. Application Date Received _____

*2. Employment Eligibility Verification Date Received _____
(Need form signed)

*a. Need copy of Driver's License Date Received _____

*b. Need copy of Soc Security Card Date Received _____

c. Or Need copy of some Proof of Citizenship--
Date Received _____

*3. Need Copy of Tuberculin Skin Test or Chest X-Ray--
DATE ADD 4 YEARS _____

*4. CBEST - Copy Needed if applicable Date Received _____

*5. Credential Title: _____

a. Credential Expiration Date: Date is: Next Month
First Day
Next Year _____

b. Credential Subject: _____

*c. Department of Justice--Date under RECEIVED _____

d. Credential Clearance (Date when all documents
have been received):
County (636-4750) 1300-17TH ST. 93301 _____

6. Board Approval _____

Taft Union High School District

Date _____

"Excellence For All"™

Application for Cert. Substitute
(Please complete all blanks even if attaching resume)

Name _____ Last _____ First _____ Middle _____ Social Security Number _____

Present Address _____ City _____ State _____ Zip Code _____

Permanent Address _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ Home _____ Business _____ Message _____

POSITION DESIRED

Specific grades, subject or position for which you are qualified: _____

Have you ever used another name? (Information necessary to enable to check on your work, education, and credential records) _____ Substitute _____

Date available for employment: _____ Please indicate type of employment desired: Full Time _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____ (a conviction will not necessarily disqualify you from employment.) _____

Has any teaching credential you have held ever been suspended or revoked? Yes _____ No _____

Have you ever been dismissed or asked to resign from any teaching position? Yes _____ No _____

For each question answered "yes", explain in writing the circumstances and attach the statement to this form.

EDUCATION

Years From To	Name of College or University	Location	Subject		Degree	Date
			Major	Minor		

Graduate Work: After B.A. _____ Semester hours or _____ quarter hours. After M.A. _____ semester hours or _____ quarter hours.

California credentials now held: _____ Type _____ Expires _____

_____ Type _____ Expires _____

Name of California teaching credential applied/qualified for: _____ Date of application _____

Have you passed the California Basic Educational Skills test (CBEST)? Yes _____ Not Necessary _____ No _____ but will test on _____ 20 _____

TEACHING AND ADMINISTRATIVE EXPERIENCE
(including student and substitute teaching)

List all applicable experience, beginning with current or last position.

Years		School and District	City and State	Grade Subject/Position	Reason for leaving
From	To				

Are you now under contract? _____ Date of expiration _____ Total years of full time teaching experience _____

EXPERIENCE OTHER THAN TEACHING
(including service in Armed Forces of U.S.)

Years		Employer	City and State	Type of Work
From	To			

REFERENCES

If your confidential file is not available or does not include your current employment, list three individuals (no relatives) from whom confidential recommendations concerning your recent experience or training may be obtained. Include names of principals, superintendents and supervisors. If student teaching is your only experience, list names of college supervisors and supervising teachers. If you are applying for substitute teaching, list names of employers/supervisors under whom you have served.

Full Name	Position and School (if applicable)	Complete Address	Phone Number

It is the responsibility of each applicant to have his/her college or university placement file sent to the Personnel Office. I certify that all statements made hereon are true and correct to the best of my knowledge. I understand that any false statements made on this application may be cause for non-employment or for dismissal, if employed.
I hereby authorize any investigation to obtain information required by this application. California Driver License # _____ Expiration Date _____

Return to: _____ Signature of Applicant _____ Date _____

Taft Union High School District
701 Seventh Street
Taft, CA 93268
(661) 763-2330

The Immigration Reform and Control Act of 1986 requires proof of U.S. Citizenship, or U.S. employment authorization.

Revised 8/03

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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