

# **State Special Schools & Services Division**

Department of Education

Diagnostic Center, Northern CA

39100 Gallaudet Drive, Fremont, CA 94538

Phone: 510-794-2500

www.dcn-cde.ca.gov

## Faculty / Certificated Staff Application

Position Applying For:	
Fluent in American Sign Language (ASL):	⊖Yes ⊖No
In addition to English, I am fluent in:	

Personal Information								
Last Name		First Name				Mid	Middle Initial	
Mailing Address		City			State		Zip	
Email				Fax #				
Home Phone	Work Phone		Cell Phone			Video F	Phone #	

### Education

College/University	From	То	# of Semester Units	# of Quarter Units	Major	Minor	
California Creder	itials Held			Туре		Expiration	
Out-of-State Crede	Out-of-State Credentials Held		Туре			Expiration	
List additional credentials on se							

# Student Teaching Experience\* (If Applicable)

District	School	From	То	Grade	Subject	Master Teacher
*Note: Transcript showing student teaching & grade must be attached (if applicant has completed student teaching).						

**Part or Full-Time Experience\*\*** (\*\*include substitute teaching / coaching experience, if applicable)

From (M/D/Y)	To (M/D/Y)	Job Title/Classification (Range or Level, if applicable)				
Hours per week	Total Worked (Yr/Mos)	Company/State Agency Name				
Supervisor/Phone Numb	ber	Address				
Duties Performed						
Reason for Leaving						
From (M/D/Y)	To (M/D/Y)	Job Title/Classification (Range or Level, if applicable)				
Hours per week	Total Worked (Yr/Mos)	Company/State Agency Name				
Supervisor/Phone Numb	ber	Address				
Duties Performed						
Reason for Leaving						
From (M/D/Y)	To (M/D/Y)	Job Title/Classification (Range or Level, if applicable)				
Hours per week	Total Worked (Yr/Mos)	Company/State Agency Name				
Supervisor/Phone Number		Address				
Duties Performed						
Reason for Leaving						

# Application

Instructions

No interviews maybe conducted without a submitted application.

- All information on the application must be completed accurately and be verifiable.
- Applications will be eligible for consideration only after all supporting materials have been received and processed.
- It may not be possible to acknowledge receipt of applications.

Please submit the following documents with your application.

- Copy of current credentials held
- Resume
- Official Transcripts
- Three Professional References
- □ Three Current Letters of Recommendation

**Credentials** In order to be considered for employment, eligibility for the appropriate California Teaching Credential is required, including evidence of NCLB compliance, if applicable.

**Interview** An interview is part of the selection process. Applicants are considered based on a completed application, transcripts, and references. Interviews will be scheduled for candidates as dictated by department. Candidates will be contacted to arrange for appointments.

Email attachments (or mail) completed application materials to: Gloria Mau Email: <u>gmau@dcn-cde.ca.gov</u> or

Mail: Diagnostic Center, Northern CA 39100 Gallaudet Drive, Fremont, CA 94538

**Please Note**: Failure to complete all parts of the application may prevent your application from receiving consideration for vacancies

# **Certification of Application**

Answers will not necessarily disqualify you from consideration:						
A. Have you ever been convicted by any court of an offense***?	□Yes	□No				
The following need not be reported:						
<ol> <li>Minor traffic violations for which the fine was \$50 or less</li> <li>Any offenses which were finally settled in a juvenile court or under a welfare youth offender law</li> <li>Any incident that has been sealed under welfare and institutions code section 781 or penal code section 1203.45</li> <li>Any conviction specified in health and safety code section 11261.5. This section pertains to various marijuana offenses</li> </ol>						
B. Has your driver's license ever been suspended or revoked***?	□Yes	□No				
***If your answer to (A) or (B) is yes, please attach a letter of explanation.						
C. Do you possess a valid California driver's license If yes, enter your driver's license number	□Yes	□No				
I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the interview process or dismissal from employment with the State of California. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California.						
Signature: Date:						
CALIFORNIA STATE GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER: The	•					

discrimination on the basis of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age or sexual orientation.