



WARREN-WALKER SCHOOL APPLICATION FOR EMPLOYMENT

ALL POSITIONS – TEACHING AND NON-TEACHING

Point Loma Early Learning Center – 2905 Cadiz St. San Diego, CA 92110

Point Loma Lower School Campus – 4605 Point Loma Ave, San Diego, CA 92107

La Mesa Lower School Campus – 5150 Wilson St., La Mesa, CA 91942

Mission Valley Middle School Campus – 2231 Camino del Rio South, San Diego, CA 92108

GENERAL INFORMATION

Name (Last, First)			Date of Application	
Current Address		City	State	Zip Code
Are you over age 18?	Main Phone Number	Email		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Position(s) Applied for		Referred by	Date Available to start	
Wage desired	Campus Preferred	Availability		
\$	<input type="checkbox"/> Point Loma <input type="checkbox"/> Middle School <input type="checkbox"/> La Mesa <input type="checkbox"/> Early Learning Center	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Split Shift <input type="checkbox"/> Temporary		
HOURS (6 am- 6:30 pm)	Monday	Tuesday	Wednesday	Thursday
Available				

GRADE LEVEL/SUBJECT PREFERENCE(S)

Please prioritize.

KINDER	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	SEVENTH	EIGHTH
SPANISH	PE	MUSIC	ART	COMPUTER	DRAMA	OFFICE	EX-CARE	OTHER

Prekindergarten?	# of units completed?	Early Childhood Certificate?	Infant- Toddler units completed?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress

EDUCATION

Please describe your educational background in the table provided below.

	School Name & Location	Did you graduate? (Yes/No)	Type of Degree, license, or certificate	Area of Study/Major	Currently Enrolled?
High School					
College/ University					
Graduate/ Professional School					
Trade/other					

Teaching Credential(s)/Certificates held	Issued by	Valid until

Cleared?

ADDITIONAL

Please list any special areas of interest, talent, or training that you believe should be considered in evaluating your qualifications for employment.

Are there other subjects / sports /languages you feel qualified to teach?
Any Additional skills, experience, professional associations, interests, talents, or training?
Certifications or Licenses held
CPR and First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fingerprinting Certificate of Clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you provide ATI # / facility number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:

EMPLOYMENT AND/OR TEACHING EXPERIENCE

Please list most recent applicable experience first. Add additional page if necessary.

Name of Employer/School/District	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Location	Phone Number/Email	
Reason for Leaving	Dates Employed (Month/Year)	
	From	To
Job Title (Position) and Duties, Grade or Subject		

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Reason for Leaving	Dates Employed (Month/Year)	
	From	To
Job Title (Position) and Duties, Grade or Subject		

Have you ever been involuntarily terminated or asked to resign from any job? ☐ Yes ☐ No

If yes, please explain:

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Please explain any gaps in your employment history:

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REFERENCES

Business and Professional

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number and/or Email

Personal

Please list three people who know you well.

Name and Title	Relationship and Years Acquainted	Phone Number and/or Email

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I agree to comply and complete the following forms and requirements to satisfy licensing regulations and state requirements? Including but not limited to: Live Scan/ Fingerprinting and Background Check Clearance (LIC 9163), Criminal Record Statement (LIC 508) and clearance, TB Testing/Assessment and Vaccination requirements (AB 1667, SB 792), Harassment Training (SB 1343), Infant, Child, & Adult CPR and First Aid Certification, Motor Vehicle Report, as needed and additional mandated items as required depending on the position.

_____ I hereby authorize the School to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the School any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the School, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that any offer of employment is contingent upon passing any pre-employment background checks, employment eligibility in the United States and confirmation of additional position specific requirements, including but not limited to those mentioned above.

_____ If hired, I understand and agree that my employment with the School is at-will, and that neither I, nor the School is required to continue the employment relationship for any specific term. I further understand that the School or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence within 3 days of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ In the event of my employment with the School, I understand that I am required to comply with all rules and regulations of the School.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

_____ hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____

Name (type/print): _____ **Date:** _____