LOS ANGELES UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES - EMPLOYEE RELATIONS UNIT

TEACHING EMPLOYMENT/LICENSING DENIALS

NAME _____ __ __ __ __ __ __ __ __ __
(PLEASE PRINT) LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

_____
(Provide name under which employment/licensing problem occurred, if different from above.)

ADDRESS _____
STREET CITY STATE ZIP

_____
TELEPHONE NUMBER

INFORMATION: The District has a responsibility to children and the public which requires that applicants with teaching employment and/or licensing denials be carefully reviewed before actual consideration for employment.

INSTRUCTIONS: Employment/Licensing Denial - In the space provided, give complete and accurate details of teaching employment and/or licensing denial and/or adverse action initiated. Although you may have been informed of clearance, you must list all employment and/or license denials and/or adverse action initiated. List in chronological order, most recent first.

PROVIDE THE FOLLOWING FOR EACH EMPLOYMENT/LICENSING DENIAL				IDENTIFY EMPLOYMENT/LICENSING DENIAL PENDING OR CLEARANCE
DATE	**CITY**	**STATE**	**SCHOOL/DISTRICT**	

OFFICE USE		
ACTION	DATE	AUTHORIZED

I have listed all my employment and/or licensing denials and certify that the above is true and correct. My signature below. Authorizes a District representative to obtain employment and/or licensing denial information.

_____
SIGNATURE DATE