



# PARAMOUNT BARD

A C A D E M Y

An Equal Opportunity Employer  
**CERTIFICATED/CLASSIFIED CONFIDENTIAL APPLICATION**

**INSTRUCTIONS:** Fill out completely. Type or print. This application and any attachments become the property of Paramount Bard Academy. For your application to be properly evaluated, it is essential that all of the following questions be answered truthfully, carefully and completely.

Contract title or Position desired: \_\_\_\_\_ Date of Application: \_\_\_\_\_

WOULD YOU ACCEPT: \_\_\_\_\_ Substitute Work \_\_\_\_\_ Part-time \_\_\_\_\_ Long-term Substitute

Name (Please Print)			Phone No. (with Area Code)	Social Security No.
<u>Last</u>	<u>First</u>	<u>Middle</u>		

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

City Zip Code

Upon employment, can you provide proof of age if under 18 years of age? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Name, Address 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 And Telephone \_\_\_\_\_  
 Number of \_\_\_\_\_  
 Persons to Notify \_\_\_\_\_  
 in Case of \_\_\_\_\_  
 Emergency: \_\_\_\_\_

**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 \_\_\_\_\_ If so, have you withdrawn your funds?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.

Have you ever been discharged, or asked to resign from a position? YES NO  
\_\_\_\_\_

Have you ever been convicted or found guilty of, or pleaded no contest to a criminal offense (felony or serious misdemeanor)? (Convictions for misdemeanor marijuana offenses that are more than two (2) years old need not be listed.) \_\_\_\_\_

Have you ever had any professional license, degree, or privilege revoked or suspended? \_\_\_\_\_

If your answer is "yes" to any of the above 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 questions 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. All cases shall be reviewed 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 \_\_\_\_\_



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

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

**REFERENCES:** (Other than relatives who have knowledge of your work performance and/or job experience within)

NAME	ADDRESS	PROFESSION & PHONE NUMBER

**CO-CURRICULAR ACTIVITIES:** Circle the co-curricular assignments which you will accept (experience is not necessary): club/class advisor; dance/game, etc. supervision; drill team; coaching boys/girls athletics; other \_\_\_\_\_. Candidates should list high school and college athletic experience under remarks.



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

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I hereby acknowledge that Paramount Bard is an at-will employer, meaning that any employment with the School may be terminated by either party, at any time, with or without advance notice or cause. I hereby certify that all statements made herein are true and correct to the best of my knowledge and belief and I authorize investigation of all statements and information herein recorded. Any misstatements, omissions, or false statements may be cause for rejection, removal from eligibility or immediate, regardless of the time elapsed before discovering dismissal. I also hereby release from all liability persons and organizations from any and all claims, demands, or liabilities arising out of or in any way related to any investigation or disclosure resulting from this employment application.

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

\_\_\_\_\_  
Date

Paramount Bard Academy does not discriminate on the basis of race, creed color, national origin, ethnicity, ancestry, age religion, political affiliation, gender, mental or physical disability, sexual orientation, marital status, citizenship status, medical condition, or any other basis protected by federal, state, or local law, ordinance or regulation, in its education program(s) or employment.

