



CERTIFICATED MANAGEMENT APPLICATION

Applicants are requested to complete this form and return it in its entirety. It will be used to expedite the process of establishing your file and commencing an inquiry into your qualifications. It is not a substitute for the formal letter of application and complete resume. Applicants are required to submit 3 Letters of Recommendation along with this application and resume.

INSTRUCTIONS: Print in ink or type. Complete all sections. If you need additional space, you may attach extra sheets.

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER	
STREET ADDRESS OR P.O. BOX		CITY	STATE	ZIP CODE
HOME PHONE NUMBER			WORK PHONE NUMBER	

DESIRED ADMINISTRATION POSITION:

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RECORD OF PROFESSIONAL EXPERIENCE (Start with most recent experience.)

Title	Years From	Served To	District	Enrollment	Salary

RECORD OF PROFESSIONAL EDUCATION

Institution	Dates	Major	Degree

CALIFORNIA CREDENTIALS NOW HELD

Type	Expires

Give names, titles, address and telephone numbers of three board members or administrators familiar with your career whom we may contact. This will be done confidentially.

Name/Title	Address	Area Code/Telephone

HEALTH DATA:

1. Date of last physical? _____

2. Are you able to perform the essential functions of the job for which you are applying? Yes No
 With () Without () reasonable accommodations.

If with reasonable accommodations, please explain: _____

Do you have a California General Administrative or Standard Administrative Credential? Yes No

Do you object to the District contacting references other than those listed & in your confidential papers? Yes No

Has your credential ever been suspended or revoked? Yes No

Have you ever been dismissed, or asked to resign, from any teaching/administration position? Yes No

Have you ever been convicted for anything other than a minor traffic violation? Yes No

Have you ever been convicted of a crime of involving theft or a drug-related crime? Yes No

Have you ever been convicted of a crime of violence
 (use/possession of a deadly weapon, assault, battery, stalking, a sexual offense, etc.,) Yes No

Can you provide an original social security card per Fresno County Office of Education regulations? Yes No

Explain any "yes" answers: _____

PLEASE READ CAREFULLY AND SIGN: I certify that the above statements are true to the best of my knowledge and understand that any misstatement of facts contained in this application will be cause for rejection of the application, removal of my name from the eligibility list, or discharge from the Sierra Unified School District. I also understand that a background check must be processed before hiring can be approved.

Signature of Applicant: _____ Date: _____

***The Sierra Unified School District is an Equal-Opportunity Employer
 and does not discriminate on the basis of actual or perceived race, color, national origin, ancestry, religious creed, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender, gender identity, gender expression or sexual orientation, or any other basis protected by federal, state or local law, ordinance or regulation, in its educational program(s) or employment.***

SIERRA UNIFIED SCHOOL DISTRICT

IMPORTANT NOTICE

THE FOLLOWING WAIVER CONTAINS IMPORTANT LEGAL CONSEQUENCES. THEREFORE, PLEASE READ THE WAIVER COMPLETELY AND CAREFULLY BEFORE SIGNING.

Waiver Agreement

I, the undersigned applicant for employment, hereby certify under penalty of perjury under the laws of the State of California that all statements contained in my application for employment are true and complete. I understand that if employed, false or incomplete statements on this application shall be sufficient cause for dismissal.

I understand that, as part of my application for employment, a routine inquiry will be made of my former employer(s) requesting information concerning my character, general reputation, personal characteristics, and work habits.

I hereby authorize Sierra Unified School District to investigate my employment background and all of the statements contained in my employment application. I agree to defend, indemnify, and hold the District harmless for its reasonable investigation of my employability.

I hereby waive any past, present, and future claims, based on any theory or theories of recovery, which I have, or which may later accrue to me, against Sierra Unified School District or its officers, agents, or employees, arising by reason of any matter related to the District's provision of information regarding my employment to prospective employers.

I hereby authorize Sierra Unified School District to investigate my employment background and all of the statements contained in my employment application. I agree to defend, indemnify, and hold Sierra Unified School District harmless for its reasonable investigation of my employability.

I authorize any prior employer to provide my personnel file to Sierra Unified School District.

I waive the right to hold those persons whose names I have listed as references and the former employers listed on my employment application liable with respect to any damages which I might sustain as a result of their responses, whether oral or written, regarding my character, general reputation, personal characteristics and work habits.

I authorize a copy of this document to be furnished to my references and former employers.

Date

Applicant's Signature



Vision / Mission Statement

The Sierra Unified School District Board of Trustees recognizes and values the fact that each student has individual worth and talents.

We believe that students must be able to think and can best reach their full potential through a balanced curriculum, delivered by a well-qualified and caring staff.

To accomplish these goals, the District will provide an environment which encourages success through growth and change.

We are Unified for Excellence to ensure that all students learn how to learn.