



Scotts Valley Unified School District

4444 Scotts Valley Drive, Suite 5B
 Scotts Valley, CA 95066
 Human Resources (831) 438-1822 Job Hotline (831) 438-0787
 www.svusd.santacruz.k12.ca.us

Administrative Application Information Form

Applicants are requested to complete this form in its entirety. A personal letter of application, a current resume, placement file and/or three current letters of recommendation are also required as part of the application process. Please have your placement office forward your confidential papers to the District Office before **posted deadline**. Please include a copy of your current credential authorizing service for this position.

Position for which you are applying: _____

Name _____ Home Telephone #: _____
 Address _____ Office Telephone #: _____
 City, State, Zip _____ Cellular Telephone #: _____
 Email Address: _____

Record of Professional Experience (begin with most recent)

<u>Title</u>	<u>Years Served</u>	<u>District</u>	<u>Enrollment</u>	<u>Salary</u>
_____	_____ to _____	_____	_____	_____
_____	_____ to _____	_____	_____	_____
_____	_____ to _____	_____	_____	_____
_____	_____ to _____	_____	_____	_____

Record of Professional Education

<u>Institution</u>	<u>Dates</u>	<u>Major</u>	<u>Degrees</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Give names, titles, addresses and telephone numbers of three Board Members or Administrators familiar with your career whom we may contact. This will be done confidentially.

<u>Name and Title</u>	<u>Address/Telephone No. (include area code)</u>
_____	_____
_____	_____
_____	_____

(continued on reverse side)

Do you have a California General Administrative or Standard Administrative Credential?
Yes____ No____

Has your credential ever been revoked or suspended? Yes____No____

Have you ever been dismissed or asked to resign from any teaching or administrative position?
Yes____ No____

Have you ever been convicted of anything other than a traffic violation? Yes____No____

For each of the above questions answered YES, please explain the circumstances and attach the statement to this form.

Do you object to the Scotts Valley School District contacting references other than those listed in your confidential papers? Yes____ No____

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and 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

THIS APPLICATION AND ALL DOCUMENTS SUBMITTED BECOME PROPERTY OF SCOTT'S VALLEY UNIFIED SCHOOL DISTRICT.

Application packet must be completed and returned to the address listed below no later than the posted deadline.

**Scotts Valley Unified School District
Carolyn Lewis – Human Resources
4444 Scotts Valley Drive, Suite 5B
Scotts Valley, CA 95066
831-438-1820, 108**