## MISSION VALLEY REGIONAL OCCUPATIONAL PROGRAM/CENTER



5019 Stevenson Blvd. ● Fremont, California 94538 ● (510) 657-1865
An Equal Opportunity Employer

For Which Position Are You Applying?

## **IMPORTANT INSTRUCTIONS**

Please PRINT in ink or use typewriter.

Please fill out BOTH SIDES of this application completely and accurately.

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1. NAME				3. Telephones	<b>i</b>		
(Last) (First)			(Mıddle)	(Home)	<u></u>	····	
2. ADDRESS							
(Number & Street)				(Business)			
(City) (State)			(Zıp Code)	4. Under 18 ye	ears of age?	Yes	No
5. List any previous names you have used.			6. Valid California Driver's Lice	nse? (If requi	red)		
			License No.		Expiration Date		
	Yes	No				Yes	No
<ol><li>Can you, upon hire, submit verification of your legal right to work in the United States?</li></ol>			Are you presently employ classification	ed by the distri	ct? If "yes" give		
8. NOTICE: IT IS VITAL THAT YOU ANSWER THIS QUESTION CAREFULLY AND ACCURATELY. FAILURE TO PROVIDE CORRECT INFORMATION WILL CAUSE REJECTION OF YOUR APPLICATION, OR DISMISSAL. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE	ATELY. FAILURE TO ON WILL CAUSE N, OR DISMISSAL. O OF AN OFFENSE V UNDER CHARGES  perform the required job functions?  11 Will you accept employment for: (check appropriate box)?						
AGAINST THE LAW, OR ARE YOU NOW UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAW?  If your answer is "yes" please explain fully on a separate sheet of paper			11. Will you accept employment for: (check appropriate box)?  ☐ Full year ☐ 8 hour day ☐ Temporary ☐ School year ☐ Part time day ☐ Substitute ☐ Evening only ☐ Evening or Day				
ED	UCAT	ΓΙΟΝ	AL RECORD				
HIGH SCHOOL							
	o vou h	ave a	GED or CPT? ☐ YES [	 □ NO			
COLLEGE OR UNIVERSITY							
Attende	ed.	T	Graduated		T .		
Name and location of each institution attended From	То	Da	Ma Ma	ajor(s)	Minor(	s) 	
		-					
Number of semester units of graduate work beyond BA or BS degre	e		Number beyond MA or MS	(1 quart	er unit equals 2/3 s	semest	er unıt)
List any other business, trade or special training (give location & da	ates)						
CALIFORNIA CREDENTIALS NOW HELD, PRELIMINARY OR	R CLEA	R =					
Type Su	biect Ar	ea			Expires		
Vocational/Ryan Des Subjects? ☐ YES ☐ NO Subject	•						
· · · · — — ·							
Name of California teaching credential applied for				Date	e of application		
For each of the following questions answered yes, explain in writing	the circ	cumsta	ances and attach the statement to	this form			
Has your credential ever been suspended or revoked? $\square$ YES $\square$ N	O Have	you e	ever been dismissed, or asked to r	esign, from any t	eaching position? [	□ YES	□ NC
TEACHING EXPERIENCE							
List last position first, if more than five years, if none, report student	teaching	g expe	erience Indicate type—regular, su	bstitute, or stude	nt teaching		
Type Dates Grades or Subjects		Scho	pol Distr	rict	District Add	dress	

Employer			From		
			mo. year		
,		Phone No Supervisor's Name	mo, vear		
Dity	State	& Title	Total years months		
our Title			Full Time		
Duties		Part time □ hrs Reason for leaving			
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Outies			Part time 🗆 hr		
			Reason for leaving		
Employer			Frommo. year		
Address (No. & Street)		Phone No Supervisor's Name	To		
City	State	& Title	Total		
Your Title			years months		
Outres			Full Time □ hr		
			Reason for leaving		

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material facts herein will cause forfeiture on my part to any employment or payment as an employee in the service of Mission Valley R.O.P. I further agree to be fingerprinted, to submit to a complete medical examination, if requested, to sign an oath of allegiance, and upon employment, to furnish such proof of age and eligibility to work in the U.S. as may be required.

I hereby authorize the employers named above to give any and all information regarding employment, plus any other information from personal knowledge or records.

Signature (Present Legal Name)