

REFERENCES			
<i>List four persons who have professional knowledge of your training and experience.</i>			
Name	Official Position	Email	Telephone

EMERGENCY CONTACT		
Name	Telephone	Relationship

PLEASE ANSWER THE FOLLOWING QUESTIONS	YES	NO
Has your credential ever been suspended or revoked?		
Have you ever been investigated for any behavior or conduct while employed in a school district? <i>If yes, please explain on a separate piece of paper.</i>		
Has any action ever been taken against you by a teacher's licensing agency? <i>If yes, please explain on a separate piece of paper.</i>		
Have you ever left a regular certified position at any time other than the end of the school year?		
Have you ever been dismissed or asked to resign from any certified position?		
Have you ever been convicted of a crime that than a minor traffic violation, misdemeanor or summary offense?		
Have you any physical disability or infirmity which may prevent you from effectively performing the duties of this position?		
Have you ever been a member of California State Teacher's Retirement System?		
School District: _____ County: _____		

Describe briefly any special experience which you feel would add to your value as an employee.

Please add any further information you feel is pertinent to your application, noting preparation and experience in subject or areas of activities.

RACE/ETHNICITY INFORMATION: (PLEASE COMPLETE THE INFORMATION BELOW) The information in this section is voluntary. Federal guidelines require that we gather race/ethnicity information on all new employees. It is requested under the conditions of Section 1233 of the California Government Code which permits collection of ethnic background data on employment applicants. This data is to be used solely for implementing and improving our Affirmative Action Program and will have no bearing on your application. This sheet is coded according to the position for which you are applying, not according to name. It will be placed separately in a non-public file, accessible only for research purposes.	
Ethnic Background:	<input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race) <input type="checkbox"/> NOT Hispanic or Latino
What is your race: (You may check up to 5)	<i>The above section is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race(s) to be:</i> <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Asian <input type="checkbox"/> Hmong <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Pacifica Islander <input type="checkbox"/> Filipino/Filipino American <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Alaskan Native (<i>Persons with origins in any of the original people of North, Central or South America</i>) <input type="checkbox"/> White (<i>Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East</i>)

I hereby certify that all statements made in this application are true to the best of my knowledge.

Signature of Applicant

Date