

COLD SPRING SCHOOL DISTRICT
2243 Sycamore Canyon Road
Santa Barbara, CA 93108
Phone (805) 969-2678 Fax (805) 969-0787
Email: Office@coldspringschool.net

APPLICATION FOR CERTIFICATED EMPLOYMENT

NAME

Last

First

Middle

ADDRESS

Street

City

State

Zip

TELEPHONE / EMAIL:

email

Phone 1

Phone 2

POSITION APPLIED FOR

Grade Preference

Subjects that you are qualified to teach _____

Total Years of Teaching _____ Health Condition _____

Driver's License # _____ Social Security # _____

U.S. Citizen? _____ Date you can begin work _____

Name, address & telephone of person to notify in case of emergency _____

Have you ever been convicted of a crime? _____ Yes _____ No

Explain _____

CREDENTIALS

California Credentials now held Type _____ Expires _____

Type _____ Expires _____

Have you applied for a California Credential? _____ Yes _____ No

CLAD _____ Yes _____ No BCLAD _____ Yes _____ No

Is your Credential registered with the Santa Barbara County Superintendent of Schools Office? _____

Are you now or have you ever been a member of the California Teacher's Retirement System? _____

Date you became a member _____

EXPERIENCE Indicate Regular, Substitute or Student Teaching. List most recent position first.

| Title | School, District, Address, Telephone | Principal | Dates |
|-------|--------------------------------------|-----------|-------|
|-------|--------------------------------------|-----------|-------|

EDUCATION

| Degree or Credential & Date | School | Dates Attended |
|-----------------------------|--------|----------------|
|-----------------------------|--------|----------------|

Number of units beyond a BA degree _____ Beyond a Masters degree _____
(1 quarter unit = 2/3 semester unit)

My Placement Papers are on file at _____

| Address | City | State | Zip Code |
|---------|------|-------|----------|
|---------|------|-------|----------|

PROFESSIONAL REFERENCES

Include only those who have knowledge of your teaching experience, such as: Superintendents, Principals, Supervisors and Student Teaching Master Teachers.

| Name & Title | Address | Telephone |
|--------------|---------|-----------|
|--------------|---------|-----------|

SIGNATURE

DATE