



## **Substitute Teacher Application Procedure**

All applications are to be sent to:

Discovery Charter School  
Hiring Committee  
4021 Teale Avenue  
San Jose, CA 95117

The following materials are required for a complete application packet:

1. Certified employment application
2. Resume
3. Two letters of recommendation
4. Copies of California Teaching Credential or Substitute Teaching Permit
5. Copies of transcripts and CBEST results

All materials must be submitted to have a complete, active application to be considered for an interview. Incomplete applications will not be considered. We will contact you by telephone if you are selected for an interview.

**PLEASE PRINT THE APPLICATION AND MAIL IT WITH THE REQUIRED DOCUMENTS ATTACHED. WE CANNOT ACCEPT E-MAILED APPLICATIONS.**

### **AN EQUAL OPPORTUNITY EMPLOYER**

Discovery Charter School is an equal opportunity employer. All positions are available to qualified applicants regardless of race, sex, sexual orientation, religion, color, national origin, ancestry, age, disability, or any other protected category pursuant to state or federal law or local ordinance. Any concerns should be reported to: Barb Vella, Founding Board President, 4021 Teale Avenue, San Jose, CA 95117



*An Equal Opportunity Employer*  
**SUBSTITUTE TEACHER EMPLOYMENT APPLICATION**

**INSTRUCTIONS:** Fill out completely. Type or print. This application and any attachments become the property of Discovery Charter School. In order that your application be properly evaluated it is essential that all of the following questions be answered carefully and completely.

Grades desired: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Name (Please Print)			Phone No. (with Area Code):
<u>Last</u>	<u>First</u>	<u>Middle</u>	Email Address:

MAILING ADDRESS: \_\_\_\_\_

City

Zip Code

Can you upon employment provide proof of age if under 18 years of age? YES \_\_\_\_\_ NO \_\_\_\_\_

How did you hear of this position? \_\_\_\_\_

**EDUCATION:** Did you receive a high school diploma? Yes \_\_\_ No \_\_\_ GED \_\_\_

High School: \_\_\_\_\_

Name

City and State

Please list in order of attendance, all education institutions attended after high school. The information on all items below should be complete and accurate.

Colleges/Institutions Attended	Course of Study	From (date)	To (date)	List Last Year Completed	List Type of Degree

List apprenticeship, trade, vocational, business school, or any other special training, licenses or certificates you hold which you believe to be relevant for this position: \_\_\_\_\_

Are you a current member of the State Teachers Retirement System or another retirement program? \_\_\_\_\_ If so, have you withdrawn your funds? Yes \_\_\_\_\_ No \_\_\_\_\_ If a member of another retirement program, please name: \_\_\_\_\_

**NOTE:** As a condition of employment, you will be required to be FINGERPRINTED, produce evidence that you are FREE OF ACTIVE TUBERCULOSIS, and furnish documentation that verifies your identity and right to work in the U.S.

	YES	NO
Has your credential ever been suspended or revoked?	_____	_____
Have you ever been convicted of a crime other than a traffic violation ?	_____	_____
Have you ever been dismissed or asked to resign from employment for misconduct or unsatisfactory service?	_____	_____
Have you ever had any professional license, degree, or privilege revoked or suspended?	_____	_____

If your answer is "yes" please provide an explanation below. Include in your description the type of offense, date and location of the offense and the disposition of the case.

\_\_\_\_\_

\_\_\_\_\_

The above question must be answered, irrespective of any dismissal under the provisions of 1203.4 of the Penal Code. Conviction is not an automatic bar to employment in all cases. Each case is treated individually.

**CALIFORNIA CREDENTIALS:**

California credentials you now hold: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

California credentials for which you have applied: \_\_\_\_\_ Application Date: \_\_\_\_\_

**STUDENT TEACHING OR FIELD WORK:**

From (Date)	To (Date)	Subject, Grade Levels, or Area	Name and Address of Master or Cooperating Teacher	College or University	Hours (Semester or Quarter)

**EXPERIENCE:** List all employment beginning with your present employment and work history. Also include periods of unemployment. Use additional sheets if more space is required.

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Present Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Address \_\_\_\_\_ Total \_\_\_\_\_  
Month/Year

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Your Title \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Duties \_\_\_\_\_ Last Salary \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Former Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year  
Address \_\_\_\_\_ Total \_\_\_\_\_  
Month/Year  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_  
Duties \_\_\_\_\_ Last Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Former Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year  
Address \_\_\_\_\_ Total \_\_\_\_\_  
Month/Year  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_  
Duties \_\_\_\_\_ Last Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Former Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year  
Address \_\_\_\_\_ Total \_\_\_\_\_  
Month/Year  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_  
Duties \_\_\_\_\_ Last Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Former Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year  
Address \_\_\_\_\_ Total \_\_\_\_\_  
Month/Year  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_  
Duties \_\_\_\_\_ Last Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Specify any language, other than English, which you speak, read, or write: **(Check all that apply)**

	Speak	Read	Write	Fluent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**REFERENCES:** (Other than relatives or former employers)

NAME	ADDRESS	PROFESSION & PHONE NUMBER

**ADDITIONAL REMARKS:** Please provide details to above items and/or any further information you believe is pertinent.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all statements made herein are true and correct to the best of my knowledge and belief and authorize investigation of all statements herein recorded. Any misstatements, omissions, or false statements are a cause for rejection, removal from eligibility or dismissal. I release from all liability persons and organizations reporting information required by this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Discovery Charter School celebrates diversity and is an equal opportunity employer. The School will make reasonable accommodations for applicants with disabilities. We invite and encourage highly qualified candidates with diverse cultural backgrounds to apply for posted vacancies.



VOLUNTARY APPLICANT IDENTIFICATION FORM

In order for DCS to effectively carry out Equal Opportunity Employment, we would appreciate completion of this form. Section 1233 of the California Government Code permits school districts to solicit a voluntary declaration of applicants' sex and ethnic group membership. Information provided will assist the office in accurately compiling required statistical reports for Federal and State agencies. A separate confidential file will be established for these forms, and none of the information will be used to discriminate against or give preference to any individual in any personnel transaction.

Position for which you are applying \_\_\_\_\_

Birth date: \_\_\_\_\_

Sex: Male/Female

Check the one category below which best identifies you racial / ethnic background

\_\_\_\_ Native American

\_\_\_\_ Asian

\_\_\_\_ Pacific Islander

\_\_\_\_ Filipino

\_\_\_\_ Hispanic / Latin American

\_\_\_\_ African-American

\_\_\_\_ Caucasian

\_\_\_\_ Other

If you are physically disabled, check the appropriate category(s) below:

\_\_\_\_ Hearing: 50% or more loss of hearing in both ears

\_\_\_\_ Mobility: Due to amputation, loss of functions, loss of coordination

\_\_\_\_ Vision: Impairment not correctable by glasses

\_\_\_\_ Speech: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

Please indicate by which source you learned of this position:

Cal Ed Newsletter \_\_\_\_ Newspaper (identify) \_\_\_\_\_ University Job Posting \_\_\_\_ JobFair \_\_\_\_\_

Individual Reference \_\_\_\_ Online Source (identify) \_\_\_\_\_ Other \_\_\_\_\_

I UNDERSTAND THAT THE INFORMATION I HAVE GIVEN WAS COMPLETELY VOLUNTARY AND WILL BE USED ONLY FOR COMPILATION OF REQUIRED AFFIRMATIVE ACTION STATISTICS.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_