

**DELANO JOINT UNION HIGH SCHOOL DISTRICT**  
**1720 Norwalk Street, Delano, CA 93215**  
**Tel. No.: (661) 720-4103 ♦ Fax No.: (661) 721-1033**

**CERTIFICATED EMPLOYMENT APPLICATION**

**PLEASE READ CAREFULLY BEFORE COMPLETING THE APPLICATION (REQUIRED DOCUMENTS)**

Thank you for your interest in employment with the Delano Joint Union High School District. Please keep in mind the following important guidelines as you prepare your application packet:

1. Candidates are expected to complete their application packet in its entirety. **Candidates with incomplete application packets will not be recommended for employment.** To avoid misfiling or loss, it is recommended that you send or deliver a fully completed packet.
2. Fully completed application packets must include the following:
  - Formal Letter of Interest.
  - Certificated Application.
  - Resume.
  - 3 current (within 2 years) Letters of Recommendation
  - Copy of Transcripts
  - Copy of all Credentials held (If you have applied for your California credential and have not received it, please furnish written verification of your application. If you have an out-of-state teaching certificate, please attach a copy while awaiting processing of your California credential.)
  - Copy of all Advanced Degrees earned.
  - Copy of California Basic Educational Skills Test (CBEST) Verification.
  - Copy of California Driver's License
3. The employment application packet represents you - it is to your advantage to fill out the application completely, accurately, and neatly. Do not leave blank spaces with "See Resume" written in them.
4. Please do not submit original documents if you need them back or if you will need copies in the future. Application materials submitted will not be returned. Copies are accepted unless noted otherwise. We cannot honor requests to make copies of materials to complete the application packet.
5. Application packets will be reviewed by the Human Resources Division and the prospective school site administrator. Upon review, candidates selected to interview will be contacted by phone.
6. The application packet you submit will be kept on file for one year from the date of receipt.
7. If you are selected for employment, you will be required to submit written evidence of:
  - Tuberculosis test results
  - Fingerprint results
8. For your convenience, the DJUHSD utilizes the EDJOIN ([www.edjoin.org](http://www.edjoin.org)) website for posting certificated positions.
9. For additional information, please contact: Jeanne C. Bumatay at (661) 720-4103.

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**CERTIFICATED EMPLOYMENT APPLICATION**  
**1720 Norwalk Street, Delano, CA 93215**  
**(661) 720-4103 ♦ Fax (661) 721-9390**

**POSITION/GRADE LEVELS DESIRED:** \_\_\_\_\_

**PERSONAL INFORMATION**

Name:	Telephone #: (Home)
Mailing Address:	Telephone #: (Cell)
City and Zip Code	E-mail Address:
Social Security Number:	Date of Birth:

Do you have any relatives who are currently employed by the District? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach a list of all relatives employed by the District or serving on the Board of Trustees. Include names, positions held, and work sites).

Have you ever been convicted of any misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach a detailed a letter of explanation for each conviction that includes dates, locations, offenses, convictions, and sentences). Being convicted of a misdemeanor or felony does not eliminate your chances for employment, but failure to indicate such conviction will be grounds for disqualification or dismissal.

Do you have a California Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach copy of California Driver's License.

Have you had military service? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach copies of official discharge documents).

Dates of service: From \_\_\_\_\_ to \_\_\_\_\_ State type of discharge: \_\_\_\_\_

What languages do you read, speak and write fluently? \_\_\_\_\_

*The Delano Joint Union High School District is committed to equal opportunity for all individuals in education. Such Programs, activities, and practices shall be free from unlawful discrimination, harassment, intimidation, and bullying based on and/or association with a person or group with one or more of these actual or perceived characteristics of race, color, ancestry, nationality, national origin, ethnic group identification, age, religion, marital, pregnancy, or parental status, physical or mental disability, medical information, sex, sexual orientation, gender, gender identity or expression, genetic information, immigration status, Military Veterans status, homelessness, foster status, or any other basis prohibited by California state and federal nondiscrimination laws pursuant with Education Code 200 and 220, Government Code 11135 and Title IX.*

*If you believe you have been subjected to discrimination, harassment, intimidation, or bullying you should contact your school site principal and/or the district's Title II and Title IX Officer, Jesus Gonzalez, Assistant Superintendent, at phone number 661-720-4129, address 1720 Norwalk Street, Delano, California or by email at jgonzalez@djuhsd.org. A copy of DJUHS's Uniform Complaint policy and Nondiscrimination policy are available here and upon request.*

## **CREDENTIAL INFORMATION**

Please list all credentials/permits currently held.

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

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

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

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

Additional Certificates Held: \_\_\_\_\_ BCLAD \_\_\_\_\_ CLAD \_\_\_\_\_ LDS \_\_\_\_\_ Other \_\_\_\_\_

If you do not currently hold a valid teaching credential, list the college or university credential program in which you have enrolled and provide the date of enrollment and anticipated date of completion:

College/University \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

Date CBEST Passed \_\_\_\_\_ If not passed, will test on: \_\_\_\_\_

If you do not currently hold a valid teaching credential and are not enrolled in a credential program, do you plan to enroll?

☐ Yes ☐ No. If so, when? \_\_\_\_\_ and where? \_\_\_\_\_

Have you taken the California Subject Examination for Teachers (CSET)? ☐ Yes ☐ No

Passed? ☐ Yes ☐ No Date \_\_\_\_\_ Score \_\_\_\_\_

What subject area(s)? \_\_\_\_\_

Do you hold National Board Certification (NBCT)? ☐ Yes ☐ No If yes, in what area \_\_\_\_\_

Have you ever had your 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, specify Action \_\_\_\_\_ Revocation \_\_\_\_\_ Suspension \_\_\_\_\_ Other) and attach a detailed letter of explanation.

## **EDUCATIONAL AND PROFESSIONAL PREPARATION**

Name of Institution	Location (City & State)	Graduated	Major(s)	Minor(s)
		Degree		

Total number of semester units: \_\_\_\_\_

Total number of semester units of upper division or graduate work completed after BA/BS Degree: \_\_\_\_\_

Total number of semester units beyond MA/MS: \_\_\_\_\_

## **STUDENT TEACHING**

Teacher Training Institution	District and School	City/State	Master/Teacher/ Principal	Grade/Subjects

If student teaching is your most recent certificated experience, please list current phone numbers of Master Teacher and Principal.

(\_\_\_\_)\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_  
Master Teacher Principal

## **TEACHING EMPLOYMENT EXPERIENCE**

Are you presently under contract in a school district? ☐Yes ☐No

District Name:\_\_\_\_\_Address:\_\_\_\_\_Phone: \_\_\_\_\_

***AB2534 - As of January 1, 2025: In accordance with Education Code Section 44939.5, you are required by law to provide a complete list of every school district, county office of education, charter school and/or state special school that you have previously been employed no matter the length of service. Please include any part-time and/or substitute work in addition to any full-time employment positions. Failure to disclose any school district, county office of education, charter school and/or state special school that you have previously been employed may be deemed dishonesty in the hiring process and/or dishonesty following termination.***

Date of Employment	District and School	City/State	HR Contact and Phone Number	HR Email	Grade/Subject	Reason for Leaving

As per AB 2534, we are required to inquire with all previous employers regarding any credible complaints, substantiated investigations, or discipline for egregious misconduct. Please answer the following:

- Have you ever been the subject of any credible complaints of egregious misconduct?
  - Yes/No
- Have you ever been involved in any substantiated investigations into egregious misconduct?
  - Yes/No
- Have you ever faced any disciplinary actions for egregious misconduct?
  - Yes/No

If you answered “Yes” to any of the above, please provide details:

**Certification and Authorization:**

I certify that the information provided in this application is true and complete to the best of my knowledge. I authorize the prospective employer to contact my previous employers to inquire about any credible complaints, substantiated investigations, or discipline for egregious misconduct as required by AB 2534.

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

\*Total years of paid public school teaching experience: \_\_\_\_\_

\*Service must have been under contract, covered by credential, and must be 75% of the school year.

Number of years employed as:      Intern\* \_\_\_\_\_      Pre-Intern/Provisional Intern/Short-Term \_\_\_\_\_  
    Emergency Permit/Waiver\* \_\_\_\_\_      Long Term Substitute\* \_\_\_\_\_  
    Substitute\* \_\_\_\_\_

Are you or have you ever been a member of the California Teachers’ Retirement System?   ☐Yes   ☐ No

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

**SUBSTITUTE AND/OR PRIVATE SCHOOL TEACHING EXPERIENCE**

Type of Teaching Experience Substitute or Private	Location		Name and Address of Employer
	City	State	

### **WORK EXPERIENCE OTHER THAN TEACHING**

Type of Work	Location		Name and Address of Employer
	City	State	

### **AREAS OF SPECIALIZATION**

List below those special skills and/or training and/or experience you possess. (Examples of clubs and activities, athletic coaching experience, special program experience such as GATE, ELD, interdisciplinary studies, team teaching, peer coaching, etc.).

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### **PROFESSIONAL REFERENCES:**

The Applicant agrees that this employer may contact any prior employer listed on this form and agrees that this employer may inquire as to job performance and reason(s) for departure. The Applicant further agrees that this employer may decline to consider this application further if one or more of the Applicant's prior employers refuse to fully answer any of this employer's questions about job performance and reason(s) for departure. This application constitutes a written waiver and may be presented for that purpose to any prior employers. \_\_\_\_\_(Initial)

List at least five individuals who have knowledge of your ability to perform duties for the position(s) for which you wish to be considered. Include only those who have direct knowledge of your work or educational experience as they relate to this position, i.e. superintendent, principals, supervisors, and student teaching master teachers. (Do not list any of the following: current members of the Board of Trustees; District Superintendent; Associate Superintendent; Assistant Superintendent; site principals; program directors; relatives; or social acquaintances/friends). Additional references may be requested later.

NAME	POSITION OR RELATIONSHIP	PHONE NUMBER AND EMAIL

## **QUALIFICATIONS/EXPERIENCES**

Please provide any qualifications and experiences which especially characterize your ability to work with culturally different and/or minority groups, as well as multi-ethnic programs:

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## **REQUIRED APPLICANT STATEMENT**

1. Can you submit verification of your legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you object to the contacting of references other than those provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I have reviewed the job description and can perform the essential functions of the position with or without a reasonable accommodation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you need a reasonable accommodation to participate in the hiring process, the Human Resources Dept. will provide you with one upon notice.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The information I have provided on this Certificated Employment Application form is accurate to the best of my knowledge, and subject to validation by the DJUHSD.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. I authorize and hold harmless the persons, schools, current employer and other organizations of employees named in this application to provide the DJUHSD with any relevant information that may be required to arrive at an employment decision. A photocopy of this authorization will be considered as an original for this purpose.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. I understand the DJUHSD reserves the right to disregard any application that is not fully complete and signed by the applicant.	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Available for Employment

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**1720 NORWALK STREET, DELANO, CA 93215**  
**(661) 720-4103 ♦ FAX (661) 721-1033**  
**E-MAIL: [jbumatay@djuhsd.org](mailto:jbumatay@djuhsd.org)**

## VOLUNTARY DATA FORM

The voluntary information you elect to provide us will be used only to study recruiting and employment patterns and to determine whether information about the Delano Joint Union High School District job openings is reaching all segments of the community. These data are being gathered in compliance with State Equal Employee Opportunity Commission regulations. Your voluntary cooperation in completing this questionnaire will be appreciated.

### PLEASE PRINT OR TYPE

Type of Position Desired: \_\_\_\_\_

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

Last

First

Middle

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

Street

City

State

Zip

Please check **only one** of the following:

<input type="checkbox"/> 100 American Indian or Alaskan Native	<input type="checkbox"/> 301 Pacific Islander – Hawaiian
<input type="checkbox"/> 201 Asian – Chinese	<input type="checkbox"/> 302 Pacific Islander – Guamanian
<input type="checkbox"/> 202 Asian – Japanese	<input type="checkbox"/> 303 Pacific Islander – Samoan
<input type="checkbox"/> 203 Asian – Korean	<input type="checkbox"/> 304 Pacific Islander – Tahitian
<input type="checkbox"/> 204 Asian – Vietnamese	<input type="checkbox"/> 399 Pacific Islander – Other
<input type="checkbox"/> 205 Asian – Asian Indian	<input type="checkbox"/> 400 Filipino
<input type="checkbox"/> 206 Asian – Laotian	<input type="checkbox"/> 500 Hispanic
<input type="checkbox"/> 209 Asian – Cambodian	<input type="checkbox"/> 600 Black, not of Hispanic Origin
<input type="checkbox"/> 299 Asian – Other	<input type="checkbox"/> 700 White, not of Hispanic Origin