



# Laytonville Unified School District

**Bruce Peters, Superintendent**

P.O. Box 868

Laytonville, CA 95454

bpeters@lhms.us

(707) 984-6414

## APPLICATION FOR CERTIFICATED EMPLOYMENT

*“An Equal Opportunity Employer”*

Directions: *Type or print* legibly in *black or blue* ink. Answer all questions which are applicable. Do not state “See Resume”.

### PERSONAL INFORMATION

Name: _____				
Last	First	M.I.		
Address: _____				
Mailing Address	City	State	Zip	
Phone: _____				
Include message # or cell #, if applicable				
Email Address: _____				

### GENERAL INFORMATION

Position for which you are applying: _____				
<input type="checkbox"/> Elementary (K-8)	<input type="checkbox"/> Special Education	<input type="checkbox"/> High School (9-12)		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Subjects: _____		
Have you ever worked for Laytonville School District? <input type="checkbox"/> No <input type="checkbox"/> Yes				
From: _____		To: _____		

### CREDENTIALS

#### California State Credential(s)

Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### Out of State Credential(s)

Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

EL Certification:  2042 Credential  CLAD  BCLAD  SDAIE  
 LDS  BCC  CTEL

If you have skills or experience which you believe especially qualify you to work with multi-ethnic and/or minority groups, please specify:

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Please specify other special certifications or trainings:

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Academic Preparation

Name of School or Institution	City and State	Majors	Minors	Dates of Attendance			Degree	Date Degree Granted
				From Mo. Yr.	To Mo.	Yr.		

Total Units (semester hours) completed after Bachelor's degree granted: \_\_\_\_\_

(Each quarter unit represents 2/3 of a semester unit) Transcripts must be submitted at time of employment to verify units.