

APPLICATION FOR CERTIFICATED PUBLIC SCHOOL EMPLOYMENT

Monarch Learning Center

5307 Cedars Road, Redding, CA 96001

TYPE OR PRINT

Date available for employment _____

1. PERSONAL

	First	Middle	Other Name	Last Name
Current Address _____	Street	City	Zip	Phone () _____
Permanent Address _____				Phone () _____
Social Security No. _____	Total years of teaching _____			

2. POSITION(s) for which you are applying: Regular Substitute

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

First Preference _____ Second _____ Third _____

Other subject(s) you are qualified to teach: activities to director: or positions to fill: _____

Do you speak, read or write any language other than English? Yes No

If yes, what language(s) _____

3. California Credentials now held: Type _____ Expires _____
 Type _____ Expires _____

Name of California teaching credential applied for: _____ Date _____

4. Are you or have you ever been a member of the California Retirement System? Yes No

5. Has your credential ever been suspended or revoked? Yes No

Have you ever been dismissed/asked to resign from any teaching position? 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 the statement to this form.

6. Teaching experience (List last position first. If more than five years, list positions for last five years; if none, report student teaching experience. Indicate type – regular, substitute, or student teaching):

Type	Dates From / To	Grades or Subjects	School	District	District Address

7. COLLEGE OR UNIVERSITY EDUCATION

Name/Location institutions attended	Attended From / To	Graduated Date / Degree	Major(s)	Minor(s)

Number of semester units/graduate work beyond BA/BS Degree _____ 1 quarter unit @ 2/3 semester unit

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

Name	Position	District	Phone #

I HEREBY CERTIFY that 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 organization reporting information required by this application.

Signature of Applicant _____ Date _____