



**Los Angeles Unified School District
Division of Adult and Career Education**

RETIREE APPLICATION FOR SUBSTITUTE EMPLOYMENT

APPLYING TO WORK AS: _____

SOCIAL SECURITY NO. _____ - _____ - _____ Employee No. _____

APPLICANT INFORMATION:

Name: _____			Telephone: Res: _____ - _____	
Last	First	Middle	Bus: _____ - _____	
E-mail address: _____				
Address: _____				
City			State:	Zip:

1. Former name(s) by which records may be identified: _____
2. Do you have valid California teaching credentials : Yes No
3. **CERTIFICATED EXPERIENCE:** Give full and accurate data regarding your most recent three (3) years of PAID EXPERIENCE. List your most recent experience first.

Name of School or Office	Location	Principal or Supervisor	Grade (Level)s	Date (Years) From	Date (Years) To

4. In order for this application to be processed you must be receiving service retirement payments from the California State Teachers Recruitment System. Are you receiving such payments? Yes No
5. Have you served in the U.S. Armed Services? Yes No
6. This application **MUST** be signed on page 2 of the Agreement to Employment.

HR1441

AGREEMENT TO EMPLOYMENT

1. **CONVICTIONS:** You MUST complete Form 6087 if you have ever been convicted, fined, placed on probation, given a suspended sentence, or forfeited bail in connection with any violation of law, regardless of any subsequent court dismissal or expungement, with the exception of minor traffic violations such as parking or speeding.

PENDING COURT CASES: You MUST complete Form 6087 if you have any pending criminal court cases.

DO YOU HAVE A CONVICTION OR PENDING CRIMINAL COURT CASE TO REPORT ON FORM 6087?

Yes No

Verified By:	Date:
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2. **FOR EVALUATIONS THAT DENOTE LESS-THAN-SATISFACTORY SERVICE:** "I understand that, if I have been issued an evaluation of any kind that denotes less-than-satisfactory service while employed with the Los Angeles Unified School District, or while serving in any school or district, public or private during the past five (5) years including evaluations currently pending, I must attach a statement on Form 1088, Report of Evaluation of Less-Than-Satisfactory Service." This information will be considered in your evaluation for employment with the Los Angeles Unified School District. Yes No "If yes, request a copy of Form 1088."

Verified By:	Date:
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AN EVALUATION INDICATING LESS-THAN-SATISFACTORY SERVICE BY ITSELF DOES NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT. HOWEVER, FAILURE TO ACCOUNT FOR ALL EVALUATIONS INDICATING LESS-THAN-SATISFACTORY SERVICE EITHER BY NOT REQUESTING FORM 1088 OR FAILING TO DECLARE ALL EVALUATIONS OF LESS-THAN-SATISFACTORY SERVICE ON FORM 1088 WILL RESULT IN DISQUALIFICATION OR DISMISSAL.

3. Have you ever had a credential, application, permit, license, or other document authorizing public school service or teaching suspended, revoked, voided, denied and/or otherwise rejected for cause in California or any other state or place?

Yes No

4. Have you resigned from or otherwise left any type of employment to avoid investigation for alleged misconduct and/or dismissal in California or any other state or place?

Yes No

5. Have you ever been dismissed from or not reemployed by a public or private school while holding a teaching or non-teaching position(s), or while in any other type of employment?

Yes No

6. Are you now the subject of any inquiry, disciplinary action, review or investigation, in any school district, by a teacher licensing agency, or in the courts of California or any other state in connection with any alleged misconduct?

Yes No

7. Is any adverse action now pending against a credential or permit which you hold and which authorizes public school service or teaching in California or any other state?

Yes No #3 - 7

Verified by:	Date
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"I understand that, if I have responded yes to any question (numbers 3 - 7) above, I must complete Form 1086."

8. "I understand that, before I may be assigned to a District position, I must meet the health standards required by the state of California. This includes a test for tuberculosis (must be determined through a Mantoux Tuberculin skin test or chest x-ray if you have ever tested positive) pursuant to Education Code 49406 and certification from a licensed physician that my health meets state standards, in accordance with Education Code 44839, to perform in the position for which I am applying. I further understand that this is at my own personal expense."

9. "I understand that, prior to employment, each new employee of the Los Angeles Unified School District must complete and sign the Oath of Allegiance required of all public employees by Section 3, Article XX, of the Constitution of the State of California."

10. "I understand that, in order to teach in the Los Angeles Unified School District, it is necessary to hold or be eligible for a valid teaching credential issued by the Commission on Teacher Credentialing, Sacramento, California."

11. "I understand that recent changes in the federal immigration laws (Immigration Reform and Control Act of 1986) require employers to verify and attest to the authorization of all new employees to work in the position offered. This requirement applies to all applicants. At the time of hiring, I must submit certain documentation in order to establish both my identity and employment authorization. For example, I may be asked to present my driver's license and Social Security card, birth certificate or passport."

12. "I understand that the Education Code Section 44838 requires that, if I have ever rendered military service. I must indicate such, and submit, as part of this application, a copy of the discharge release from service."

"I hereby certify that I have completed this application accurately and that I have read the statements above. I authorize the Los Angeles Unified School District to obtain information concerning me from former employers and any other persons I have given as references. I release all concerned from liability in connection therewith. I understand that incomplete or false statements may disqualify me from employment with the Los Angeles Unified School District."

Signature _____

Date _____



**LOS ANGELES UNIFIED SCHOOL DISTRICT
Division of Adult and Career Education**

EMPLOYMENT AUTHORIZATION FOR RETIRANT

READ "INSTRUCTIONS FOR COMPLETION"

SECTION I - TO BE COMPLETED BY RETIRANT

NAME OF RETIRANT (LAST, FIRST, MIDDLE INITIAL, MAIDEN)		SOCIAL SECURITY NUMBER	
DATE OF RETIREMENT	DATE OF LAST EMPLOYMENT	DISTRICT AND COUNTY RETIRED FROM	DATE OF BIRTH
HAVE YOU BEEN EMPLOYED IN CALIFORNIA PUBLIC SCHOOLS SINCE RETIREMENT? YES NO		IF "YES", WHAT WAS DATE OF LAST EMPLOYMENT AS A RETIRANT?	
COMPLETE ADDRESS OF RETIRANT (NUMBER, STREET, CITY, STATE, ZIP CODE)			
<i>I hereby authorize the named physician to release to the State Board of Education, and any County Superintendent of Schools, the governing board of a school district to which I have applied for employment, and representatives of any of them, any and all information regarding my physical or mental condition, including but not being limited to the history, findings, diagnosis, treatment given, present condition and prognosis.</i>			
SIGNATURE OF RETIRANT		DATE SIGNED	

SECTION II - TO BE COMPLETED BY PHYSICIAN

CERTIFICATION OF FREEDOM FROM CONTAGIOUS OR INFECTIOUS DISEASE			
<i>I hereby certify that, I am licensed to practice as a physician and on the date shown below I examined the above named person and found him/her to be free from any contagious or infectious disease including freedom from active tuberculosis.*</i>			
		()	
Signature of Physician	State License Number	Area Code	Telephone Number
TYPE OR PRINT NAME OF PHYSICIAN		SIGNATURE OF PHYSICIAN	
BUSINESS ADDRESS OF PHYSICIAN		DATE OF EXAMINATION	
*Important - A notice from a public health agency or unit of the Tuberculosis Association may be substituted for only that part of the physician's statement relating to tuberculosis.			

SECTION III - TO BE COMPLETED BY EMPLOYING SCHOOL DISTRICT

NAME OF SCHOOL DISTRICT LOS ANGELES UNIFIED SCHOOL DISTRICT		DISTRICT NUMBER 556
EMPLOYEE RETIRED FROM LOS ANGELES UNIFIED, LOS ANGELES COMMUNITY OR A COUNTY OTHER THAN LOS ANGELES YES NO	IF "YES" OBTAIN AND ATTACH A COPY OF THE STRS FORM MS 1218 WHICH THE TEACHER RECEIVED FROM THE STATE	
DATE SERVICE WILL BEGIN	SERVICE MAY NOT BE RENDERED PRIOR TO THE DATE OF PHYSICIAN'S CERTIFICATE (SECTION 11-A)	
RETIREMENT CATEGORY TEN (10) MUST BE USED FOR PAYROLL PURPOSES		
SIGNATURE OF AUTHORIZED DISTRICT OFFICIAL		DATE SIGNED

FOR OFFICE USE ONLY

VERIFIED RETIREMENT DATE	APPROVED
EMPLOYMENT AUTHORIZATION VALID BEGINNING	CERT

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**INSTRUCTIONS FOR COMPLETION OF
EMPLOYMENT AUTHORIZATION FOR RETIRANT**

NOTE TO RETIRANT

1. Complete Section 1.
2. Your physician must complete Section II.
3. Your initial employment following retirement cannot commence prior to the date your physician has signed the "Certification of Freedom from Contagious or Infectious Disease" in Section II of this form, or the effective date of your retirement, whichever is later. Complete this form and return to the school district.
4. Pursuant to E.C. 44839.5 states that your medical examination required for initial employment as a retirant shall be at the retirant's expense and shall be conducted not more than six months before completion and submission of the certificate which is Section II of this form.
5. A school district or county superintendent of schools which initially employed a retirant, or subsequently employs a retirant, or subsequently employs a retirant, may require a periodic medical examination to determine that the retirant is free from communicable disease. The periodic medical examination shall be at the expense of the school district or county superintendent.
6. Pursuant to Education Code Section 24214 (e) effective through June 30, 2009, individuals retired for serve who have not performed creditable service for at least 12 consecutive months after retirement may be temporarily employed to perform certificated services without an earnings limitation.
7. Pursuant to Education Code Section 24216.6 effective through June 30, 2010, STRS members retired from service on or before January 1, 2007 who are employed to provide direct remedial instruction to pupils in grades 2-12, as specified, may be exempt from the earnings limit.

NOTE TO EMPLOYING SCHOOL DISTRICT

1. Complete Section III of this form.
2. A retired Teacher Employment Authorization form must be filed with the Los Angeles County Superintendent of Schools only by the school district initially employing a teacher after his/her retirement. This form is also required on initial employment of a retirant as a consultant or independent contractor if earnings are paid on a salary warrant.
3. In Section 1, if the teacher indicated he/she has not been employed in the public school system since retirement you are the initial employing district. The initial district should not request credential Verification of Registration information. Verification of Registration information will be sent to the district with the approved authorization copy.
4. If the teacher retired from either the Los Angeles Unified or the Los Angeles Community College district or from a county other than Los Angeles County, a copy of the STRS allowance form (which the teacher received from the state office) must be attached to the initial Retired Teachers Employment Authorization.
5. In Section 1, if the teacher indicated he/she has been employed in the public school system since retirement, it is not necessary to file a Retired Teacher Employment Authorization. After the initial Retired Teacher Employment Authorization has been filed with the Credentials Section of the Division of School Financial Services at the County Office, the Verification of Registration information will be sent to the employing school district.

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