



Contra Costa
Special Education Local Plan Area
CERTIFICATED APPLICATION

Please type or print clearly in ink.

Name _____

Address _____
Street Address City State ZIP

Primary Telephone _____ Home Cell Alt. Telephone _____
Other Other Other

Email Address _____

Drivers License Number _____ Social Security Number _____

Have you ever had any credential, application, permit, license or other document authorizing public school service or teaching suspended, revoked, voided, denied and/or otherwise rejected for cause in California or any other state or place? Yes No

Have you ever been dismissed or not reemployed in any probationary or permanent teaching position? Yes No

Have you ever plead guilty or been convicted of any crime? (State law requires that all applicants prior to employment be fingerprinted and prohibits employment of any person convicted of a violent or serious felony or certain sex and narcotic offenses. Except for the preceding, conviction is not an absolute bar to employment.) Yes No

Have you ever resigned from or otherwise left public or private school employment to avoid investigation for alleged misconduct and/or dismissal in California or any other state or place? Yes No

Are you now the subject of any inquiry, disciplinary action, review or investigation by a teacher licensing agency, or in the courts of California or any other state in connection with any alleged misconduct? Yes No

Is any adverse action now pending against any credential/ permit/ waiver you hold which authorizes public/ private school service or teaching in California or any other state or place? Yes No

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

EDUCATIONAL TRAINING

(Transcripts may be required prior to final salary determination.)

College/University Major/Minor Dates Degree(s)

California Credential(s) you hold: _____

Have you taken CBEST? Yes No If Yes, did you pass? Yes No

An Equal Opportunity Employer

PROFESSIONAL EXPERIENCE

Grade/Subject Taught or Position Held

Dates Taught/Worked (Under Contract)

Name & Location of School District

REFERENCES

List three to five references who have recent knowledge of your character, scholarship and professional competence.

Name

Position

School/District

Address (include ZIP Code)

Telephone

Failure to sign this application will result in disqualification from consideration for this position.

I hereby certify that the foregoing information is accurate in all respects, and I authorize investigation by the governance council and its representatives of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I concur that all references received, as a result of this application, shall be confidential.

Signature of Applicant

Date