



FONTANA UNIFIED SCHOOL DISTRICT
HOME OF ACADEMIC, VOCATIONAL AND ATHLETIC CHAMPIONS

Substitute Teacher Application

9680 Citrus Avenue • P.O. Box 5090
 Fontana, CA 92334-5090

(909) 357-5000 ext. 7061 • 1 (800) 555-0610 ext. 7061
 FAX (909) 355-2056 • TDD (909) 357-5018
 website: www.fusd.net

For Office Use Only

APPLICANT: Please print in ink or type all information required, even if listed in your resume.

PERSONAL INFORMATION

Last Name		First Name		Middle Initial	Former Name
Mailing Address			City	State	Zip
Home Phone ()	<input type="checkbox"/> Work Phone ()	<input type="checkbox"/> Cell Phone	U. S. Social Security #		e-mail Address

CREDENTIAL INFORMATION

Have you ever held any CA teaching Credential or Permit?	___ YES ___ NO	DATE CBEST PASSED _____
Name of Credential/Permit _____		Expiration Date _____
Name of Credential/Permit _____		Expiration Date _____
Have you ever applied for a credential through a CA University?	___ YES ___ NO	University _____
Name of Credential _____		Effective Date _____
Do you have an English Learners Authorization?	___ YES ___ NO	
If yes, which one: <input type="checkbox"/> BCLAD <input type="checkbox"/> CLAD <input type="checkbox"/> SB395 <input type="checkbox"/> AB2913 <input type="checkbox"/> AB1059 <input type="checkbox"/> SB2042 <input type="checkbox"/> OTHER: _____		
Have you ever held an Administrative or Service Credential?	___ YES ___ NO	What state? _____
Name of Credential/Permit _____		Expiration Date _____
Have you ever taught in California? ___ YES ___ NO When? _____		Where? _____
Name of Credential _____		Effective Date _____
Did you withdraw your STRS (retirement funds)?	___ YES ___ NO	Are you retired? ___ YES ___ NO

EDUCATION (Add additional pages if necessary)

COLLEGE/UNIVERSITY	FROM	TO	DEGREE	MAJOR	MINOR

PROFESSIONAL REFERENCES (REQUIRED)

LAST PRINCIPAL/SUPERVISOR: _____ POSITION: _____		Home: () _____	
ADDRESS: _____		Business: () _____	
Street	City	State and Zip	
NAME	ADDRESS	PHONE	POSITION

CONFIDENTIAL INFORMATION

ANSWERS WILL NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION

- | | YES | NO |
|---|--------------------------|--------------------------|
| A. HAVE YOU EVER HAD A CREDENTIAL SUSPENDED OR REVOKED? If yes, explain where and why. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. ARE YOU CURRENTLY THE SUBJECT OF ANY INQUIRY OR INVESTIGATION BY ANY LICENSING AGENCY, LAW ENFORCEMENT AGENCY, OR ANY FORMER OR CURRENT EMPLOYING SCHOOL DISTRICT?
If yes, give when, where and disposition of case. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR?
(Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by judge or jury. Include convictions for any "Driving Under the Influence" offense; convictions later dismissed following probation; convictions for sex and/or narcotics offenses referred to in Education Code 44011 even if such convictions were later expunged from your record pursuant to Penal Code Section 1203.4. <u>Do not include</u> any <u>misdemeanor</u> marijuana conviction more than two years old or any other conviction that was expunged or sealed by the Court under Penal Code Section 1203.45. If yes, give when, where and disposition of case. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. DO YOU CURRENTLY HAVE ANY OF THE OFFENSE(S) DESCRIBED ABOVE PENDING AGAINST YOU WHICH HAVE NOT YET BEEN SETTLED IN A COURT OF LAW? If yes, give when, where and disposition of case. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. HAVE YOU EVER BEEN EMPLOYED BY THIS DISTRICT? If yes, what year? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. HAVE YOU EVER MADE APPLICATION TO THIS DISTRICT BEFORE? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. ARE YOU CURRENTLY UNDER CONTRACT? If yes, give location and date of expiration. | <input type="checkbox"/> | <input type="checkbox"/> |
| H. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM A JOB?
If yes, give name of employer and explain situation. | <input type="checkbox"/> | <input type="checkbox"/> |

FOR ANY "YES" ANSWER TO THE ABOVE QUESTIONS, PLEASE ATTACH A LETTER OF EXPLANATION.

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS POSITION WITH OR WITHOUT REASONABLE ACCOMMODATION?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

FAILURE TO COMPLETE ALL PARTS OF THE APPLICATION MAY PREVENT YOUR APPLICATION FROM RECEIVING CONSIDERATION FOR VACANCIES.

Please submit the following documents with your application,

- 3 Letters of Reference (one being a character reference) with signatures, addresses & contact phone numbers.
- Copy of online Credential or Substitute Teacher Permit (if applicable)
- Official Transcripts with Bachelor's Degree Posted
- Copy of passing CBEST score report

CERTIFICATION OF APPLICATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY. THEY CONSTITUTE THE CONDITIONS UNDER WHICH YOU MIGHT BE EMPLOYED BY THE FONTANA UNIFIED SCHOOL DISTRICT.

1. The information that I have provided on this Certificated Applicant Profile is accurate to the best of my knowledge and subject to verification by the Fontana Unified School District.
2. I authorize the persons, schools, current employer, and other organizations named in this application to provide the Fontana Unified School District with any information that may be required to arrive at the employment decision.
3. All offers of employment are subject to and contingent upon the completion of a criminal background check by the California Department of Justice. Convictions of certain crimes, including but not limited to sex and narcotics offenses and serious and violent felonies, as specified in the California Education and Penal Codes, will bar employment with the District.
4. I understand and agree that:
 - a. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal or, if employed, termination from the Fontana Unified School District employment.
 - b. Before my contract becomes effective or compensation is possible, a valid California credential appropriate to my assignment must be filed in the Office of the San Bernardino County Superintendent of Schools, San Bernardino, California.
 - c. I must furnish evidence of freedom from tuberculosis and, if I have not previously taught in California, I must have a medical examination.
 - d. If offered a position by the Fontana Unified School District, I will provide evidence of my right to work as required by the Immigration and Naturalization Service.

I declare under penalty of perjury that all statements made in this application are true and correct.

SIGNATURE _____ DATE _____

FONTANA UNIFIED SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER
The law prohibits discrimination on the basis of sex, race, color, religious creed, national origin, ancestry, physical handicap, medical condition or age in its employment practices.