

SACRAMENTO COUNTY OFFICE OF EDUCATION

CERTIFICATED PERSONNEL APPLICATION

TYPE OR PRINT

NAME: _____
Last First Middle

ADDRESS: _____ PHONE: Home _____
Street

City _____ State _____ Zip _____ Business _____

Other _____

Position for which you are applying: _____

COLLEGE/UNIVERSITY ATTENDED

Name & Location of College or University	Major Subject	Minor Subject	Degree Earned

CREDENTIALS NOW HELD (Attach copies: Copies of credentials which authorize performance in this position MUST accompany this application):

Type of Credential	Expiration Date	College/University	State Credential Issued

Additional skills/extra curricular activities: (sign language, coaching, music, P.E., etc.) _____

Availability for employment: Full-time Part-time Temporary/Substitute Date Available: _____

If offered employment, can you furnish documentation that verifies your identity and right to work in the United States? Yes No

Have you ever worked under another name? If yes, enter name(s): _____

Have you ever been a member of the Public Employee's Retirement System (PERS) through previous public agency or state employment?
 Yes No If yes, give approximate dates: From-_____ To-_____

Have you ever been a member of the California State Teachers' Retirement System (STRS)?
 Yes No If yes, give approximate dates: From-_____ To-_____

Have you ever been convicted of any felony or misdemeanor other than a minor traffic violation(s)? Yes No

NOTE: A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT;
 HOWEVER, FAILURE TO ADMIT IS CAUSE FOR DISQUALIFICATION.

Has your driver's license ever been suspended or revoked? (Job related only.) Yes No

Has your credential ever been suspended or revoked? Yes No

Do you have a physical condition which would affect your work in the position for which you are applying? Yes No

Explain on an attached page any items for which you have marked "Yes"

Professional References: include only those who have knowledge of your work experience. (Supervisors, Principals, etc.)

NAME	POSITION	ADDRESS/PHONE

PLEASE COMPLETE BOTH SIDES

Work Experience: List your experience and work history. Enter most recent position first. Include U.S. military service and periods of unemployment. Please complete all information requested. Do not refer to resume. Attach resume only for additional information.

May we contact your PRESENT Employer? Yes No PAST Employer(s)? Yes No

EMPLOYED FROM (Mo./Yr.): _____ To: _____

NAME OF EMPLOYER: _____ FULL TIME PART TIME

ADDRESS: _____ PHONE: _____

SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

JOB TITLE: _____ DUTIES: _____

EMPLOYED FROM (Mo./Yr.): _____ To: _____

NAME OF EMPLOYER: _____ FULL TIME PART TIME

ADDRESS: _____ PHONE: _____

SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

JOB TITLE: _____ DUTIES: _____

EMPLOYED FROM (Mo./Yr.): _____ To: _____

NAME OF EMPLOYER: _____ FULL TIME PART TIME

ADDRESS: _____ PHONE: _____

SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

JOB TITLE: _____ DUTIES: _____

EMPLOYED FROM (Mo./Yr.): _____ To: _____

NAME OF EMPLOYER: _____ FULL TIME PART TIME

ADDRESS: _____ PHONE: _____

SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

JOB TITLE: _____ DUTIES: _____

I HEREBY CERTIFY that all information I have given on both sides of this application is 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. I further understand an incomplete application may be grounds for immediate rejection.

Signature of Applicant _____

Date _____

Return this application in person to: 10530 Mather Blvd., Sacramento, CA 95655
Return this application by mail to: P.O. Box 269003, Sacramento, CA 95826-9003
916-228-2332 www.scoe.net

