

Expanded Learning Employee Application



Personal Information

Last Name	First Name	Middle Initial	Date of Birth
Address		City	State Zip Code
Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work E-mail Address	
In case of emergency notify		Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Relationship	
Expanded Learning Provider Name		School Site	
<input type="checkbox"/> Current Driver's License copy attached		<input type="checkbox"/> Educational Requirements attached	
<input type="checkbox"/> TB Clearance attached – valid through: _____ (issuance date plus 4 years)			
<u>PLEASE MAKE SURE YOU ANSWER THIS QUESTION</u>			
Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," list on the back of this sheet all convictions including, but not limited to convictions for "driving under the influence" and convictions for sex and/or drug offenses as listed in California Education code Sections 44010 and 44011.			
FEES: \$48 - California Department of Justice (DOJ) background check. For applicants who have lived continuously in California for the past seven (7) years. \$67 - Federal Bureau of Investigation (FBI) and DOJ background checks. For applicants who have lived outside of California for any period of time in the past seven (7) years.			
ACCEPTABLE FORM OF PAYMENT: EXACT CASH			

Please Select the Appropriate Position Title

<input type="checkbox"/> Site Coordinator/Program Manager/Site Director	<input type="checkbox"/> Expanded Learning Service Contractor
<input type="checkbox"/> Program Administrator	<input type="checkbox"/> Substitute
<input type="checkbox"/> Team Leader/Program Assistant	
If a replacement, please list name of staff replacing:	

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of these statements verified by the District, unless I have indicated to the contrary. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the District, as well as from the use or disclosure of such information by the district, or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to work in Twin Rivers Unified School District.

Signature of Expanded Learning Employee _____
Date

Signature of Special Projects Program Specialist/Director _____
Date

Education Code §3502 prohibits the District from allowing persons required to register as a sex offender under Penal Code §290 to serve in a volunteer capacity as an aide or supervisor of students. Accordingly, before authorizing a person to serve as a volunteer, the District will conduct an automated records check pursuant to Education Code §35021.1 and/or call the Department of Justice or the Sheriff's Office to inquire whether the individual is a registered sex offender pursuant to the process set forth in Penal Code §290.4.

*** FOR DISTRICT OFFICE USE ONLY ***

Date Fingerprinted/Initials: _____ Date Badge Received/Initials: _____

Comments: _____