

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

Home

Business or Cell

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
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EDUCATION

Degree or Credential & Date	School	Dates Attended
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Number of units beyond a BA degree _____ Beyond a Masters degree _____
(1quarter unit = 2/3 semester unit)

My Placement Papers are on file at _____

Address	City, State & Zip Code
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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
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SIGNATURE

DATE