**CALIFORNIA STATE DEPARTMENT OF EDUCATION**

**STATE SPECIAL SCHOOLS**

**FACULTY APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1.** |  | Name: | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
|  |  |  | | | | Last | | | | | | | | | First | | | | | | | | | | | Middle | | | | | | | | |
|  |  | Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Number Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | |
|  |  |  | | | | | City | | | | | | | | County | | | | | | | | | State | | | | | | Zip Code | | | | |
|  |  | Home Phone: | | | | | | | | **(     )      -** | | | | | | | | | | | |  | | | | | | | | | | | | |
|  |  | Business Phone: | | | | | | | | **(     )      -** | | | | | | | | | | | |  | | | | | | | | | | | | |
| **2.** |  | United States Citizen…………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | | |
|  |  | If not a U.S. citizen, have you a permanent residence visa ……………………. | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | | |
| **3.** |  | In Addition to English, I am fluent in: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | Spanish | | | | | | | | American Sign Language | | | | | | | | | | | Braille | | | | | | | | | | | |
|  |  |  | | Japanese | | | | | | | | Chinese-Cantonese Dialect | | | | | | | | | | | Korean | | | | | | | | | | | |
|  |  |  | | Tagalog | | | | | | | | Portuguese | | | | | | | | | | | Vietnamese | | | | | | Other | | | |  | |
| **4.** |  | Position Desired/Preferred: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  |  | Age/Grade Level: | | | | | | |  | | | | | | | | Subject Matter: | | | |  | | | | | | | | | | | | | |
| **5.** | A. | Have you ever been convicted by any court of an offense? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | | |
|  |  | The following need not be reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1. | Minor traffic violations for which the fine was $50 or less | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 2. | Any offenses which was finally settled in a juvenile court or under a welfare youth offender law. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 3. | Any incident that has been sealed under welfare and institutions code section 781 or penal code section 1203.45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 4. | Any conviction specified in health and safety code section 11261.5. This section pertains to various marijuana offenses. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | B. | Has your driver’s license ever been suspended or revoked? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | | |
|  |  | *If your answer to (a) or (b) is yes, list all offenses in item # 5 giving date, location, nature, and disposition for each and attach the statement to this form* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | C. | Do you possess a valid California driver’s license? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | | |
|  |  | If “yes”, enter your drivers license number: | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |
| **6.** | My placement papers are on file with the following placement office: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Office: | | |  | | | | | | | | | | | | | Address: | |  | | | | | | | | | | | | | |  |
|  |  | City: | | |  | | | | | | | | | | | | | State: | |  | | | | | | | | Zip: | | | |  | |  |
|  |  | Under the name of: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
| **7.** |  | Professional References, if not registered with a placement office: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *Include only those who have knowledge of your teaching experience; e.g., Superintendents, principals, supervisors,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *And student-teaching master teachers.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | **Position** | | | | | | **Address** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | |
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| **8 Education** | | | | | | | | | | | | | | | | | | | | |
| A. | Name and Location of college/University | | | | | | Course of Study | | | | | Completed | | | | | Degree | | Date completed | |
|  |  | | | | | |  | | | | |  | | | | |  | |  | |
|  | | | | | |  | | | | |  | | | | |  | |  | |
|  | | | | | |  | | | | |  | | | | |  | |  | |
| B. | Additional Specialized Training | | | | | | | | | | | Check or Complete boxes) | | | | | | | | |
|  | California Credentials Held | | | | | | | | Elem | | Sec | | | | Major/Minors Serv. | | | | | Expiration |
|  | | | | | | | |  | |  | | | |  | | | | |  |
|  | | | | | | | |  | |  | | | |  | | | | |  |
| Other: | |  | | | | | | | | | | | |  | | | | | |
| Have applied for: | | |  | | | | | | | | | | | Date: | | |  | | |
|  |  | | |  | | | | | | | | | | |  | | |  | | |
| Have your credentials ever bee suspended or revoked? | | | | | | | | Yes | | No | | | | | | | | | | |
| Have you ever been dismissed, or asked to resign from any teaching position? | | | | | | | | | | | | | Yes | | | No | | | | |
| \*For each question answered yes, explain in writing the circumstances and attach the statement to this form. | | | | | | | | | | | | | | | | | | | | |
| 9. | Experience (paid Teaching/Counseling) | | | | | | | | | | | | | | | | | | | |
| *Begin with your most recent experience. List all experience which you believe meets the requirements for the position you are seeking* | | | | | | | | | | | | | | | | | | | | |
| Period of Employment | | | | | Job Title  and Most important Duties Performed | | | | | | | | | School name/address/supervisor Name and Title | | | | | | |
| From | | To | | | Job Title: |  | | | | | | | |  | | | | | | |
| /     / | | /     / | | | Salary: $      Age/Grade Level | | | | | | | | |  | | | | | | |
| Total       Yr.       Mo. | | | | | Duties: | | | | | | | | | Reason for Leaving: | | | | | | |
| Full-Time  Part-time | | | | |  | | | | | | | | |  | | | | | | |
| Period of Employment | | | | | Job Title  and Most important Duties Performed | | | | | | | | | School name/address/supervisor Name and Title | | | | | | |
| From | | To | | | Job Title: |  | | | | | | | |  | | | | | | |
| /     / | | /     / | | | Salary: $      Age/Grade Level | | | | | | | | |  | | | | | | |
| Total       Yr.       Mo. | | | | | Duties: | | | | | | | | | Reason for Leaving: | | | | | | |
| Full-Time  Part-time | | | | |  | | | | | | | | |  | | | | | | |
| Period of Employment | | | | | Job Title  and Most important Duties Performed | | | | | | | | | School name/address/supervisor Name and Title | | | | | | |
| From | | To | | | Job Title: |  | | | | | | | |  | | | | | | |
| /     / | | /     / | | | Salary: $      Age/Grade Level | | | | | | | | |  | | | | | | |
| Total       Yr.       Mo. | | | | | Duties: | | | | | | | | | Reason for Leaving: | | | | | | |
| Full-Time  Part-time | | | | |  | | | | | | | | |  | | | | | | |

Certificate of Applicant – Read Carefully Before Signing

*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 organizations reporting required by this application*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature of Applicant** |  | **Date** |

**Equal Employment**

**Opportunity**

To aid the State of California in it’s commitment to Equal Employment Opportunity, applicants are ask to voluntarily provide the following information. This information will be separated from this application before any decisions affecting employment are made and will be used by authorized personnel for research and evaluation purposes only. Your assistance in providing this information is necessary to the success of the research and evaluation program

If this application is used for a hiring interview, please remove this section of the application prior to the interview.

Male

Female

**Your Age Group**

Under 21

21 - 29

30 - 39

40 - 49

50 - 59

60 and over

**Choose the ethnic group with which you most closely identify yourself**

Black

Asian

Spanish Speaking/Surname

White

Polynesian

American Indian/Eskimo

Filipino

All Other

**Do you have a major disability which has impeded your obtaining employment?**

Hearing Impairment

Sight Impairment

Speech Impairment

Physical Impairment

Developmental Disabilities

Other (Please Note):