

6225 El Camino Real, Carlsbad, CA 92009

T 760.331.5000/F 760.331.5028

CLASSIFIED SUBSTITUTE/HOURLY APPLICATION

Thank you for your interest in serving as a substitute for Carlsbad Unified School District. We rely heavily on our substitutes and greatly appreciate the support they provide to our staff.

What is substitute work?

Substitute work is “on call” temporary work, which means you may be called to work with little advance notice. You may be needed for one day or several days, depending on the District’s needs.

Include the following items with your completed Classified Substitute Application:

- ▶ **A copy of a signed Social Security card**
- ▶ **A copy of a current Driver License**
- ▶ **A copy of a TB test result (less than 4 years old)**
- ▶ **Attach all documentation to support position requirements**

LiveScan fingerprint forms will be provided upon receipt of a complete application

Upon receipt of your complete application packet and cleared fingerprints, your name will be submitted to the Board of Trustees for approval at their next scheduled meeting. Some positions may require additional certificates or testing in order to be placed on the substitute list. Once you have been board approved as a classified substitute, Carlsbad Unified School District will email you complete details of your status. You will not be called for jobs until this process is complete.

PAY:

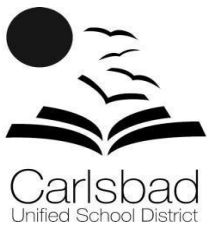
You will be paid according to the classifications and pay rates noted online under Substitute Opportunities. Compensation for time worked is paid on the last working day of the month following that in which you worked. For example, if you worked in August, you would receive a check on the last working day in September. Paystubs are available 24/7 online at www.carlsbadusd.k12.ca.us.

UPDATES:

If you are no longer available for substitute employment, or if your address, telephone, or name changes, please contact the Frontline Operator at 760-331-5028. If you are continually unavailable and/or certifications expire you will be inactivated as a substitute with CUSD. For questions or comments, please call the Frontline Operator at 760-331-5028.

***ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.
(All others will be returned to the front desk)***

Revised 7/9/21



Carlsbad Unified School District

6225 El Camino Real

Carlsbad, CA 92009

Telephone: (760) 331-5028 Fax: (760) 331-5028

Website: www.carlsbadusd.k12.ca.us

APPLICATION FOR SUBSTITUTE CLASSIFIED EMPLOYMENT

An Equal Opportunity Employer

Instructions: *Read carefully and answer all questions. Please make complete and up-to-date statements of your personal history and qualifications. False statements will be cause for rejection or discharge after appointment. Please use a typewriter or print in ink.*

Date: _____

POSITION DESIRED: _____

PERSONAL DATA

First Name _____ Middle Initial _____ Last Name _____

_____ Social Security Number

Address _____ (Number & Street)

_____ Home Phone (Area Code/Number)

_____ (City, Zip)

_____ Business/Message Phone

_____ e-mail address

_____ Cellular Phone

Are you under 18 years of age? Yes No (Applicants under 18 may be required to provide a work permit.)

Complete the following information as required for the position for which you are applying:

First Aid	Expiration Date:	Languages (fluently speak/read/write)	Typing
CPR Certification	Expiration Date:	Spanish	Net wpm:
Food Handler's Card	Expiration Date:	Other	
CA Driver's license	Expiration Date:	Sign Language	
Computer skills:			
Other skills/qualifications/certifications which will be of special benefit in this position:			

EDUCATION AND TRAINING

NAME OF HIGH SCHOOL ATTENDED	DID YOU GRADUATE? YES NO IF YOU DID NOT GRADUATE, DID YOU PASS A G.E.D.? YES NO	Degree (Yes/No)
Name/Location of Colleges, Universities, and/or Trade Schools	Major Subject/Field	

EMPLOYMENT INFORMATION

Are you presently or have you ever worked for the Carlsbad Unified School District? Yes No

If yes:

Job Title: _____ Dates employed: _____

School/Department _____ From: _____ To: _____

Reason for leaving: _____

Begin with your most recent job. List all paid and unpaid work experience in the last 10 years. Also, list any jobs you held more than 10 years ago, which related to the duties of the job for which you are applying. If you need to attach additional information, please use the format below. A resume may be attached, but will **NOT** be accepted in lieu of the requested information below.

DATES	DUTIES	EMPLOYERS
From (Mo/Yr)	YOUR TITLE	NAME OF LAST EMPLOYER
	YOUR DUTIES:	TYPE OF BUSINESS
To (Mo/Yr)		ADDRESS (NUMBER & STREET)
		CITY/STATE/ZIP CODE
Total Time (Yrs/Months)		SUPERVISOR'S NAME
May we contact your current employer? ☞ Yes ☞ No	REASON FOR LEAVING:	TELEPHONE ()
From (Mo/Yr)	YOUR TITLE	NAME OF LAST EMPLOYER
	YOUR DUTIES:	TYPE OF BUSINESS
To (Mo/Yr)		ADDRESS (NUMBER & STREET)
		CITY/STATE/ZIP CODE
Total Time (Yrs/Months)		SUPERVISOR'S NAME
	REASON FOR LEAVING:	TELEPHONE ()
From (Mo/Yr)	YOUR TITLE	NAME OF LAST EMPLOYER
	YOUR DUTIES:	TYPE OF BUSINESS
To (Mo/Yr)		ADDRESS (NUMBER & STREET)
		CITY/STATE/ZIP CODE
Total Time (Yrs/Months)		SUPERVISOR'S NAME
	REASON FOR LEAVING:	TELEPHONE ()

APPLICATION SUPPLEMENT

Criminal Conviction

You must complete this section truthfully. A falsified application will result in disqualification, removal of name from an eligibility list, and/or termination from employment.

Position for which you are applying: _____

Have you ever been convicted of a misdemeanor or felony? This includes driving under the influence of intoxicating liquor (DUI) and/or possession of marijuana. This does not include minor traffic violations.

YES

NO

Nature of Offense (Brief Description)	Date Mo/Yr	Location (City & State)	Disposition	Penal Code Violation #

Comments:

Do you have the legal right to work in the United States?

Yes No

Can you perform the essential functions listed on the job description with or without accommodations?

• Yes • No

I am requesting that you contact me regarding test process accommodation.

• Yes • No

Declaration

I declare that I have read and understand all of the questions and statements listed above and the answers that I have given are true and correct.

Signature of Applicant: _____ ***Date signed:*** _____

Printed Name: _____

CARLSBAD UNIFIED SCHOOL DISTRICT

Please read each paragraph below carefully and initial where indicated. Please sign and date below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of a material fact on this application or on any document used to secure employment shall be grounds for immediate rejection of this application or for immediate discharge if I am employed, regardless of when Carlsbad Unified School District may discover any such omission or misstatement.

_____ I hereby authorize the Carlsbad Unified School District Superintendent, or his/her designee, to conduct a background investigation in order to assess my eligibility for a position requiring a high level of reliability and trustworthiness. I authorize all persons who may have information relevant to this investigation to disclose it (including photocopies where requested) to the Carlsbad Unified School District Superintendent or his/her designee, and I release all persons from liability on account of such disclosure. I understand that the investigation may include verification of past employment, education, residential history, and opinions of references.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by the Carlsbad Unified School District, I am entitled to copies of such public records obtained by the District unless I withhold my initials from this paragraph. If I am not hired as a result of such information, I am entitled to a copy of such records, even if I have not initialed beside this paragraph.

_____ I authorize that a photocopy of my signature below may be used to obtain information regarding the investigation. Furthermore, in the event that I leave employment with the District, I authorize the District to share relevant information regarding my employment and release all persons from liability on account of such disclosure.

Signature of Applicant

Printed Name of Applicant

Date

Accommodation: In compliance with the Americans with Disabilities Act, applicants requiring accommodation for an employment examination must notify the Personnel Commission Office.

Merit System: Appointment and continuing employment of classified employees are based on the merit principle. Statements of these principles and policies are contained in the Personnel Commission Rules & Regulations of the Carlsbad Unified School District, and in the Education Code of the State of California (45100 et seq).

Eligibility List: Candidates successfully completing all phases of the application and examination process will be ranked on the appropriate eligibility list according to total examination score. The lists are normally in effect for the period specified on the employment bulletin.

Veteran's Preference: Veteran's preference points will be added to passing scores in open examinations for entry level positions. Applicants must provide documentary evidence of eligibility at the time of application or examination. (Education Code 45294)

Revised 7/9/2021

**CARLSBAD UNIFIED SCHOOL DISTRICT
CONFIDENTIAL STATISTICAL DATA**

Name (Last, First, Middle): _____

The confidential information requested below is necessary for reporting statistical information to the state and federal government. This information will be detached from your application. It will not be made available to any person involved in the hiring process or used in any way to make employment decisions. Completion of this form is voluntary. Your participation is appreciated.

Please check one response for each question:

What is your ethnic origin? Declined to state

African American, Not of Hispanic origin
Hispanic or Latino
Asian
American Indian or Alaska Native
White, Not of Hispanic origin
Filipino
Pacific Islander

What is your gender? Declined to state

Male
Female

What is your age group? Declined to state

Under 21
21-39
40 or over

What is your Veteran status? Declined to state

Served in Vietnam, Gulf, WWII or Korea
Veteran other than those listed above-served in time of war or national emergency declared by U.S President
Non-veteran