

TRAVIS UNIFIED SCHOOL DISTRICT



Reaching beyond the boundaries
to build a community of learners.

Pamela Conklin *Superintendent*

2751 De Ronde Drive
Fairfield, CA 94533
(707) 437-4604

Cambridge Elementary School
100 Cambridge Dr, Vacaville
(707) 446-9494

Center Elementary School
3101 Markeley Ln, Fairfield
(707) 437-4621

Foxboro Elementary School
600 Morning Glory Dr, Vacaville
(707) 447-7883

Golden West Middle School
2651 De Ronde Dr, Fairfield
(707) 437-8240

Scandia Elementary School
100 Broadway St, Travis AFB
(707) 437-4691

Travis Community Day School
2785 De Ronde Dr, Fairfield
(707) 437-8265

Travis Elementary School
100 Fairfield Ave, Travis AFB
(707) 437-2070

Travis Education Center
2775 De Ronde Dr, Fairfield
(707) 437-8265

Vanden High School
2951 Markeley Ln, Fairfield
(707) 437-7333

Governing Board
Russel Barrington
Riitta De Anda
Ivery Hood
Janet Jackson Forbes
Adrian Saiz

Dear Applicant:

Thank you for your interest in working for our District.

REQUIREMENTS:

- Attached application packet ***completed*** and ***signed***
- Completed Live Scan receipt (form 41-LS)**
Fingerprint clearance document processed at
Travis Unified School District Office
- Certificate of Clearance (COC)**
Fingerprint clearance document submitted to the California
Commission on Teacher Credentialing
- Verification of a negative tuberculosis read within the past four (4) years
***The Family Health Services of Solano County offers TB skin tests.**

Family Health Services
2201 Courage Drive
Fairfield, CA
(707) 784-2010
\$23.00 Fee

No Appointment Necessary
Monday, Tuesday, & Wednesday
9–11 a.m. & 1–4 p.m.

***THIS INFORMATION IS SUBJECT TO CHANGE**

- Official college and university transcripts (electronic or paper)**
Copies of official transcripts with official seal are acceptable
- Satisfactory **basic skills requirements**- see CTC leaflet **CL-667**
Passing CBEST, CSET, CSU Early Assessment Program or
the CSU Placement Examinations scores; qualifying SAT or
ACT scores; College Board Advance Placement Examinations



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STUDENT TEACHER APPLICATION
2751 DeRonde Drive, Fairfield, CA 94533-9710
(707) 437-4604 Fax (707) 437-3378

Date _____

PERSONAL DATA

(Please Print or Type)

Last Name		First	Middle	
Present Address		City	Zip	Email Address
Telephone Number	Cell Phone Number		Do You Have Base Access? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION - Please list the following in order of attendance. The information should be complete and accurate.

	Name of Institution	Location	From – To	Units/Degree	Major
Under-Graduate College					
Graduate College Work					
Total Semester or Quarter Units After Bachelors Degree: _____				Thesis Topic: _____	

CALIFORNIA CREDENTIAL HELD

Type (General/Standard/Other)	Subject and/or Major/Minor	Date of Expiration

If you do not hold a California Teacher's Credential, complete the following:

Have you applied for a California Teaching Credential? Yes No

Type _____ Date of Application _____

Agreement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the school district.

Signature _____

Date _____



EMERGENCY NOTIFICATION INFORMATION
Human Resources

Name: _____
Please Print

Social Security Number: _____
Last 4 Digits

Print below the name, address and telephone number of two people you wish to be contacted should you become disabled at work due to illness or injury.

1st Contact

Name of Emergency Contact _____

Relationship _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number of Emergency Contact (*Please include area code*)

Home _____ Work _____

Cell _____

2nd Contact

Name of Emergency Contact _____

Relationship _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number of Emergency Contact (*Please include area code*)

Home _____ Work _____

Cell _____

Signature _____ Date _____



**RECEIPT AND ACKNOWLEDGEMENT OF
CHILD ABUSE REPORTING REQUIREMENTS**
Human Resources

As an employee of Travis Unified School District, I certify that I have been given a copy of Board Policy relating to Child Abuse Reporting and Penal Code Sections 11164-11174.3. I have read and understand the requirements for reporting known or suspected instances of child abuse and will comply with these requirements. I further understand that failure to certify to these requirements constitutes reason for non-employment.

Employee Name *(Please Print)*

Employee Signature

Date

Legal Reference: California Penal Code Sections 11164- 11174.3

Board Policies: 5141.4
DO/PERS/0255