

CHULA VISTA LEARNING COMMUNITY CHARTER

590 "K" Street, Chula Vista CA 91911

Telephone: (619) 426-2885 Facsimile (619) 426-3048 Web Site: www.cvesd.org

APPLICATION FOR A MANAGEMENT POSITION

Applicants are requested to complete this form in its entirety and return to Human Resources Services and Support. A formal letter of application, a complete resume, Confidential Placement File and/or three current professional references, and three Confidential Recommendation Forms are also required as part of the application process.

Application for:

| | |
|-------------------|-------------|
| Name: | Work Phone: |
| Address: | Home Phone: |
| City, State, Zip: | Cell Phone: |

RECORD OF PROFESSIONAL EXPERIENCES (List Most Recent Experience First)

| Position | Years Served | | District | District Enrollment |
|----------|--------------|----|----------|---------------------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |

RECORD OF PROFESSIONAL EDUCATION (Verification of Degree(s) May Be Required)

| Institution | Dates | Major | Degree |
|-------------|-------|-------|--------|
| | | | |
| | | | |
| | | | |

REFERENCES: Give names, position, address, and telephone numbers of at least three people who have supervised you (current and former positions). References will be contacted in confidence.

| Name | Position | Address | Telephone |
|------|----------|---------|-----------|
| | | | |
| | | | |
| | | | |

Do you have a California General Administrative or Standard Administrative Credential? Yes No

(Please attach Credential or Certificate of Eligibility)

Have you ever been convicted of any crime (other than a minor traffic violation?) Yes No

If so, when, where, and disposition of case

Do you object to contacting references other than those listed here or in your professional papers? Yes No

Are you bilingual? Yes No If so, in what language?

Are you under contract? Yes No Date of Expiration _____ Date available for employment _____

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 | Date |
|-----------|------|

The Chula Vista Learning Charter is committed to providing a working and learning environment free from discrimination, harassment, intimidation and bullying. The District prohibits discrimination, harassment, intimidation and bullying based on race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity or expression, genetic information; the perception of one or more of such characteristics, or association with a person or group with one or more of these actual or perceived characteristics in any program, practice or activity it conducts. For inquiries or complaints related to employee-to-employee, student-to-employee, or work/ employment related discrimination or harassment, contact: Human Resources Service and Support Department, Jeffrey Thiel, Ed.D., Assistant Superintendent/ Title IX Coordinator, 84 East J Street Chula Vista, CA 91910, Jeffrey.Thiel@cvesd.org, (619) 425-9600, Ext. 1340.

Culturally Diverse And Bilingual Candidates are Encouraged To Apply

CHULA VISTA LEARNING COMMUNITY CHARTER

590 "K" STREET, CHULA VISTA · CALIFORNIA 91911 · 619-426-2885

EACH CHILD IS AN INDIVIDUAL OF GREAT WORTH

HUMAN RESOURCES DEPARTMENT - RELEASE

It is the policy of the Chula Vista Learning Community Charter to conduct reference checks for all candidates for employment. If applicable, reference checking will be conducted prior to the interview portion of the selection procedure, and three references are normally obtained before the candidate is invited to participate in the interview process.

Your signature below indicates your agreement with and acknowledgment of the following:

1. As an applicant for an employment position with Chula Vista Learning Community Charter, I authorize my current and past employers and work associates, including, but not limited to, supervisors, colleagues, and subordinates, to release to Chula Vista Learning Community Charter any reference information in my personnel records or file (e.g., applications for employment, time and sick leave records, vacation records, performance evaluations), academic records (e.g., transcripts, certificates, credentials, etc.), and information related to my work-related personal characteristics (e.g., my character, dependability, honesty, integrity, ability to work under pressure, interpersonal skills, general physical ability, and reputation among co-workers).
2. I expressly and without reservation waive my right to review the information collected in the reference checks.
3. Chula Vista Learning Community Charter will maintain reference information in strictest confidence and solely for the purposes of the recruitment for which I have applied, and that information obtained during reference checks will not be provided to anyone outside the selection process.
4. A photocopy of this signed Authorization is to be considered valid as an original.
5. IN EXECUTING THIS AUTHORIZATION, I FULLY AND COMPLETELY RELEASE ALL PRESENT AND PAST EMPLOYERS AND THEIR EMPLOYEES, CHULA VISTA LEARNING COMMUNITY CHARTER AND ITS EMPLOYEES, AND ALL OTHER PERSONS AND ENTITIES FROM LIABILITY FOR ANY DAMAGE, INCLUDING TO THE FULL EXTENT ALLOWED BY LAW, LIABILITY UNDER CALIFORNIA CIVIL CODE SECTIONS 45 AND 46 AND CALIFORNIA LABOR CODE SECTION 1064, OR ANY SIMILAR LAWS OF OTHER STATES OR POLITICAL ENTITIES, WHICH MAY RESULT FROM FURNISHING INFORMATION WHICH I AM PERMITTING TO BE RELEASED BY WAY OF THIS AUTHORIZATION.
6. I HAVE CAREFULLY READ AND UNDERSTAND ALL OF THE PROVISIONS OF THIS AUTHORIZATION, AND HAVE VOLUNTARILY AND WITHOUT COERCION OR DURESS AGREE TO AND SIGN THIS AUTHORIZATION.

Candidate's Full Name (Print)

Other Last Names You have Used (If any)

Candidate's Signature

Date

Chula Vista Learning Community Charter

Management Application Addendum

Page 2 of 3

Applicant Name _____ **Date:** _____

3. Describe the process you would take in moving staff/community toward a change effort.

4. Describe your philosophy of leadership and your role in the change process.

CONFIDENTIAL RECOMMENDATION FORM
Management Candidate

Applicant *Please complete this section.*

Position Applied for: _____

Name _____
First
Last
Middle Initial

Address _____
Street
City
State
Zip

Work Phone _____ Home Phone _____ Cell Phone _____

Please read the statement below and sign where indicated.

I release from liability all persons and organizations reporting information requested by this Confidential Recommendation Form.

Applicant's Signature _____

The person named above is applying for a management position with Chula Vista Learning Community Charter. We are interested in your assessment of this applicant. Please complete this form and return it along with any attachments directly to the address listed below. Thank you and be assured that all information will remain confidential.

1. How long have you known the applicant? From: _____ To: _____

2. In what capacity have you known this applicant: _____

3. Based on your experience, please evaluate the applicant in each of the areas below:

| | Exceptional | Excellent | Acceptable | Needs Improvement | Unable to Judge |
|--|--------------------|------------------|-------------------|--------------------------|------------------------|
| Leadership | | | | | |
| Decision Making | | | | | |
| Problem Solving | | | | | |
| Organization | | | | | |
| Written Communication | | | | | |
| Verbal Communication | | | | | |
| Interpersonal Relationships with Students | | | | | |
| Cultural, Socio-Economic and Ethnicity Sensitivity | | | | | |
| Attitude, Initiative, and Cooperation | | | | | |

Additional Comments:

Signature _____ Name _____
(Please Print or Type)

Position or Title _____ Company _____

Address _____

Telephone Number _____ Date _____

CONFIDENTIAL RECOMMENDATION FORM
Management Candidate

Applicant *Please complete this section.*

Position Applied for: _____

Name _____
First
Last
Middle Initial

Address _____
Street
City
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| Cultural, Socio-Economic and Ethnicity Sensitivity | | | | | |
| Attitude, Initiative, and Cooperation | | | | | |

Additional Comments:

Signature _____ Name _____
(Please Print or Type)

Position or Title _____ Company _____

Address _____

Telephone Number _____ Date _____

CONFIDENTIAL RECOMMENDATION FORM
Management Candidate

Applicant *Please complete this section.*

Position Applied for: _____

Name _____
First
Last
Middle Initial

Address _____
Street
City
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Zip

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(Please Print or Type)

Position or Title _____ Company _____

Address _____

Telephone Number _____ Date _____