

APPLICATION FOR EMPLOYMENT - CERTIFICATED

PERSONAL DATA

NAME	ADDRESS	CITY/STATE/ZIP
SOCIAL SECURITY #	RESIDENCE PHONE #	BUSINESS PHONE #
EMERGENCY CONTACT	RELATIONSHIP	PHONE #

POSITION FOR WHICH YOU ARE APPLYING:

- FULL-TIME TEACHING POSITION, SUBJECT: _____
- SUMMER SCHOOL TEACHING, SUBJECT: _____
- COUNSELOR
- SUBSTITUTE

CBEST COMPLETED:

- YES, CARD NUMBER _____
- NO, DATE TO BE TAKEN _____

CREDENTIAL INFORMATION

PLEASE LIST ALL CREDENTIALS CURRENTLY HELD:

TYPE	SUBJECT
STATE	EXPIRATION DATE
TYPE	SUBJECT
STATE	EXPIRATION DATE
TYPE	SUBJECT
STATE	EXPIRATION DATE

For What California Teaching Credentials Have You Applied: _____

Date Application Sent to Credential Commission: _____

CURRENT CERTIFICATES

BCLAD: YES NO IN PROGRESS: YES NO DATE COMPLETION EXPECTED: _____

CLAD: YES NO IN PROGRESS: YES NO DATE COMPLETION EXPECTED: _____

LANGUAGE: _____

OTHER CERTIFICATES: _____

COLLEGE OR UNIVERSITY EDUCATION AND PROFESSIONAL TRAINING

College Attended City/State	Dates Attended	Major	Minor	GPA	Date Graduated

UNITS OF GRADUATE WORK BEYOND BA/BS (1 quarter unit = 2/3 semester unit): _____

NAME OF HIGH SCHOOL LAST ATTENDED: _____
City/State

TEACHING/COUNSELING EXPERIENCE

LIST YOUR TEACHING OR COUNSELING EXPERIENCE FOR THE PAST FOUR YEARS AND INDICATE TYPE, SUCH AS REGULAR, SUBSTITUTE OR STUDENT TEACHING, LISTING THE LAST POSITION FIRST. ATTACH SEPARATE PIECE OF PAPER IF NEEDED.

DATE: TO/FROM SUBJECT TYPE

SCHOOL DISTRICT/ADDRESS/PHONE #

DATE: TO/FROM SUBJECT TYPE

SCHOOL DISTRICT/ADDRESS/PHONE #

DATE: TO/FROM SUBJECT TYPE

SCHOOL DISTRICT/ADDRESS/PHONE #

ADDITIONAL EMPLOYMENT DATA

- 1. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES NO
- 2. HAVE YOU EVER BEEN DISMISSED FROM ANY TEACHING POSITION? YES NO
- 3. HAS YOUR CREDENTIAL EVER BEEN REVOKED? YES NO
- 4. WOULD YOU RESIGN, OR TAKE A LEAVE OF ABSENCE FROM YOUR PRESENT JOB IF YOU WERE OFFERED THIS POSITION? YES NO

IF YOU ANSWERED "YES" FOR QUESTIONS 1 THROUGH 4, EXPLAIN THE CIRCUMSTANCES BELOW. IF YOU REQUIRE MORE SPACE, PLEASE USE AN ATTACHMENT TO THIS FORM.

- 5. ARE YOU A U.S. CITIZEN? YES NO
- 6. DO YOU HAVE QUALIFICATIONS WHICH ESPECIALLY EQUIP YOU TO WORK WITH CULTURALLY DIVERSE AND/OR MINORITY GROUPS AND MULTIETHNIC PROGRAMS? IF YES, PLEASE INCLUDE A BRIEF EXPLANATION.

REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES. INCLUDE ONLY THOSE WHO HAVE KNOWLEDGE OF YOUR TEACHING EXPERIENCE I.E; SUPERINTENDENTS, PRINCIPALS, SUPERVISORS AND STUDENT TEACHING MASTER TEACHERS.

NAME	RELATIONSHIP	ADDRESS	CITY/STATE/ZIP	PHONE #

I HEREBY CERTIFY THAT ALL STATEMENTS MADE HEREIN ARE TRUE, CORRECT AND FACTUAL 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, AND UNDERSTAND THAT WITHHOLDING OR FALSIFICATION OF INFORMATION ON THIS FORM IS GROUNDS FOR DISMISSAL.

DATE

SIGNATURE

FOR THIS APPLICATION TO BE CONSIDERED COMPLETE, YOU MUST ATTACH THE FOLLOWING TO THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

- Copy of current valid credential
- Three (3) letters of recommendation
- CBEST Verification
- Copy of college transcripts (unofficial transcripts may be submitted originally; official transcripts must be submitted within 30 days from hiring date)
- Tuberculosis verification (valid for 4 years from issuance. District can give paperwork to have test done if necessary)
- Cover letter