

**GORMAN LEARNING CENTER**  
**APPLICATION GUIDELINES**

Thank you for your interest in employment with Gorman Learning Center. Please keep in mind the following important recommendations as you prepare your application:

- (1) The employment application represents you; it is to your advantage to fill out the application form carefully, neatly, and completely. Do not leave blank spaces with "SEE RESUME" written across them. Write on the application form the information requested and then attach a resume or other supplemental material intended to expand and document the statements made on the application.
- (2) In order to avoid misfiling or loss, make sure that letters of recommendation, resumes, and other supplemental material sent under separate cover include your name and the position for which you are applying.
- (3) Each position requires a separate application.
- (4) It is your responsibility to submit a complete application. The Human Resource Department CANNOT DUPLICATE materials in order to complete your application.
- (5) Application materials submitted cannot be returned and become the property of Gorman Learning Center. Copies are accepted unless noted otherwise. We cannot honor later requests to make copies of application materials submitted.
- (6) A selection committee will review and evaluate applications to select a limited number of candidates to interview. Meeting the minimum qualifications for a position does not assure the candidate an interview. Consideration will be given to factors other than education and experience, including, but not limited to, personal development, ability to work with others, and initiative.
- (7) Applicants selected for an interview will be contacted by telephone. Applicants not chosen for an interview will receive notification by mail.
- (8) No faxed applications will be accepted.

**Gorman Learning Center  
Employment Application - Certificated**

**Position applying for:** \_\_\_\_\_

**APPLICATION REQUIREMENTS**

Application Form & Resume

Copy of Valid Teaching Credential

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cellular #: (\_\_\_\_) \_\_\_\_\_

Have you ever worked for Gorman Learning Center? \_\_\_ Yes \_\_\_ No

If YES, in what capacity: \_\_\_\_\_

**COMPUTER KNOWLEDGE**

I consider myself a computer: \_\_\_\_\_ expert \_\_\_\_\_ average user \_\_\_\_\_ novice \_\_\_\_\_ illiterate

I own and operate the following: \_\_\_\_\_ PC \_\_\_\_\_ Mac \_\_\_\_\_ Printer \_\_\_\_\_ ISP connection

I use the following programs: \_\_\_\_\_ Word \_\_\_\_\_ Excel \_\_\_\_\_ Email \_\_\_\_\_ Internet

Do you have any friends or relatives working for the School?

If YES, who & relationship: \_\_\_\_\_ Yes \_\_\_\_\_ No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, describe the functions that cannot be performed: \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes \_\_\_\_\_ No \_\_\_\_\_

(Convictions for traffic-related offenses that are more than two years old and do not currently prevent you from driving need not be listed)

If YES, state nature of the crime(s), when & where conviction and disposition of the case: \_\_\_\_\_

(Note: No applicant will be automatically denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Name: \_\_\_\_\_

**RECORD OF TEACHING and/or PROFESSIONAL EXPERIENCE**

Are you currently under contract with any other district/county office? :  Yes  No

If YES, give name of district/county office and date of contract expiration

\_\_\_\_\_

Have you been dismissed or asked to resign from any position?  Yes  No. If YES, provide letter of explanation.

List all paid experience in chronological order, most recent first. Please account for all gaps in employment.

(1) Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Please check type of school:  Public  Private  Vocational  Community School  Other \_\_\_\_\_

Number of years employed as a **fully-credentialed** teacher \_\_\_\_\_  full-time  part-time

Number of years employed as: Substitute \_\_\_\_\_ Intern Emergency \_\_\_\_\_ Permit Teacher \_\_\_\_\_

Inclusive Dates: From \_\_\_\_\_ To \_\_\_\_\_ Annual Salary \_\_\_\_\_

Name and Title of Immediate Supervisor

OK to contact?  Yes  No Work phone # (\_\_\_\_) \_\_\_\_\_ Other phone # (\_\_\_\_) \_\_\_\_\_

Reason for leaving position: \_\_\_\_\_

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(2) Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Please check type of school:  Public  Private  Vocational  Community School  Other \_\_\_\_\_

Number of years employed as a **fully-credentialed** teacher \_\_\_\_\_  full-time  part-time

Number of years employed as: Substitute \_\_\_\_\_ Intern Emergency \_\_\_\_\_ Permit Teacher \_\_\_\_\_

Inclusive Dates: From \_\_\_\_\_ To \_\_\_\_\_ Annual Salary \_\_\_\_\_

Name and Title of Immediate Supervisor

OK to contact?  Yes  No Work phone # (\_\_\_\_) \_\_\_\_\_ Other phone # (\_\_\_\_) \_\_\_\_\_

Reason for leaving position: \_\_\_\_\_

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(3) Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Please check type of school:  Public  Private  Vocational  Community School  Other \_\_\_\_\_

Number of years employed as a **fully-credentialed** teacher \_\_\_\_\_  full-time  part-time

Number of years employed as: Substitute \_\_\_\_\_ Intern Emergency \_\_\_\_\_ Permit Teacher \_\_\_\_\_

Inclusive Dates: From \_\_\_\_\_ To \_\_\_\_\_ Annual Salary \_\_\_\_\_

Name and Title of Immediate Supervisor

OK to contact?  Yes  No Work phone # (\_\_\_\_) \_\_\_\_\_ Other phone # (\_\_\_\_) \_\_\_\_\_

Reason for leaving position: \_\_\_\_\_

Name: \_\_\_\_\_

### EMPLOYMENT REFERENCES

(1) Position Held \_\_\_\_\_ Employer \_\_\_\_\_ City/State \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Work phone # ( ) \_\_\_\_\_ Other phone # ( ) \_\_\_\_\_ Dates To From: \_\_\_\_\_

(2) Position Held \_\_\_\_\_ Employer \_\_\_\_\_ City/State \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Work phone # ( ) \_\_\_\_\_ Other phone # ( ) \_\_\_\_\_ Dates To From: \_\_\_\_\_

(3) Position Held \_\_\_\_\_ Employer \_\_\_\_\_ City/State \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Work phone # ( ) \_\_\_\_\_ Other phone # ( ) \_\_\_\_\_ Dates To From: \_\_\_\_\_

### RECORD OF EDUCATIONAL AND PROFESSIONAL PREPARATION

**List highest attainment first**

(1) Name of College or University: \_\_\_\_\_

Address: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Major Minor: \_\_\_\_\_ Minor: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_

(2) Name of College or University: \_\_\_\_\_

Address: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Major Minor: \_\_\_\_\_ Minor: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_

Number of Post Baccalaureate Units: \_\_\_\_\_  semester  quarter

List languages, other than English, that you are familiar with. (Optional if position does not require bilingual skills.)

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Read  Speak  Write  Fluent  Some  Read  Speak  Write  Fluent  Some

Name: \_\_\_\_\_

**CREDENTIAL INFORMATION**

Do you hold a valid California Teaching Credential?  Yes  No

List all types of valid K-12 credentials you currently hold.

(1) Type/Authorization \_\_\_\_\_

Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

(2) Type/Authorization \_\_\_\_\_

Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

(3) Type/Authorization \_\_\_\_\_

Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

(4) Type/Authorization \_\_\_\_\_

Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Additional certificates held:  BBC  BCLAD  CLAD  LDS  Other: \_\_\_\_\_

Do you have any of the following?  ELD Teaching Authorization  SB1969/39  CTC SDAIE

Are you a teacher in training for SDAIE or ELD Teaching?  Yes  No

If you do not currently hold a valid teaching credential, through which college or university have you applied?

\_\_\_\_\_ Date applied: \_\_\_\_\_

Have you taken the CSET?  Yes  No Passed:  Yes  No Date: \_\_\_\_\_

Have you taken the MSAT?  Yes  No Passed:  Yes  No Date: \_\_\_\_\_

Have you taken the PRAXIS/SSAT?  Yes  No Passed:  Yes  No Date: \_\_\_\_\_

Have you ever had a credential suspended or revoked, or received any other type of disciplinary action from any teaching or licensing agency of any type, from any state or country?  Yes  No

If YES, please indicate action:  Revocation  Suspension  Other: \_\_\_\_\_

Explain when, where, why action was taken, and current status (Explanation required): \_\_\_\_\_

\_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph & Sign Below:**

\_\_\_\_\_ I hereby certify that I have been informed of the duties of the position for which I am applying. I have not knowingly withheld any information, and the information on this application is correct and complete to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed the application. I authorize investigation of all statements contained in this application and authorize Gorman Learning Center to secure information about my experience with former employers, educational institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from. I understand that falsification, misrepresentation or any omission of facts called for, regardless of when discovered to be false, may result in immediate termination from employment, removal of my application from consideration or withdrawal of an offer of employment.

\_\_\_\_\_ This application is only valid for the position(s) applied for at present Gorman Learning Center is not obligated to retain or consider this application for future openings. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S. If I am offered employment, I will, as a condition of employment, furnish proof that I am over 18 years of age. I will be required to possess a current and valid California driver's license and be insurable if my job requires me to drive in the course of my work. I understand Gorman Learning Center may require me to submit to a physical examination at any time during my employment, to the extent permitted by law. I understand that Gorman Learning Center reserves the right to require me to submit to drug and alcohol screens and/or testing prior to employment and during my employment, to the extent permitted by law. I agree that, if I am offered employment, I will be required to conform to the rules and regulations Gorman Learning Center. I understand and expressly agree that if employed by Gorman Learning Center, storage areas provided for me (locker, desk, etc.) are open to investigation by Gorman Learning Center without prior notice to me.

\_\_\_\_\_ I request, authorize, and consent to the release of credit report, and/or investigative consumer report concerning me by a credit-reporting agency as designated by Gorman Learning Center. I understand that when such a credit report is obtained, I will be informed of the address and telephone number of the designated reporting agency. I understand that the results of a background check and my records will be used as part of the evaluation of my application and that both verbal and written reports will be obtained from the reporting service.

\_\_\_\_\_ I further understand that an investigative consumer report concerning me may include information about my character, general reputation, personal characteristics, and mode of living. I further understand that I am entitled to review any files containing such investigative consumer reports at the offices of the designated credit-reporting agency during normal business hours. I may also receive copies of any such report for a reasonable fee, if I make a written request addressed to the designated credit-reporting agency. I also understand that I may receive a verbal summary of such information by phone, if I make a written request to the designated credit-reporting agency. To receive any of this information or access to records, I realize that I must submit proper identification with my request. The School will not deny employment solely on the basis that an applicant has filed bankruptcy.

I have checked this box to indicate that I wish to receive a copy of any consumer credit report, which may be used in connection with my application for employment.

\_\_\_\_\_ I hereby authorize Gorman Learning Center to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the 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 a relating to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the School and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may

be terminated at any time, with or without prior notice, at the option of either myself or the School, and that no promises or representations contrary to the foregoing are binding on the School; unless made in writing.

\_\_\_\_\_ My signature below certifies that I have read, understand, and agree to the foregoing and to the best of my knowledge and belief, the information on the application form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between Gorman Learning Center and me concerning this application for employment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

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## Equal Employment Opportunity Data

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Application Date \_\_\_\_\_

To be completed by applicant:

Completion of this form is entirely voluntary and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: \_\_\_\_\_

Sex:  Male  Female

Race/Ethnicity:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Cambodian              | <input type="checkbox"/> Filipino                      |
| <input type="checkbox"/> Chinese                 | <input type="checkbox"/> Other Asian            | <input type="checkbox"/> Hispanic or Latino            |
| <input type="checkbox"/> Japanese                | <input type="checkbox"/> Native Hawaiian        | <input type="checkbox"/> African Amer. not Hisp. orig. |
| <input type="checkbox"/> Korean                  | <input type="checkbox"/> Guamanian              | <input type="checkbox"/> White not Hispanic origin     |
| <input type="checkbox"/> Vietnamese              | <input type="checkbox"/> Samoan                 | <input type="checkbox"/> Other/Declined to state       |
| <input type="checkbox"/> Asian Indian            | <input type="checkbox"/> Tahitian               |  |
| <input type="checkbox"/> Laotian                 | <input type="checkbox"/> Other Pacific Islander |  |

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974.

Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran  
 Disabled Veteran  
 Individual with a Disability

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To be completed by employer:

- EEO-1 Category:
- |  |   |
|--|---|
| <input type="checkbox"/> 1. Officials and managers | <input type="checkbox"/> 6. Crafts - skilled          |
| <input type="checkbox"/> 2. Professionals          | <input type="checkbox"/> 7. Operatives - semi-skilled |
| <input type="checkbox"/> 3. Technicians            | <input type="checkbox"/> 8. Laborers - unskilled      |
| <input type="checkbox"/> 4. Sales                  | <input type="checkbox"/> 9. Service workers           |
| <input type="checkbox"/> 5. Office and clerical    |   |

Employer information completed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date