



HUMBOLDT COUNTY OFFICE OF EDUCATION

Certificated Service Application Form

Special Note: Please read carefully all instructions prior to completing this application.

Position Applied For:

Name:		Date:
Address:		
Work Phone:	Home Phone:	Cell Phone:
Email:	Date Available for Employment:	

ALL SCHOOL EMPLOYEES ARE REQUIRED TO BE TESTED FOR TUBERCULOSIS AND MUST PRESENT EVIDENCE OF FREEDOM FROM THE DISEASE. SOCIAL SECURITY CARD AND VERIFICATION OF EMPLOYMENT ELIGIBILITY WILL BE REQUIRED AT TIME OF EMPLOYMENT.

California Credentials and Permits Held:

Type and Level	Date of Expiration

Are you or have you been a member of the California State Teacher’s Retirement System? Yes No

Please answer the following questions if applicable to the position(s) for which you have applied:

a. Languages you can read, speak or write other than English: _____

Sign Language? Type of Sign: _____

b. Do you have qualifications which especially equip you to work with culturally different, minority groups, multi-ethnic programs and/or those with unique disabilities? Yes No If “yes”, include a brief explanation with your application outlining those qualifications which may be applicable to the position(s) you are seeking.

I certify that I meet the academic training and experience requirements as specified in the announcement and/or job description and that all information contained in this application and in the supplementary material filed with it is true and accurate. I authorize the contact of any present or former employers to verify any information pertaining to this application, and I release from liability any person or organization furnishing such information. I understand that any false statements or omissions of material facts will subject me to disqualification or dismissal if employed.

Date: _____ Signature: _____

EMPLOYMENT HISTORY

Present Position Title:	Employed Since:
Present Employer:	Employer's Telephone:
Current Immediate Supervisor:	
Grade Levels and Subjects:	

Previous Teaching Experience: *(List most recent position first. If none, report student teaching experience. Indicate type: regular, substitute, or student teaching.)*

Type	Grades or Subjects	School/District	Dates	
			From	To

Previous Administrative Experience: *(List most recent position first.)*

Position Title	Part-Time or Full-Time	School/District	Dates	
			From	To

Previous Work Experience Other Than Teaching/School Administration: *(List most recent position first.)*

Position Title	Part-Time or Full-Time	Employer	Dates	
			From	To

EDUCATION: List each college or university from which you have received a degree. Indicate the number of semester units* beyond your Bachelors degree. List your most recent education first. Enclose copies of official transcripts with this application **ONLY** if required on vacancy announcement. (*One quarter unit is equal to 2/3 of a semester unit.)

School or Institution and Location	
Major:	Minor:
Degree or Semester Units:	

School or Institution and Location	
Major:	Minor:
Degree or Semester Units:	

School or Institution and Location	
Major:	Minor:
Degree or Semester Units:	

PLEASE LIST conferences/workshops you have attended in the last five years.

Title:	Sponsor:
Title:	Sponsor:
Title:	Sponsor:
Title:	Sponsor:
Title:	Sponsor:

If the answer is “yes” to any of the following questions, attach a separate sheet to this application explaining fully the circumstances involved.

- Yes No Have you ever had any credential, application, permit, license or other document authorizing public school service or teaching suspended, revoked, voided, denied and/or otherwise rejected for cause in California or any other state or place?
- Yes No Have you resigned from or otherwise left public or private school employment to avoid investigation for alleged misconduct and/or dismissal in California or any other state or place?
- Yes No Have you ever been dismissed or not reemployed in any probationary or permanent teaching position?
- Yes No Are you now the subject of any inquiry, disciplinary action, review or investigation by a teacher licensing agency, or in the courts of California or any other state in connection with any alleged misconduct?
- Yes No Is any adverse action now pending against any credential/permit/waiver you hold which authorizes public/private school service or teaching in California or any other state?
- Yes No Have you ever pleaded guilty or been convicted of any crime? (Read Instruction 7 on the Information for Applicants before answering this question.)
- Yes No Have you been arrested for any felony or misdemeanor for which you are currently out on bail or on your own recognizance?

A “yes” answer to any of the above questions is not an absolute bar to employment.

REFERENCES: *(Six references are requested from all applicants.)*

- a. Required References:** Other than your current supervisor listed previously, you should list as references those individuals under whom you served for a minimum of one year during the previous ten years.
- b. Optional References:** You may list other professional references who are capable of attesting to your ability to perform in the position(s) for which you have applied.

(Check box "a" if it is a REQUIRED reference, and box "b" if it is an OPTIONAL reference.)

<input type="checkbox"/> a <input type="checkbox"/> b	Name:	Current Position:
Address:		
Telephone: (Home):		(Cell):

<input type="checkbox"/> a <input type="checkbox"/> b	Name:	Current Position:
Address:		
Telephone: (Home):		(Cell):

<input type="checkbox"/> a <input type="checkbox"/> b	Name:	Current Position:
Address:		
Telephone: (Home):		(Cell):

<input type="checkbox"/> a <input type="checkbox"/> b	Name:	Current Position:
Address:		
Telephone: (Home):		(Cell):

<input type="checkbox"/> a <input type="checkbox"/> b	Name:	Current Position:
Address:		
Telephone: (Home):		(Cell):

<input type="checkbox"/> a <input type="checkbox"/> b	Name:	Current Position:
Address:		
Telephone: (Home):		(Cell):

VOLUNTARY SUPPLEMENTAL INFORMATION REQUEST FORM

To All Applicants:

The law requires that we keep certain statistics on applicants for Affirmative Action documentation. This information sheet is what we use to meet this requirement. However, the information requested on this sheet is strictly voluntary, and it is used by us only in filing state and federal reports. It is not considered in the screening or selection process in any manner, as it is separated from the application form before the written screening process is begun. Your name is not required on this form.

1. I prefer to be identified as (only one please) :

- Asian
- Black
- Caucasian
- Filipino
- Hispanic
- Native American
- Other: Please Specify _____

2. Sex: Male Female Nonbinary

3. Date of Birth: _____