



Faculty / Certificated Staff Application

Position Applying For: _____

Fluent in American Sign Language (ASL): Yes No

In addition to English, I am fluent in: _____

Personal Information

Last Name		First Name		Middle Initial	
Mailing Address		City		State	Zip
Email				Fax #	
Home Phone	Work Phone		Cell Phone		Video Phone #

Education

College/University	From	To	# of Semester Units	# of Quarter Units	Major	Minor

California Credentials Held	Type	Expiration
_____	_____	_____
_____	_____	_____
Out-of-State Credentials Held	Type	Expiration
_____	_____	_____
_____	_____	_____

List additional credentials on separate sheet and attach with your application.

Student Teaching Experience* (If Applicable)

District	School	From	To	Grade	Subject	Master Teacher

*Note: Transcript showing student teaching & grade must be attached (if applicant has completed student teaching).

Part or Full-Time Experience**

*(**include substitute teaching / coaching experience, if applicable)*

From (M/D/Y)	To (M/D/Y)	Job Title/Classification (Range or Level, if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Hours per week	Total Worked (Yr/Mos)	Company/State Agency Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervisor/Phone Number	Address
<input type="text"/>	<input type="text"/>

Duties Performed

Reason for Leaving

From (M/D/Y)	To (M/D/Y)	Job Title/Classification (Range or Level, if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Hours per week	Total Worked (Yr/Mos)	Company/State Agency Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervisor/Phone Number	Address
<input type="text"/>	<input type="text"/>

Duties Performed

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From (M/D/Y)	To (M/D/Y)	Job Title/Classification (Range or Level, if applicable)
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Hours per week	Total Worked (Yr/Mos)	Company/State Agency Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervisor/Phone Number	Address
<input type="text"/>	<input type="text"/>

Duties Performed

Reason for Leaving

Instructions

Application

No interviews may be conducted without a submitted application.

- All information on the application must be completed accurately and be verifiable.
- Applications will be eligible for consideration only after all supporting materials have been received and processed.
- It may not be possible to acknowledge receipt of applications.

Please submit the following documents with your application.

- Copy of current credentials held
- Resume
- Official Transcripts
- Three Professional References
- Three Current Letters of Recommendation

Credentials

In order to be considered for employment, eligibility for the appropriate California Teaching Credential is required, including evidence of NCLB compliance, if applicable.

Interview

An interview is part of the selection process. Applicants are considered based on a completed application, transcripts, and references. Interviews will be scheduled for candidates as dictated by department. Candidates will be contacted to arrange for appointments.

Email attachments (or mail) completed application materials to:

Dr. Chemene Hooker-Henry, Director - Human Resources
CA Dept. of Education - State Special Schools - Diagnostic Centers
500 Walnut Avenue
Fremont, CA 94536

For questions and/or additional information, please contact Dr. Chemene Hooker-Henry, at chhenry@csb-cde.ca.gov or (510) 936-5587

Please Note: Failure to complete all parts of the application may prevent your application from receiving consideration for vacancies

Certification of Application

Answers will not necessarily disqualify you from consideration:

A. Have you ever been convicted by any court of an offense***? Yes No

The following need not be reported:

1. Minor traffic violations for which the fine was \$50 or less
2. Any offenses which were finally settled in a juvenile court or under a welfare youth offender law
3. Any incident that has been sealed under welfare and institutions code section 781 or penal code section 1203.45
4. Any conviction specified in health and safety code section 11261.5. This section pertains to various marijuana offenses

B. Has your driver's license ever been suspended or revoked***? Yes No

***If your answer to (A) or (B) is yes, please attach a letter of explanation.

C. Do you possess a valid California driver's license Yes No

If yes, enter your driver's license number _____

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the interview process or dismissal from employment with the State of California. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California.

Signature: _____ Date: _____

CALIFORNIA STATE GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER: The law prohibits discrimination on the basis of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age or sexual orientation.