

Cupertino Union School District
10301 Vista Drive, Cupertino, CA 95014 (408) 252-3000

CERTIFICATED MANAGEMENT APPLICATION PROCEDURE

All applications are to be sent to:

Nancy Johnson
Assistant Superintendent, Human Resources
Cupertino Union School District
10301 Vista Drive
Cupertino, CA 95014

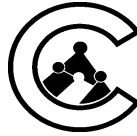
The following materials are required for a complete application packet:

1. Certificated management application
2. A personal letter supplementing the resume and indicating special competencies for the certificated management position
3. Resume delineating those activities which you believe to represent your professional accomplishments
4. Three letters of recommendation
5. Copy of California Administrative Credential
6. Copy of transcripts, copy of CBEST

All materials must be submitted to have a complete, active application to be considered for interview. We appreciate having applicants submit all materials in one packet. If your application packet is complete, you will be notified. 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 DO NOT ACCEPT E-MAILED APPLICATIONS.**

AN EQUAL OPPORTUNITY EMPLOYER
Title IX Coordinator: Assistant Superintendent, Instructional Services
Uniform Complaint Procedure Coordinator: Director of Instruction, Pupil Services



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CERTIFICATED MANAGEMENT APPLICATION
(Please Print or Type Clearly)

Name: _____ **SSN:** _____ **Date:** _____
(Last, First Middle) (MM / DD / YY)

Current Address: _____ **Phone:** _____
(Street City State ZIP) (###) ###-####

E-mail Address: _____ **Cell Phone:** _____
(###) ###-####

ADMINISTRATIVE POSITION APPLYING FOR:

Elementary Principal _____ Central Office _____
Elementary Assistant Principal _____ Other _____
Middle School Principal _____
Middle School Assistant Principal _____

Date available for employment: _____ **Total number of years teaching:** _____
(MM / DD / YY) **Total number of years in administration:** _____

Valid California Credentials: (Attach copies)

Name of Credential: _____ Expiration Date: _____
(MM / DD / YY)
Name of Credential: _____ Expiration Date: _____
(MM / DD / YY)

Present Position: _____ **Immediate Supervisor:** _____

Employer's Name: _____ **Employer's Telephone:** _____
(###) ###-####

Employer's Address: _____

ADMINISTRATIVE EXPERIENCE

(List most recent experience first)

Dates (M/D/Y)		Name of School / District	Assignment	Supervisor	
From	To			Name	Phone

REGULAR TEACHING EXPERIENCE

(List most recent experience first)

Dates (M/D/Y)		Name of School / District	Grade / Subject	Principal
From	To			

EDUCATION AND PROFESSIONAL TRAINING

(List most recent training first)

Institution	Location	Dates	Degree	Major / Minor

Professional References: (List three administrators familiar with your career whom we may contact.)

Name	Address	Position	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

LIST OTHER TRAINING, EXPERIENCES, ACTIVITIES, OR INTERESTS WHICH YOU BELIEVE CONTRIBUTE TO YOUR ABILITY AS AN ADMINISTRATOR:

Has your credential ever been suspended or revoked?	Yes	No
Have you ever been dismissed or asked to resign from any certificated position?	Yes	No
Have you ever been convicted of a crime other than a traffic violation?	Yes	No

If so, when, where and the disposition of the case: _____

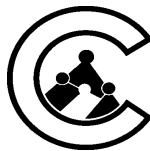
The above question must be answered, irrespective of any dismissal under the provisions of 1203.4 of the Penal Code. Conviction is not an automatic bar to employment in all cases. Each case is treated individually.
 (For each question answered yes, explain the circumstances in writing and attach the statement to this form.)

This application will be kept on file during this calendar year. Please notify us promptly if you have accepted another position.

APPLICANTS MUST SUBMIT A LETTER OF APPLICATION, RESUME, COPIES OF CREDENTIALS, COPIES OF TRANSCRIPTS, AND A PLACEMENT FILE.

I HEREBY CERTIFY that all statements made in this application are true and correct to the best of my knowledge and I authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

Signature of Applicant: _____ **Date:** _____



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<p>No information given will be used to discriminate against or give preference to any individual in any personnel transaction. Section 1233 of the California Government Code permits school districts to solicit from employees a voluntary declaration of their sex and racial/ethnic group membership. Information provided will assist the district in accurately compiling required statistical reports for Federal and State agencies.</p>	<p>Name: _____ (Last, First Middle)</p> <p>Position: _____</p> <p>Gender: Male Female</p> <p>Source of Referral: (Who or what agency or other source sent you to this District to apply?) _____</p>
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Ethnicity

Are you Hispanic or Latino? Yes No

Check the Category Below Which Best Identifies Your Racial / Ethnic Background

Hispanic or Latino

White (of the original people of Europe, North Africa, or the Middle East)

Black or African American (of any of the Black racial groups of Africa)

Asian (Asian Indian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Vietnamese)

Native Hawaiian or Other Pacific Islander (Guamanian, Hawaiian, Samoan, Tahitian)

American Indian or Alaskan Native (of the original people of North American and who maintains cultural Identification through tribal affiliation or community recognition)

LANGUAGE ABILITY

Fluent in: _____ Able to Speak: _____ Able to Read and Write: _____

Check All Categories Below Which Are Applicable:

Hearing loss of 50% in both ears

Impairment due to amputation, loss of function

Vision loss (use of glasses does not apply)

Speech loss or impairment

Other (specify): _____