



**Please TYPE or PRINT in INK.**

# Application for Certificated Public School Employment

**POSITION APPLYING FOR:** \_\_\_\_\_ Date(s) available for interviews: \_\_\_\_\_  
 \_\_\_\_\_ Date available for employment: \_\_\_\_\_

**1. Personal**

Name \_\_\_\_\_  
FIRST MIDDLE OTHER NAME LAST NAME

Current Address \_\_\_\_\_  
CITY ZIP CODE

Permanent Address \_\_\_\_\_  
CITY ZIP CODE

Phone: (Home) ( ) (Work) ( )

E-mail Address \_\_\_\_\_ Cell or other phone ( )

**2. Subject(s), grade level(s), or nonteaching position(s) according to preference:**

First preference \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

Other subjects you are qualified to teach; activities to direct; or positions to fill \_\_\_\_\_

Do you speak, read, or write any language other than English?  YES  NO If YES, please list and indicate your level of proficiency:

Language \_\_\_\_\_ Level of Proficiency \_\_\_\_\_

Language \_\_\_\_\_ Level of Proficiency \_\_\_\_\_

**3. California credentials now held:\***

Type \_\_\_\_\_ Expires \_\_\_\_\_

Type \_\_\_\_\_ Expires \_\_\_\_\_

Name of California Teaching Credential applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Are you or have you ever been a member of the California Teachers' Retirement system?  YES  NO

**\*Please attach a copy of your teaching credential (front and back) to your application. FAILURE TO PROVIDE THIS INFORMATION WILL CREATE A DELAY IN CONSIDERING YOUR APPLICATION.**

**4.** Has any credential you have held in any state ever been suspended or revoked?  YES  NO *For each question answered YES, explain in writing the circumstances and attach the statement to this form.*

Have you ever been dismissed or asked to resign from any teaching position?  YES  NO

Have you ever been convicted for anything other than a minor traffic violation?  YES  NO

**5. Teaching Experience:** List most current position first and include ALL teaching experience. If none, report student teaching experience. Indicate type—regular, substitute, or student teaching.

◆ TYPE _____	DATES From _____ To _____	GRADES OR SUBJECTS _____	SCHOOL _____
DISTRICT _____		DISTRICT ADDRESS _____	
◆ TYPE _____	DATES From _____ To _____	GRADES OR SUBJECTS _____	SCHOOL _____
DISTRICT _____		DISTRICT ADDRESS _____	
◆ TYPE _____	DATES From _____ To _____	GRADES OR SUBJECTS _____	SCHOOL _____
DISTRICT _____		DISTRICT ADDRESS _____	
◆ TYPE _____	DATES From _____ To _____	GRADES OR SUBJECTS _____	SCHOOL _____
DISTRICT _____		DISTRICT ADDRESS _____	
◆ TYPE _____	DATES From _____ To _____	GRADES OR SUBJECTS _____	SCHOOL _____
DISTRICT _____		DISTRICT ADDRESS _____	

Check box if you have qualifications which especially equip you to work with culturally different and/or minority groups and multiethnic programs, and include a brief explanation on your application.

**6. Other Work Experience** — Please list all work experience (full- and part-time) other than teaching. List your most recent job first. If additional space is needed, you may attach additional sheets. *This section MUST BE COMPLETED IN FULL even if you attach a résumé or other employment history information.*

FROM \_\_\_\_\_ TO \_\_\_\_\_ TITLE OF YOUR POSITION \_\_\_\_\_  
 EMPLOYER'S NAME \_\_\_\_\_ DUTIES \_\_\_\_\_  
 EMPLOYER'S ADDRESS \_\_\_\_\_  
 NAME & TITLE OF YOUR SUPERVISOR \_\_\_\_\_ NUMBER SUPERVISED \_\_\_\_\_ SALARY PER MONTH \$ \_\_\_\_\_  
 ( ) REASON FOR LEAVING \_\_\_\_\_  
 PHONE NUMBER OF YOUR SUPERVISOR \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ TITLE OF YOUR POSITION \_\_\_\_\_  
 EMPLOYER'S NAME \_\_\_\_\_ DUTIES \_\_\_\_\_  
 EMPLOYER'S ADDRESS \_\_\_\_\_  
 NAME & TITLE OF YOUR SUPERVISOR \_\_\_\_\_ NUMBER SUPERVISED \_\_\_\_\_ SALARY PER MONTH \$ \_\_\_\_\_  
 ( ) REASON FOR LEAVING \_\_\_\_\_  
 PHONE NUMBER OF YOUR SUPERVISOR \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ TITLE OF YOUR POSITION \_\_\_\_\_  
 EMPLOYER'S NAME \_\_\_\_\_ DUTIES \_\_\_\_\_  
 EMPLOYER'S ADDRESS \_\_\_\_\_  
 NAME & TITLE OF YOUR SUPERVISOR \_\_\_\_\_ NUMBER SUPERVISED \_\_\_\_\_ SALARY PER MONTH \$ \_\_\_\_\_  
 ( ) REASON FOR LEAVING \_\_\_\_\_  
 PHONE NUMBER OF YOUR SUPERVISOR \_\_\_\_\_

**7. Are you currently under contract with another school district or county office of education?**  YES  NO  
 If YES, please indicate which school district or county office of education:

NAME OF SCHOOL DISTRICT or COUNTY OFFICE OF EDUCATION \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
 STREET ADDRESS or P.O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**8. College or University Education**

◆ NAME OF INSTITUTION ATTENDED \_\_\_\_\_ ADDRESS OR LOCATION OF INSTITUTION \_\_\_\_\_  
 ATTENDED FROM \_\_\_\_\_ TO \_\_\_\_\_ GRADUATED DATE \_\_\_\_\_ DEGREE \_\_\_\_\_ MAJOR(S) \_\_\_\_\_ MINOR(S) \_\_\_\_\_  
 ◆ NAME OF INSTITUTION ATTENDED \_\_\_\_\_ ADDRESS OR LOCATION OF INSTITUTION \_\_\_\_\_  
 ATTENDED FROM \_\_\_\_\_ TO \_\_\_\_\_ GRADUATED DATE \_\_\_\_\_ DEGREE \_\_\_\_\_ MAJOR(S) \_\_\_\_\_ MINOR(S) \_\_\_\_\_  
 ◆ NAME OF INSTITUTION ATTENDED \_\_\_\_\_ ADDRESS OR LOCATION OF INSTITUTION \_\_\_\_\_  
 ATTENDED FROM \_\_\_\_\_ TO \_\_\_\_\_ GRADUATED DATE \_\_\_\_\_ DEGREE \_\_\_\_\_ MAJOR(S) \_\_\_\_\_ MINOR(S) \_\_\_\_\_

**9. My placement papers are on file with the following placement office:** \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 UNDER THE NAME OF: \_\_\_\_\_

Your Name: \_\_\_\_\_

10. Professional references if NOT registered with a placement office. Include only those who have knowledge of your teaching experience; for example, superintendents, principals, supervisors, and student teaching master teachers.

• \_\_\_\_\_ ( )  
NAME POSITION PHONE NUMBER

ADDRESS

• \_\_\_\_\_ ( )  
NAME POSITION PHONE NUMBER

ADDRESS

• \_\_\_\_\_ ( )  
NAME POSITION PHONE NUMBER

ADDRESS

11. Can you, after employment, submit verification of your legal right to work in the United States?  YES  NO

**READ CAREFULLY BEFORE SIGNING**

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that all statements made hereon are true and correct and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

My signature below authorizes the Alameda County Office of Education to conduct a background investigation and authorizes release of information in connection with my application for employment. Further, I hold harmless any individual or firm for any information that it may provide in this investigation which may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the Alameda County Office of Education and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: law enforcement agencies and information for any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

► Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETE TEACHING SUPPLEMENT →**





## VOLUNTARY EMPLOYEE/APPLICANT IDENTIFICATION

Section 1233 of the California Government Code permits public employers to solicit from employees and applicants a voluntary description of their sex and racial/ethnic group membership. Additional voluntary information provided will assist the Office in accurately compiling required statistical reports for federal and state agencies. None of the information will be used to discriminate against or give preference to any individual in any personnel transaction.

**Position applying for:** \_\_\_\_\_

NAME \_\_\_\_\_  MALE  FEMALE


DRIVER'S LICENSE No. \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

**RACIAL/ETHNIC GROUP** — Check only ONE applicable category below. If more than one applies, choose the one category which best identifies your racial/ethnic background. (A married woman should indicate her own ancestry rather than that of her husband.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> African-American           | <input type="checkbox"/> Guamanian              | <input type="checkbox"/> Samoan                  |
| <input type="checkbox"/> American Indian or Alaskan | <input type="checkbox"/> Hawaiian               | <input type="checkbox"/> Tahitian                |
| <input type="checkbox"/> Asian                      | <input type="checkbox"/> Hispanic/Latino        | <input type="checkbox"/> Vietnamese              |
| <input type="checkbox"/> Asian Indian               | <input type="checkbox"/> Japanese               | <input type="checkbox"/> White                   |
| <input type="checkbox"/> Other Asian                | <input type="checkbox"/> Korean                 | <input type="checkbox"/> Multiple or No Response |
| <input type="checkbox"/> Cambodian                  | <input type="checkbox"/> Laotian                | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Chinese                    | <input type="checkbox"/> Pacific Islander       |  |
| <input type="checkbox"/> Filipino                   | <input type="checkbox"/> Other Pacific Islander |  |

**RECRUITMENT** — As an evaluation of this Office's recruitment sources, indicate below how this position was communicated to you:

- |   |   |
|---|---|
| <input type="checkbox"/> NEWSPAPER — Name _____     | <input type="checkbox"/> COMMUNITY GROUP — Name _____ |
| <input type="checkbox"/> RADIO — Name _____         | <input type="checkbox"/> GOV'T AGENCY — Name _____    |
| <input type="checkbox"/> OUR HUMAN RESOURCES OFFICE | <input type="checkbox"/> FRIEND, RELATIVE             |
| <input type="checkbox"/> AN EMPLOYEE OF THIS OFFICE | <input type="checkbox"/> INTERNET                     |
| <input type="checkbox"/> OTHER — Specify _____      |   |

 The Alameda County Office of Education (ACOE) is committed to providing reasonable accommodations to individuals with disabilities who may wish to use its facilities. If you have a disability and need assistance in using ACOE's facilities, please contact the Director of Human Resources, (510) 670-7703. Your inquiry will remain confidential.