

TEACHING EXPERIENCE

Please list most recent first (Attach additional sheets if necessary)

School Name	Telephone
Address	Dates Employed From _____ To _____
Name of Supervisor	
Course(s) Taught	

School Name	Telephone
Address	Dates Employed From _____ To _____
Name of Supervisor	
Course(s) Taught	

School Name	Telephone
Address	Dates Employed From _____ To _____
Name of Supervisor	
Course(s) Taught	

OTHER EXPERIENCE

Especially in those fields you wish to teach

Firm or Employer	Telephone
Address	Dates Employed From _____ To _____
Name of Supervisor	
State Job Title and Describe Your Work	

Firm or Employer	Telephone
Address	Dates Employed From _____ To _____
Name of Supervisor	
State Job Title and Describe Your Work	

References (Please list persons who have supervised your work)

Name	Position	Address	Telephone

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.

APPLICANT'S SIGNATURE _____ DATE _____

The Downey Unified School District adheres to a policy of nondiscrimination regarding race, color, ancestry, religious creed, national origin, sex, physical handicap, medical condition, or age and complies with the requirements of Title IX in its employment practices and educational programs.

This application will become void two years after date received. Please feel free to re-apply, if you are still interested in employment in the Downey Adult School.