



201 Covington Road
Los Altos CA 94024

Phone (650) 947-1150
FAX (650) 947-0118

Board of Trustees: Bill Cooper, Mark Goines, Margot Harrigan, Tamara Logan, Doug Smith
Superintendent: Jeffrey Baier

TO: Certificated Applicants

Thank you for your interest in the Los Altos School District. To be considered for employment, applicants for certificated positions must submit a complete application packet consisting of the following:

- Completed and signed application form
- Cover letter (addressed to Marlene Revelo) which includes your qualifications and experience with regard to the position for which you are applying
- Current resume
- Three letters of recommendation
- Photocopies of undergraduate and graduate transcripts
- Photocopies of CBEST and Credentials
- Photocopies of MSAT, CSET and/or PRAXIS
- Photocopy of CLAD or equivalent certification

Applicants must have, or be eligible for, a valid California Credential. If desired, credential information may be obtained from the State of California, Commission on Teacher Credentialing, P.O. Box 944270, Sacramento, California 94244-2700, or by calling the Santa Clara County Office of Education, Credentials Department at (408) 453-6767.

A screening committee will review **complete** application packets and invite selected applicants for interviews. We will contact you by telephone if we select you for an interview. Paper screening and interviews occur spring through summer. Interviews will not be scheduled at the sole request of the applicant.

Your application will be considered “active” for one school year. To continue to be considered, you must contact Personnel at the end of this period to reactivate your file.

We appreciate your desire to be part of our district. Please be assured that your application and qualifications will be given serious consideration.

Sincerely,

Marlene Revelo
Personnel Specialist

Certificated Employment Application

Date _____

Name _____
 (Last) (First) (M.I.)

Current Address _____
 (Street) (City/State) (Zip)

Phone () _____ Cell Phone () _____

Email _____

I am applying for the following position(s):

- Elementary - Preferred Grades _____
- Jr. High School - Credentialed Subjects _____
- Special Education/Pupil Services – Psychologist / Resource Specialist / Special Day Class / Speech (circle one)
- Substitute Teacher

Total number of years teaching (excluding student teaching and substituting) _____

Semester units beyond BA or BS _____ (quarter unit = 2/3 semester unit)

English Learner Authorization (i.e. CLAD) Yes No

Are you No Child Left Behind (NCLB) compliant? Yes No

NOTICE: Under the mandates of the NCLB Act of 2001, you may be required to take and pass one of the currently recognized subject matter competence examinations **to be eligible for employment** with Los Altos School District.

Specific Title of California Credential	Other Subject Authorization Endorsed on your Credential	Expiration Date

EDUCATION AND TRAINING

Type of School	Name and Location of School	Dates (From/To)	Degree	Major/Minor
College				
College				
College				

STUDENT TEACHING

Dates (From/To)	District/School	Grade/Subject	Name/Phone of Supervisor

CONTRACTED EXPERIENCE
List most recent experience first

Dates (From/To)	District/School	Grade/Subject	Full-time, Part-time or Sub	Name/Phone of Supervisor

REFERENCES

Name	Person's Position	District/School	Phone

Extracurricular activities that you are qualified to direct or coach:

Yes ___ No ___ Has your credential ever been suspended or revoked?

Yes ___ No ___ Have you ever been dismissed, released, non-reelected or asked to resign from any temporary, probationary or permanent position?

Yes ___ No ___ Have you ever been convicted of a crime other than a minor traffic violation?

Note: If you answered "yes" to any of the questions above, attach additional page(s) explaining your answer(s). A "yes" answer to any of the above questions is not an absolute bar to employment.

Disclaimer: I hereby certify that all statements made herein are true and correct to be best of my knowledge and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

Signature of Applicant

Date of Signature