



# ENRICHMENT PROGRAM APPLICATION

SANTA CRUZ CITY SCHOOLS DISTRICT

405 Old San Jose Road, Soquel, CA 95073

831/429-3410

Assignment Title/Description:	Site/Department: _____
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Applicants Full Name:	_____	(Last)	(First)	(M.I.)
Address:	_____	(Street)	(City)	(State) (Zip)
Telephone Numbers:	( ) _____	( ) _____	( ) _____	
	(Home)	(Work)	(Cell)	
Person to Notify in Case of Emergency:	_____			
	(Name)	(Telephone#)		

## GENERAL INFORMATION

Are you now or have you ever been a volunteer or employed by Santa Cruz City Schools?  
 YES  NO  Title and dates: \_\_\_\_\_

Can you provide legal documentation of your right to remain and work in the U.S.?  
 YES  NO

Have you ever been convicted of a felony or misdemeanor that has resulted in incarceration, a fine in excess of \$50.00, and/or probation? YES  NO  If yes, explain on a separate sheet. A conviction may not necessarily disqualify an applicant from employment.

Do you possess a valid California Teaching Credential? YES  NO   
 If yes, Type: \_\_\_\_\_ Subject: \_\_\_\_\_ Expiration: \_\_\_\_\_

Persons transporting students must also meet district requirements for a clear DMV record, a safe vehicle and insurance coverage. Are you an insured driver with a CA Driver's License?  
 YES  NO

## REFERENCES (Related Employment or Other)

Name	Official Position	Present Address and Phone Number

APPLICABLE EMPLOYMENT HISTORY (list most recent first)

Organization:	Phone:
Supervisor’s Name and Title:	Date:
Description of Duties:	

Organization:	Phone:
Supervisor’s Name and Title:	Date:
Description of Duties:	

QUALIFICATIONS FOR ASSIGNMENT (education, skills, experience)


As an applicant for an Enrichment Program Assignment with the Santa Cruz City School District, (hereinafter “District”), I am required to furnish information and references for use in determining my qualifications. I understand that the District may verify all data given in my Application For Employment, related papers, and/or oral interviews. I further understand that any and all references provided to the District may be contacted, either in writing or otherwise. By signing below, I hereby authorize such investigation. In addition, I authorize any previous employer and/or any other reference to release and fully disclose to any agent of the District any information that such person may have concerning me, including information of a confidential or privileged nature.

I hereby certify that all statements and information on this application are true to the best of my knowledge and belief. If employed, I understand that any falsification of the information on this application may be considered cause for termination. I further understand that, if offered a position, I must complete pre-employment processing. **As per AB 1610 and 1612, new employees must be fingerprinted and cannot begin work until the District has received fingerprint clearance back from the Department of Justice showing no prior convictions for certain serious or violent felonies.**

Print Name	Signature	Date