

OCEAN VIEW SCHOOL DISTRICT

17200 Pinehurst Lane
 Huntington Beach, CA 92647
 (714) 847-2551 Job Hotline (714) 847-4061
 www.ovsd.org



HUMAN RESOURCES

CERTIFICATED EMPLOYMENT APPLICATION

INSTRUCTIONS	OFFICIAL USE ONLY
<p>Mail the following to the above address attention: Human Resources</p> <ol style="list-style-type: none"> 1. Employment Application (type or blue or black ink) 2. Resume 3. CBEST, MSAT, PRAXIS, CSET, SSAT, RICA 4. Three <u>current</u> letters of recommendation <u>or</u> placement file 5. Copies of <u>current</u> credentials and transcripts (unofficial) 6. Copies of all transcripts (unofficial) 7. Current Mantoux T.B. Test 8. Copy of Driver's License or Passport 9. Copy of Social Security Card 10. Fingerprint clearance - O.C. Dept. of Education (Substitutes only) 	<p>Date Job Accepted _____</p> <p>Salary Placement _____</p> <p>Site Placement _____</p> <p>Grade _____</p> <p>Reporting Date _____</p>

Name _____
Last First Middle Other

Address _____
Street City State Zip SS#

Telephone: Home: () _____ Cell: () _____ Email: _____

HOW DID YOU LEARN OF THIS POSITION? College Recruitment Job Bulletin Job Hotline Internet

OVSD Employee Referred by OVSD Employee Walk-In Other: _____

POSITION APPLYING FOR:

Elementary Middle School

Special Education Administration

Full Time Other: _____

Substitute _____

I have reviewed the job description for the position for which I am applying. I would be capable of performing the essential functions of this position without accommodation. Yes No

If no, briefly describe the accommodation(s) you require: _____

CERTIFICATION: (Copies of certificates held must be submitted prior to interview)	
<p>CREENTIAL(S) HELD - Be Specific</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Supplemental Authorization(s):</p> <p>_____</p>	<p>Have you passed the:</p> <p><input type="checkbox"/> CBEST <input type="checkbox"/> MSAT <input type="checkbox"/> RICA</p> <p><input type="checkbox"/> PRAXIS/SSAT <input type="checkbox"/> CSET</p> <p>Certificates held: <input type="checkbox"/> CLAD <input type="checkbox"/> BCLAD</p> <p><input type="checkbox"/> BILINGUAL Language: _____</p> <p>Ability: <input type="checkbox"/> Fluent <input type="checkbox"/> Conversational <input type="checkbox"/> Survival</p>

NAME _____ (OFFICE USE ONLY) ADM K-5 6-8 DATE ____/____/____

PERSONAL DATA

- | | | |
|--|------------------------------|-----------------------------|
| 1. Has your credential ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been non re-elected from a teaching position? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been dismissed or asked to resign from any teaching position? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been convicted of a crime? Exclude minor traffic violations: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have the right to work in the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes to number 1, 2, 3 or 4 above, explain: _____

If no to number 5 above, explain: _____

ACADEMIC PREPARATION (List Most Current First)

SCHOOL LOCATION	DATES OF ATTENDANCE	MAJOR FIELD OF STUDY	MINOR FIELD OF STUDY	TYPE OF DEGREE YEAR EARNED

REFERENCES

List the individuals you are using as references. (Not relatives)

REFERENCE'S NAME	CURRENT POSITION/ RELATIONSHIP	WORK ADDRESS AND PHONE NUMBER	PHONE NUMBER FOR SUMMER VACATION

STUDENT TEACHING EXPERIENCE

SCHOOL DISTRICT	CITY/STATE	FROM	TO	GRADE/SUBJECT ETC.	MASTER TEACHER NAME

UNIVERSITY THROUGH WHICH STUDENT TEACHING WAS SUPERVISED:

NAME	ADDRESS	COLLEGE SUPERVISOR	PHONE NUMBER

ALL PAST EMPLOYMENT • TEACHING AND NON-TEACHING (List Most Current First)

EMPLOYER: _____ DATES OF EMPLOYMENT FROM: mo ____ / yr ____
ADDRESS: _____ TO: mo ____ / yr ____
ANNUAL SALARY: _____
SUPERVISOR: _____ SUPERVISOR TELEPHONE # _____
REASON FOR LEAVING: _____ GRADE LEVEL TAUGHT: _____
JOB DUTIES: _____

EMPLOYER: _____ DATES OF EMPLOYMENT FROM: mo ____ / yr ____
ADDRESS: _____ TO: mo ____ / yr ____
ANNUAL SALARY: _____
SUPERVISOR: _____ SUPERVISOR TELEPHONE # _____
REASON FOR LEAVING: _____ GRADE LEVEL TAUGHT: _____
JOB DUTIES: _____

EMPLOYER: _____ DATES OF EMPLOYMENT FROM: mo ____ / yr ____
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