

**Paradise Unified School District
6696 Clark Road, Paradise, CA 95969
(530) 872-6400, Fax 872-6409**

M E M O R A N D U M

TO: CERTIFICATED SUBSTITUTE APPLICANTS

FROM: PERSONNEL SERVICES, DISTRICT OFFICE

RE: SUBSTITUTE CALLING SERVICE

The Paradise Unified School District has a centralized substitute calling service. Our substitute caller, Ms. Cindy Hebert, schedules substitutes for all schools in our district. She is at the District Office from 6:00-8:00 in the mornings.

After receiving your complete application packet, we will mail reference check forms to all three of the references you have listed. References must be individuals who have observed you teach or work with children and cannot be relatives. When these are returned to us, and they are appropriate, then you will be called and asked to come by with your check to "PUSD" for \$53.60 and pick up our livescan fingerprint form for you to take to the sheriff's office in Oroville (or \$32 to PUSD and then pay \$21.28 to the Paradise Police Department to be printed in Paradise). Once we receive an email clearance from the Department of Justice (and we have been getting these back very quickly—within a few days), you will be called to come in and view our 20 minute Substitute Teaching video and then be added to our list and your check will be destroyed/returned. If we do not receive a clearance, or your application is found to contain false information, we keep the check to pay the fingerprinting fees.

At this time Paradise Unified is not a part of the Butte County fingerprint clearinghouse (due to the cost). If you wish to work also for other districts or Butte County, they may require a fingerprint clearance too.

PUSD teachers will contact Cindy to notify her of their need for a substitute. They are not to arrange for a substitute on their own, nor are secretaries or administrators to arrange for substitutes. If someone other than our substitute caller contacts you (except when the District Office personnel must arrange a substitute after school hours have begun), please do not accept the request. Should you need to contact the substitute caller, you may call 872-6405 (or 872-6400, ext. 231) and leave a message. Cindy will return your call.

Substitute teacher salary

	Daily Sub	21 days continuous service for same staff person (long-term sub)
Full (7 hr.) day	\$90.00	\$160.00
More than half but less than full	\$72.00	\$128
Up to half day	\$45.00	\$80.00
	\$5 extra for Ridgeview, Pine Ridge, Cedarwood Schools.	

If you have questions or suggestions on how to improve our system, please contact Personnel (872-6400) or send a note to the above address. On behalf of the entire staff, please know that we appreciate the services and support you give to our students and us. Thank you for all that you do!

Paradise Unified School District

TO ALL SUBSTITUTE TEACHER APPLICANTS:

To be placed on our substitute teaching list, we need to have the information requested below as well as the attached forms. This information is required for payroll purposes. Please complete in full.

Last Name _____, **First Name** _____

1.	Are you currently student teaching with a PUSD teacher? *If yes, for which PUSD Teacher and site? _____ @ _____ Which Supervising Teacher at which college? _____ @ _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
2.	Have you ever been a paid employee with PUSD before? *If yes, approximately when? _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
3.	Is your credential registered with Butte County? *If you teach in our district but your credential is not registered with the Butte County Office of Education, they will not release your paycheck. Please attach a copy .	<input type="checkbox"/> No*	<input type="checkbox"/> Yes
4.	Are you currently a member of STRS?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5.	Have you <i>ever</i> been on a STRS or PERS Retirement System? If yes, was it withdrawn? <input type="checkbox"/> Yes <input type="checkbox"/> No or are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
6.	If you are not currently in STRS, are you now electing membership? *If yes, please complete the attached Permissive Election of STRS Membership form	<input type="checkbox"/> No	<input type="checkbox"/> Yes *
7.	Please include your birthdate: _____. This information is required for payroll to credit your substitute work correctly with STRS.		
8.	Please attach a copy of current TB clearance . A copy must be in our files in order for you to be placed on the substitute list. (A TB clearance is good for four years from date of issue.) TB clearance expires _____.		
9.	Please attach verification of passing CBEST .		
10.	Please bring in your identification for the I-9 (accepted documents are listed on the reverse side). We will need to see the original documents and make a copy.		
11.	Will you be able to substitute at the K-6 level?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
12.	Will you be able to substitute at the 7-8 level? Subject preferences: _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
13.	Will you be able to substitute at the 9-12 level? Subject preferences: _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Signature

Date

Please note: We update our substitute teaching list each August. If you wish to be placed on the list for the new school year, contact the District Office at 872-6400. Please advise us if you are no longer available for substitute work or if your address or telephone number is changed.

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CERTIFICATED SUBSTITUTE APPLICATION

(Answer all questions--Print in ink or type)

Name _____ Telephone _____ Soc.Sec. ____ - ____ - ____
 Address: _____ City _____ State ____ Zip _____
 Email address: _____

California Credential now held	Expiration Date(s)

☞ Attach copies of credential, if possible. If employed, you will be required to have your credential registered at the Butte County Office of Education.

Have you passed the CBEST? Yes No Pending, will receive _____ (date)
 If not, have you been employed in a position requiring certification in any school district within the previous 39 months. You will need to bring in proof.

Teaching experience: Include relevant volunteer or unpaid experience. (List last position first, include student teaching if less than two years for other positions.)

School District & Address	Public or Private	Full or Pt- Time	Regular or Substitute	Dates	No.of Months	Grade Levels	Principal/ Supervisor

Other Work Experience:

Name of Employer _____
 Address _____
 Position Held _____ Immediate Supervisor _____
 Date Hired _____ Date Left _____ Reason for Leaving _____
 Describe duties _____

References. list 3 individuals who have directly observed or supervised your teaching. (If you have not taught, please give us names of those who have observed your working with kids, i.e., coaching, church leadership, etc.) Do not include family members as references. Please write neatly.

Name and mailing address (envelope address)	Title or Position	Telephone

College or University Degrees(s)

Name	Location	Major	Minor	Degree

The following information is **REQUIRED** for your application to be considered. Your answers will not necessarily disqualify you from consideration, except for affirmative responses to certain enumerated sex and/or drug convictions and/or convictions for committing serious and/or violent felonies. **EXPLAIN ALL "YES" ANSWERS BELOW OR IF NECESSARY ON A SEPARATE PIECE OF PAPER TO BE ATTACHED.**

Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you resigned from or otherwise left public or private school employment to avoid investigation for alleged misconduct and/or dismissal in California or any other state or place?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been dismissed or not reemployed in any probationary or permanent position?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever pleaded guilty or been convicted of any crime or entered a plea of nolo contendere? (State law requires that all applicants prior to employment be fingerprinted and prohibits employment of any person convicted of certain sex, narcotic offenses and violent crimes.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of any felony or misdemeanor offense, other than a minor traffic violation that did not result in suspension or revocation of your driver's license? [Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or a jury.]
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you now have charges pending against you which have not been adjudicated?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has your credential ever been suspended or revoked?

For each question answered yes, explain in writing the circumstances and **attach** hereto.

Are you able to perform the essential job functions which may or may not require a reasonable accommodation? Yes No

Please include additional information you think important to add to this application.

Pursuant to the Immigration and Reform Act of 1986, I understand that an offer of employment made to me will be conditional on my ability to provide evidence of my legal right to work in the United States.


I understand that falsification of information on this application and supporting materials is grounds for discipline including dismissal and/or termination of employment.

I hereby certify that the foregoing information is accurate in all respects, and I authorize investigation of all statements herein recorded. All listed references and previous employers may be contacted. I release from all liability persons and organizations reporting information required by this application.

Dated _____ Signature _____

Paradise Unified School District is an equal opportunity employer.

Applications will remain on file for six months. On request, we will keep them active for a longer period.

 For more information please visit our web site at: www.pusdk12.org

If this form has been emailed to you, you will also need to pick up, fill out and return:

- (1) Oath or Affirmation;
- (2) Employment Eligibility Verification (w/your documents establishing identity and employment eligibility);
- (3) Federal and California tax withholding (W-4); and

Permissive Election and Acknowledgement of Receipt of CALSTRS Defined Benefit Plan Membership Information