



SAEL Application for Classified Staff

Please send this application via email (PDFs) or via post to the Governing Board of SAEL. No faxed applications, please. Complete application packets include:

The description of required materials in addition to this application can be found on the specific job description.

Position for which you are applying: _____

Date Application Submitted: _____

PERSONAL INFORMATION	
Name	
Home Address	
City, State, Zip	
Home Phone	
Work Phone	
Email Address	

CURRENT POSITION (please respond to each item)	
Present Title	
Dates of Employment	
Employer	
Employer Address	
K-12 Enrollment Status	
Length of Present Contract	
Current Contract Expires When	

SAEL is an equal opportunity employer.

We don't discriminate on the basis of race, religion, color, gender, sexual orientation, age, national origin or disability.

CURRENT EMPLOYMENT STATUS

1. Do you currently hold a valid California Teaching or other Credential for the position you are applying?

_____ yes _____ no

Please list your teacher or other certifications and/or professional endorsements:

2. Are you currently under contract for any school district next year?

_____ yes _____ no

3. Do you have authorization to work in the United States?

_____ yes _____ no

BACKGROUND INFORMATION

If you answer "yes" to any of the following questions, please attach a written response describing, in detail, an explanation of the circumstances involved:

1. Have you ever been terminated or discharged, or resigned at the request of your employer from any job related to K-12 education?

_____ yes _____ no

2. In connection with your professional responsibilities, have you ever been the subject of a complaint or been disciplined by a court or a licensing board of any state?

_____ yes _____ no

3. Are you currently under investigation, by any regulatory body, for any alleged misconduct or other alleged grounds for discipline?

_____ yes _____ no

If you answered YES to any of the Background questions, 1-3, please explain:

(if you need additional space, please continue on the back of the application)

AUTHORIZATION—Please read carefully and then sign your name if you agree to the terms of this understanding. I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the District discovers the violation of its policy regarding application form dishonesty.

Signature of Applicant

Date