



ALLENSWORTH ELEMENTARY SCHOOL DISTRICT
3320 YOUNG RD ALLENSWORTH, CA 93219
PH 661•849•2401/FAX 661•849•6634

CERTIFICATED APPLICATION FOR SUBSTITUTE TEACHERS

Personnel Information:

Name	SSN	DOB
Address	Hm Ph	Cell Ph
Bilingual Yes <input type="checkbox"/> No <input type="checkbox"/>	Language Spoken	

Emergency Contact Information:

Name	Relationship
Address	Phone Number

CA Credential Held:

Type	Doc No.	Expiration Date
Type	Doc No.	Expiration Date
Have you taken CBEST? Yes <input type="checkbox"/> No <input type="checkbox"/>	Passed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date

Please Answer the following:

Has your credential ever been suspended or revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been dismissed or asked to resign from a teaching position?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been convicted of a felony or misdemeanor or crimes involving moral turpitude which resulted in imprisonment, probation or a fine?	Yes <input type="checkbox"/> No <input type="checkbox"/>
For each Yes answer please Indicate:	
Date of conviction:	City/County:
Nature of Offense:	Description of outcome:

Availability:

Monday	Tuesday	Wednesday	Thursday	Friday
When will you be available to start?				

Signature

Date