

## APPLICATION FOR EMPLOYMENT

### Cornerstone Prep School

**IT IS THE POLICY OF THIS SCHOOL NOT TO DISCRIMINATE AGAINST EMPLOYEES OR APPLICANTS FOR EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, MARITAL STATUS, AGE OR HANDICAP. IT IS THE POLICY OF THE SCHOOL DISTRICT OF LOS ANGELES COUNTY TO HIRE ONLY U.S. CITIZENS AND ALIENS LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES. THESE POLICIES SHALL APPLY TO RECRUITMENT, EMPLOYMENT, TRANSFERS, COMPENSATION, AND OTHER TERMS AND CONDITIONS OF EMPLOYMENT.**

A **complete** application consists of:

1. A signed completed *Application for Employment*
2. Three job-related references. (form included)
3. Evidence of background check, fingerprints submitted (receipts or copies of clearance letter)
4. *Immigration and Naturalization* form # I-9 (form included)
5. A Statement of Eligibility or a copy of a valid California Educator's Certificate
6. Transcripts from institution indicating highest level of education completed
7. Veterans Preference Status form with all accompanying documentation of eligibility, if claiming

**APPLICATIONS-** All applications will be retained on file for one calendar year. It is the responsibility of the applicant to request, in writing, his/her application to be reactivated for the second or all subsequent years.

**Mail application and supporting documents to the following address:**

**Amy Semenov, Ed.D.  
Cornerstone Prep School  
7651 S. Central Avenue  
Los Angeles, CA 90001**

#### **AUTHORIZATION**

"I certify that the facts contained in this application are true, accurate, and complete. I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

---

DATE

SIGNATURE OF APPLICANT

I. **PERSONAL DATA** (Please type or print in ink. Complete all appropriate items. Attach additional sheets if needed.)

Legal Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Residential Address \_\_\_\_\_  
Street or P.O. Box City State Zip Code

Mailing Address \_\_\_\_\_  
Street or P.O. Box City State Zip Code

Home Phone # \_\_\_\_\_  
Other Contact Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Phone # \_\_\_\_\_

Date available for employment \_\_\_\_\_

Are you 18 years of age or older? YES NO

**Employment:**

Have you ever worked for this school/organization/district before?  
YES NO

Have you ever been employed by this school district before? YES NO  
If YES, position and dates: \_\_\_\_\_

Are you currently employed? YES NO  
If YES, may we inquire of your current employer? YES NO

**Citizenship:**

Are you a citizen of the U.S.? YES NO  
County of citizenship, if other than the U.S. \_\_\_\_\_  
Are you prevented from lawfully becoming employed in the country because of visa or immigration status? YES NO

**Military Status:**

Are you a veteran? YES NO  
Are you a retired veteran? YES NO

If you answered YES for either question, how many years did you serve in the Armed Forces? \_\_\_\_\_  
Do you wish to use Veteran's Preference for employment with this agency? YES NO  
Have you ever used Veteran's Preference for a position with a public employer? YES NO  
If YES, name, address, and phone number of employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTE: If you wish to claim Veteran's Preference you must complete the enclosed Veteran's Preference Form ( RES\_\_\_\_), meet the requirements specified, and furnish all necessary documentation at the time of your submission of your employment application to claim your Veteran's Preference.

II. **CALIFORNIA LICENSE &/OR CREDENTIAL** (check and complete those that apply)

I have a California Professional License other than Teaching:  
 Type: \_\_\_\_\_ License #: \_\_\_\_\_

I have a valid California Teaching Credential, CCTC# \_\_\_\_\_  
 and my coverage areas are (list in order of preference):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I have an Evaluation/Letter of Eligibility from the California Commission on Teacher Credentialing dated  
 \_\_\_\_\_ and my coverage areas will be:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**III. EDUCATION AND PROFESSIONAL TRAINING** (include all certification extension work in the last five years)

Name of Institution & Location	Year of Graduation	Degree Received	Major Field	Minor Field	G.P.A
High School:					

**TRANSCRIPTS -** Applicants are responsible for providing a copy of college/university or high school transcript indicating highest level of education completed.

**IV. TEACHING OR OTHER EMPLOYMENT EXPERIENCE** (Begin with most recent and include all.)

Dates Employed	Name & Location of School or Employment	Grade/Subject Taught or Job Title	Salary	Name & Address of Immediate Supervisor	Reason for Leaving

V. **REFERENCES** (Below, give name of three previous, to whom you are **not** related, but have know for at least five (5) years.)

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

**SEALED/EXPUNGED RECORD:**

YES NO Have you ever been convicted or found guilty of a criminal offense other than a minor traffic violation (**DUI is not a minor traffic violation**) and such record(s) was sealed or expunged? Failure to answer this question accurately could cause denial of certification. **A YES or NO answer if required by California Law.** If you check the YES box, you must give the information requested for each charge. Please attach a separate sheet of paper if you need space.

**SEALED or EXPUNGED** records **MUST BE REPORTED** pursuant to ss.943.0585 and 943.059 FS. However, the existence of such records **WILL NOT BE DISCLOSED** nor made part of your certification file which is a public record.

City where arrested	State	Date of Arrest	Charge(s)	Disposition(s)

**ARREST RECORD:**

YES NO Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had an adjudication withheld in a criminal offense other than a minor traffic violation (**DUI is not a minor traffic violation**); or are there any criminal charges now pending against you? **A YES or NO answer if required by California Law.** If you check the YES box, you must give the information requested for each charge. Please attach a separate sheet of paper if you need space.

Any record that has **NOT** been **SEALED or EXPUNGED** must be reported in this section.

City where arrested	State	Date of Arrest	Charge(s)	Disposition(s)

**REVOCAATION:**

YES NO Have you ever had a teaching certificate revoked, suspended, or denied by a state other than California; or is there any action pending against your certificate or application in another state?

(A determination of academic ineligibility is not considered denial of a certificate.) If YES, you must state where your certificate was revoked, suspended, denied, or where action is pending against your certificate or application.

STATE: \_\_\_\_\_

**Cornerstone Prep School  
VETERAN'S PREFERENCE STATUS**

I, \_\_\_\_\_ -\_\_\_\_\_-\_\_\_\_\_  
 Name (Please print or type) Social Security Number

wish to use my one-time Veteran's preference for employment. I qualify under the following category (please mark the category that applies to you) and attach the required documentation:

- 1. Honorably discharged disabled veteran, who has a service-connected compensable disability.
- 2. The spouse of a totally disabled veteran, who because of serviced-connected disability cannot qualify for employment.
- 3. A veteran of any war who has served on active duty during a wartime era. Active duty for training is not allowable.
- 4. The un-remarried widow or widower of a veteran who died in a service-connected disability.

---

Branch of Service	Date of Entry	Date	of
Discharge			

Have you claimed and been employed through Veteran's Preference since October 1, 1987? YES NO  
 If YES, give name and phone number of employer: \_\_\_\_\_

I hereby certify the information provided above is true and correct to the best of my knowledge. I understand that falsification of this information is a criminal violation and may be subject to prosecution and possible incarceration and/or fine and will result in my dismissal if employed.

---

APPLICANT'S SIGNATURE	DATE
-----------------------	------

THIS SCHOOL, IN ACCORDANCE WITH CHAPTER 295 OF THE CALIFORNIA STATUTE DEALING WITH VETERAN'S PREFERENCE, PROVIDES PREFERENCE IN EMPLOYMENT AND RETENTION TO THOSE VETERANS WHO WERE HONORABLY DISCHARGED OR TO THE SPOUSE OF VETERAN WHO FALL WITHIN THE CATEGORIES ABOVE.

APPLICANTS WHO WISH TO ASSERT THEIR **ONE-TIME** VETERAN'S PREFERENCE IN EMPLOYMENT, SHOULD COMPLETE THIS FORM AND RETURN IT ALONG WITH THEIR EMPLOYMENT APPLICATION, ALONG WITH A COPY OF THEIR DD214 FORM AND/OR EQUIVALENT CERTIFICATION FROM THE VETERAN'S ADMINISTRATION. SPOUSES CLAIMING THEIR HUSBAND'S PREFERENCE WILL NEED TO PROVIDE PROOF OF MARRIAGE, A LETTER REGARDING THE SERVICE CONNECTED DISABILITY FROM THE VETERAN'S ADMINISTRATION AND ANY OTHER FORMS AND DOCUMENTATION REQUIRED. IF YOU NEED ASSISSTANCE IN REQUIRING THE NECESSARY DOCUMENTATION, PLEASE CONTACT THE VETERAN'S ADMINISTARTION REGIONAL OFFICE AT 1-800-282-8821 OR 813-898-2121.

UNDER CALIFORNIA LAW PREFERNCE IN EMPLOYMENT SHALL BE GIVEN, BY THE STATE AND IT'S POLITICAL SUBDIVISIONS, FIRST TO THOSE INCLUDED IN 1 AND 2, AND SECOND TO THOSE PERSONS INCLUDED UNDER 3 AND 4. IF ANY APPLICANT CLAIMING VETERAN'S PREFERENCE FOR A VACANT POSITION IS NOT SELECTED FOR THE POSITION, THEY MAY FILE A COMPLAINT WITH THE DIVISION OF VETERAN'S AFFAIRS. A COMPLAINT SHALL BE FILED WITHIN 21 DAYS AFTER NOTCE OF A HIRING DECISION. IF A NOTICE OF HIRING DECISION IS NOT GIVEN, A COMPLAINT MAY BE FILED AT ANY TIME.

**TO BE COMPLETED BY APPLICANT:**

Name, Phone #, Address/Email of Employer Referenced \_\_\_\_\_ Name of Applicant \_\_\_\_\_  
 \_\_\_\_\_ SS# \_\_\_\_\_

The applicant named above is seeking employment at the above named school. The applicant claims to have worked under your supervision from \_\_\_\_\_ to \_\_\_\_\_ in the position as \_\_\_\_\_. We would appreciate your recording your assessment of this applicant's performance and return it to the address above. This school is interested in employing qualified individuals who have demonstrated their ability to perform well on the job and serve as good role models for students. Your honest, straightforward comments are appreciated and will be helpful in selecting the best applicant for employment.  
 Vice President, Human Resources

**APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize the addressed individual to furnish the above named school, with information they may have concerning me which they have on record or otherwise. I do hereby release the addressed individuals connected therewith from all liability from any damage whatsoever incurred in furnishing such information.

Applicant's Signature \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER REFERENCED. PLEASE USE THE REVERSE SIDE OF THIS FORM FOR ANY ADDITIONAL COMMENTS. Please check each items in the appropriate column.**

	Poor	Below Expectations	Meets Expectations	More than Expectations	Outstanding
Sensitivity to Students					
Attitude Toward Teaching					
Professional Knowledge					
Planning/Organizing					
Classroom Control/Management					
Judgement/Common Sense					
Stress Tolerance/Stability					
Initiative/Work Standards					
Communication: Oral					
Communication: Written					
Loyalty/Reliability/Attendance					
Adaptability to New Ideas					
Health/Enthusiasm/Energy					
Skill as an Instructor					
Voice Control					
Interpersonal Relationship Skills					

How long have you known this applicant? \_\_\_\_\_ years, \_\_\_\_\_ months.  
 Why did applicant leave your employ? \_\_\_\_\_  
 Would you employ this applicant if you were responsible for teacher appointment? \_\_\_\_\_  
 If "no", please give reason(s) why \_\_\_\_\_  
 What would be your overall evaluation of this applicant? \_\_\_\_\_  
 SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 SCHOOL/EMPLOYER \_\_\_\_\_ TITLE \_\_\_\_\_

**This applicant MAY NOT BE CONSIDERED for employment until completed reference forms are remitted.**