

APPLICATION FOR TEACHING OR ADMINISTRATIVE POSITION IN SONOMA COUNTY

RETURN TO: Cinnabar School
 286 Skillman Lane
 Petaluma, CA 94952

APPLICATION VALID FOR 6
 MONTHS ONLY, UNLESS
 RENEWED BY APPLICANT



Applicant Name _____
First Middle Last

Current Address _____
City Zip Work Phone () _____

Permanent Address _____
City Zip Home Phone () _____

POSITION FOR WHICH YOU ARE APPLYING: _____

Total years of teaching _____ Total years of Administration _____

CALIFORNIA CREDENTIALS NOW HELD: Type _____ Expires _____
 Type _____ Expires _____
 Type _____ Expires _____
 Type _____ Expires _____

Name of California Credential applied for but have not received: _____ Date of application _____

Are you or have you ever been a member of the California Teachers' Retirement System? Yes No

Have you passed the CBEST? Yes No Exempt If exempt, please explain _____

Has your credential ever been suspended or revoked? Yes No

Have you ever been dismissed, or asked to resign, from any teaching/administrative position? Yes No

Have you ever been convicted for anything other than a minor traffic violation? Yes No

(Conviction does not necessarily disqualify you from employment. You need not disclose convictions that have been judicially sealed, expunged, or statutorily eradicated.)

For each question answered yes, explain in writing the circumstances and attach the statement to this form.

TEACHING/ADMINISTRATIVE EXPERIENCE

(List last position first. If none, report student teaching experience. Indicate type - regular, substitute, student teaching.)

Type	Dates		Positions Grades or Subjects	School	District	District Address
	From	To				

OPTIONAL INFORMATION (Voluntary)

NOTE: Check box if you have qualifications which especially equip you to work with culturally different and/or minority groups and multi-ethnic programs, and include a brief explanation with your application.

Work Experience other than teaching or administrative: _____

COLLEGE OR UNIVERSITY EDUCATION

Name and location of institution attended	Attended		Graduated		Major(s)	Minor(s)
	From	To	Date	Degree		

Number of semester units of graduate work beyond BA or BS degree _____
 Number beyond MA or MS _____ (1 Quarter Unit - 2/3 Semester Unit)

PROFESSIONAL REFERENCES

Name and Title	Address	Telephone

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