**AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**

**Application for Certificated Teacher Position**

Return to: Melinda Flournoy Application valid for 6 months

P.O. Box 2260 only, unless renewed by applicant

Flournoy, CA 96029

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Applicant

Name

First Middle Other Name Last Name

Current Address Wk. Ph. ( ) Hm Ph.

Street City Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position for which you are applying

Total years teaching experience Total years of Administration experience \_\_\_\_\_\_\_\_\_\_

**CALIFORNIA CREDENTIALS NOW HELD:**

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

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

California Credential applied for but has not received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application\_\_\_/\_\_\_/\_\_\_

**NOTE: Please attach a copy of you valid California Credential required for this Position**

Has your credential ever been suspended or revoked? ( ) Yes ( ) No

Have you ever been dismissed, or asked to resign, from any teaching/administrative position?

Have you ever been convicted of anything other than a minor traffic violation? ( ) Yes ( ) No

Have you at any time advised, advocated, taught or been a member of or affiliated with any group, society, association, organization or party which advises, advocates or teaches the overthrow by force or violence, of the Government of the United States of America or of the State of California? \_\_Yes \_\_No

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

Conviction does not necessarily disqualify you from employment. You need not disclose convictions that have been judicially sealed, expunged, or statutorily eradicated.

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TEACHING/ADMINISTRATIVE EXPERIENCE (List last position first)

Type Dates Position School District

Name/Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_

Enrollment \_\_\_\_\_\_\_\_ Budget $ \_\_\_\_\_\_\_\_\_\_\_\_

Name/Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_

Enrollment \_\_\_\_\_\_\_\_ Budget $ \_\_\_\_\_\_\_\_\_\_\_\_

Name/Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_

Enrollment \_\_\_\_\_\_\_\_ Budget $ \_\_\_\_\_\_\_\_\_\_\_\_

Name/Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_

Enrollment \_\_\_\_\_\_\_\_ Budget $ \_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Check box if you have qualifications, which especially equip you to work with culturally different and/or minority groups and multi-ethnic programs, and include a brief explanation with you application.

Work Experience other than teaching or administrative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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COLLEGE OR UNIVERSITY EDUCATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and location of institution attended Attended Graduated Major(s)  Minor(s)

From To Date Degree

Number of semester units of graduate work beyond BA or BS degree \_\_\_\_\_\_\_\_

Number beyond MA or MS \_\_\_\_\_\_ (1Quarter Unit – 2/3 Semester Unit)

PROFESSIONAL REFERENCES

Name and Title Address Telephone

I HEREBY CERTIFY all statements made hereon are true and correct 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.

Signature of Applicant Date

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