

APPLICATION FOR EMPLOYMENT

Please type or use ink.

Date: _____

Name: _____
Last First

Phone: _____
(Home) _____
(Business) _____

Address: _____

City/State/Zip

Social Security Number

Position for which you are applying: _____

Complete the following, if job-related:

Are you able to communicate in any language other than English? ___Yes ___No If, yes, indicate language(s) and degree of ability to communicate.

Language	Speak	Read	Write	Understand

Do you have a valid drivers License?

State: _____

Number: _____

CALIFORNIA CREDENTIALS:

Type: _____

Expires: _____

Type: _____

Expires: _____

Name of California Teaching credential applied for: _____

Date of Application: _____

Have you ever participated in an approved Induction Program? (BTSA, etc.) ___Yes ___No

Has your credential ever been suspended or revoked? ___Yes ___No

Have you ever been dismissed, or asked to resign, from any position requiring certification? ___Yes ___No

Have you ever been convicted for anything other than a minor traffic violation? ___Yes ___No

(For each question answered yes, explain in writing the circumstances and attach statement to this form)

Have you passed the CBEST? ___Yes ___No

Are you or have you ever been a member of California Teachers' Retirement System? ___Yes ___No

EXPERIENCE IN EDUCATION:

List last position first. If more than five years, list position for last five years. If none, report student teaching experience.

Type*	Dates		Grades or Subjects	School District	District Address	Phone
	From	To				

*Indicate type: regular, substitute, or student teaching.

If you have qualifications which have especially prepared you to work with culturally different and or minority groups and multiethnic programs, include a brief explanation:

COLLEGE OR UNIVERSITY EDUCATION:

Name & Addresses of Schools Colleges or Universities	Major Subjects & Degrees	Minor Subjects	Graduated	
			Date	Degree

Number of units of graduate work beyond BA or BS degree: _____ semester units _____ quarter units

My placement papers are on file with the following placement office:

Address

City/State/Zip

PROFESSIONAL REFERENCES: (Include only those who have knowledge of your teaching experience; e.g. superintendents, principals, supervisors, and student teaching master teachers.)

Name	Occupation	Address and phone number

I hereby certify that the statements in this application are true and complete and authorize investigation of all statements herein recorded. I release from all liability persons & organizations reporting information required by this application.

Applicant's Signature

Date