



**8. EDUCATION**

A.	Name and Location of College or University	COURSE OF STUDY	COMPLETED		DEGREE	DATE COMPLETED
			semester units	quarter units		
B.	Additional Specialized Training	(check or complete boxes)				
	California Credentials Held	Elem	Sec	Majors/Minors/Serv.	Expiration	
	Other:					
	Have applied For:				Date:	
	Has your credentials ever been suspended or revoked?				<input type="checkbox"/> Yes* <input type="checkbox"/> No	
	Have you ever been dismissed, or asked to resign, from any teaching position?				<input type="checkbox"/> Yes* <input type="checkbox"/> No	
	*For each question answered yes, explain in writing the circumstance 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 & Title
From <u>  </u> / <u>  </u> / <u>  </u> To <u>  </u> / <u>  </u> / <u>  </u> TOTAL <u>  </u> YR. <u>  </u> MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: SALARY: \$ <u>      </u> Age/Grade Level DUTIES:	REASON FOR LEAVING:
From <u>  </u> / <u>  </u> / <u>  </u> To <u>  </u> / <u>  </u> / <u>  </u> TOTAL <u>  </u> YR. <u>  </u> MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: SALARY: \$ <u>      </u> Age/Grade Level DUTIES:	REASON FOR LEAVING:
From <u>  </u> / <u>  </u> / <u>  </u> To <u>  </u> / <u>  </u> / <u>  </u> TOTAL <u>  </u> YR. <u>  </u> MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: SALARY: \$ <u>      </u> Age/Grade Level DUTIES:	REASON FOR LEAVING:
From <u>  </u> / <u>  </u> / <u>  </u> To <u>  </u> / <u>  </u> / <u>  </u> TOTAL <u>  </u> YR. <u>  </u> MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: SALARY: \$ <u>      </u> Age/Grade Level DUTIES:	REASON FOR LEAVING:
From <u>  </u> / <u>  </u> / <u>  </u> To <u>  </u> / <u>  </u> / <u>  </u> TOTAL <u>  </u> YR. <u>  </u> MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: SALARY: \$ <u>      </u> Age/Grade Level DUTIES:	REASON FOR LEAVING:

**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 information required by this application.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## **Equal Employment Opportunity**

To aid the State of California in its commitment to Equal Employment Opportunity, applicants are asked 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**

- (1)  UNDER 21
- (2)  21-29
- (3)  30-39
- (4)  40-49
- (5)  50-59
- (6)  60 AND OVER

### **CHOOSE THE ETHNIC GROUP WITH WHICH YOU MOST CLOSELY IDENTIFY YOURSELF**

- (1)  BLACK
- (2)  ASIAN
- (4)  SPANISH SPEAKING/SURNAME
- (5)  WHITE
- (6)  POLYNESIAN
- (7)  AMERICAN INDIAN/ESKIMO
- (8)  FILIPINO
- (3)  ALL OTHER

### **DO YOU HAVE A MAJOR DISABILITY WHICH HAS IMPEDED YOUR OBTAINING EMPLOYMENT?**

- (1)  HEARING IMPAIRMENT
- (2)  SIGHT IMPAIRMENT
- (3)  SPEECH IMPAIRMENT
- (4)  PHYSICAL IMPAIRMENT
- (5)  DEVELOPMENTAL DISABILITIES
- (6)  OTHER (PLEASE NOTE):



CALIFORNIA  
DEPARTMENT OF  
EDUCATION

---

**JACK O'CONNELL**

State Superintendent of  
Public Instruction

PHONE: (916) 319-0800

**CAROLE BENCE**

Director, Diagnostic Center  
Central California  
1818 W ASHLAN AVE  
FRESNO, CA 93705  
PHONE: (559) 243-4047  
FAX: (559) 222-1673

## PERSONNEL RECORDS RELEASE FORM

11/28/2006

Candidate Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Current Job Title: \_\_\_\_\_

I hereby authorize the Diagnostic Center, Central to access materials in my personnel file, including employment history and attendance records for the past three years.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date



CALIFORNIA  
DEPARTMENT OF  
EDUCATION

**JACK O'CONNELL**

State Superintendent of  
Public Instruction

PHONE: (916) 319-0800

**CAROLE BENCE**

Director, Diagnostic Center  
Central California  
1818 W ASHLAN AVE  
FRESNO, CA 93705  
PHONE: (559) 243-4047  
FAX: (559) 222-1673

November 28, 2006

## REFERENCE RELEASE FORM

Candidate Name: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Current Job Title: \_\_\_\_\_

I hereby authorize the Diagnostic Center, Central to contact the following individuals as references for employment.

Name	Agency	Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date