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 STATE DEPARTMENT OF EDUCATION

STATE SPECIAL SCHOOLS

FACULTY APPLICATION

1. Name: _____
Last First Middle

Address: _____
Number Street

_____
City County State Zip Code

Business Phone: ( ) _____ Home 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 Standard 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 OFFENSE 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 11361.5. 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 DRIVER'S LICENSE NUMBER_____

6. My placement papers are on files with the following placement office:
Office: _____ Address_____
City: _____ State:_____ Zip Code. _____
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

8. EDUCATION

A.

Name and Location of College or University	COURSE OF STUDY	COMPLETED semester units	COMPLETED quarter units	DEGREE	DATE COMPLETED

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? ☐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 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 / / To / / TOTAL__YR. __MO. FULL-TIME☐ PART-TIME ☐	JOB TITLE: SALARY: $_____ Age/Grade Level_____ DUTIES:	REASON FOR LEAVING:
From / / To / / TOTAL__YR. __MO. FULL-TIME☐ PART-TIME ☐	JOB TITLE: SALARY: $_____ Age/Grade Level_____ DUTIES:	REASON FOR LEAVING:
From / / To / / TOTAL__YR. __MO. FULL-TIME☐ PART-TIME ☐	JOB TITLE: SALARY: $_____ Age/Grade Level_____ DUTIES:	REASON FOR LEAVING:
From / / To / / TOTAL__YR. __MO. FULL-TIME☐ PART-TIME ☐	JOB TITLE: SALARY: $_____ Age/Grade Level_____ DUTIES:	REASON FOR LEAVING:
From / / To / / TOTAL__YR. __MO. FULL-TIME☐ PART-TIME ☐	JOB TITLE: SALARY: $_____ 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 _____