

State of California  
Department of Education ,  
**California School for the Deaf, Riverside**  
3044 Horace Street, Riverside, CA 92506  
951-782-6500 V/TDD

## EMPLOYEE SCHOOL APPLICATION

<p>1. Name: _____  <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>         Address: _____          _____          _____  <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> </p>	<p>Home Phone (____) _____          TTY? <input type="checkbox"/> Yes <input type="checkbox"/> No          Business Phone: (____) _____          SS# (voluntary): ____-____-____          E-Mail: _____</p>																														
<p>2. United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No      If not a U.S. citizen, do you have a permanent residence visa? <input type="checkbox"/> Yes <input type="checkbox"/> No          (Please attach a copy to this application.)</p>																															
<p>3. I am fluent in:    <input type="checkbox"/> English            <input type="checkbox"/> American Sign Language            <input type="checkbox"/> Spanish            <input type="checkbox"/> Other _____</p>																															
<p>4. I want to apply for:</p> <p>Position desired/preferred: _____ Age/grade level: _____ Subject matter: _____          Position desired/preferred: _____ Age/grade level: _____ Subject matter: _____          Position desired/preferred: _____ Age/grade level: _____ Subject matter: _____</p>																															
<p>5. Professional reference: Mention only those who have knowledge of your teaching experience, e.g., Superintendents, Principals, Supervisors, and student teaching master teachers.</p> <table style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 20%;">Position</th> <th style="width: 20%;">Address</th> <th style="width: 15%;">City, State</th> <th style="width: 15%;">Phone</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Name	Position	Address	City, State	Phone	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Position	Address	City, State	Phone																											
_____	_____	_____	_____	_____																											
_____	_____	_____	_____	_____																											
_____	_____	_____	_____	_____																											
_____	_____	_____	_____	_____																											
_____	_____	_____	_____	_____																											
<p>6. Education:</p> <table style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 30%;">Name and Location of College or University</th> <th style="width: 20%;">Majors/Minors</th> <th style="width: 15%;">Units/Credits</th> <th style="width: 15%;">Degree</th> <th style="width: 20%;">Date Completed</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Name and Location of College or University	Majors/Minors	Units/Credits	Degree	Date Completed	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name and Location of College or University	Majors/Minors	Units/Credits	Degree	Date Completed																											
_____	_____	_____	_____	_____																											
_____	_____	_____	_____	_____																											
_____	_____	_____	_____	_____																											
_____	_____	_____	_____	_____																											
_____	_____	_____	_____	_____																											

7. Credentials:

California Credentials Held	Elementary	Secondary	Majors/Minors	Expiration
-----------------------------	------------	-----------	---------------	------------


Out of State Credentials Held:


Has your credential ever been suspended or revoked?     Yes     No

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

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

8. Experience (paid teaching/counseling): Begin with your most recent experience. List all experiences which you believe meets the requirements for the position you are seeking.

From: _____ To: _____  Total: ___ Years ___ Months  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Job Title: _____  Salary: _____ Age/Grade Level: _____  Most important duties:	School: _____ Address: _____ City/State: _____ School Phone Number: ____-____-_____ Supervisor & Title: _____ Reason for Leaving:
From: _____ To: _____  Total: ___ Years ___ Months  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Job Title: _____  Salary: _____ Age/Grade Level: _____  Duties:	School: _____ Address: _____ City/State: _____ School Phone Number: ____-____-_____ Supervisor & Title: _____ Reason for Leaving:
From: _____ To: _____  Total: ___ Years ___ Months  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Job Title: _____  Salary: _____ Age/Grade Level: _____  Duties:	School: _____ Address: _____ City/State: _____ School Phone Number: ____-____-_____ Supervisor & Title: _____ Reason for Leaving:

From: _____ To: _____  Total: ___ Years ___ Months  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Job Title: _____  Salary: _____ Age/Grade Level: _____  Duties: _____	School: _____  Address: _____  City/State: _____  School Phone Number: ____-____-_____  Supervisor & Title: _____  Reason for Leaving: _____			
From: _____ To: _____  Total: ___ Years ___ Months  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Job Title: _____  Salary: _____ Age/Grade Level: _____  Duties: _____	School: _____  Address: _____  City/State: _____  School Phone Number: ____-____-_____  Supervisor & Title: _____  Reason for Leaving: _____			
From: _____ To: _____  Total: ___ Years ___ Months  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Job Title: _____  Salary: _____ Age/Grade Level: _____  Duties: _____	School: _____  Address: _____  City/State: _____  School Phone Number: ____-____-_____  Supervisor & Title: _____  Reason for Leaving: _____			
From: _____ To: _____  Total: ___ Years ___ Months  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Job Title: _____  Salary: _____ Age/Grade Level: _____  Duties: _____	School: _____  Address: _____  City/State: _____  School Phone Number: ____-____-_____  Supervisor & Title: _____  Reason for Leaving: _____			
9. Full-time paid teaching experience:  A. Schools or classes for the deaf:      Years                      B. Other full-time paid teaching experience:      Years					
10. Outline in a paragraph or two, in your own handwriting, on the back of this page, your philosophy on the education of the deaf and hard of hearing students. Please include your philosophy regarding communication with the deaf.					
11. How would you rate your American Sign Language skills on a scale of 1-10 (1=poor, 10=high)? <b>1 2 3 4 5 6 7 8 9 10</b>					
12. Have you taken ASLPI (American Sign Language Proficiency Interview) before? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy to this application.					
13. Check extracurricular activities for which you feel well qualified:  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Yearbook Advisor  <input type="checkbox"/> Dramatics  <input type="checkbox"/> Choral Signing  <input type="checkbox"/> Wrestling Coaching  <input type="checkbox"/> Girls Track Coaching  <input type="checkbox"/> Boys Track Coaching         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Cheerleading  <input type="checkbox"/> Basketball Coaching  <input type="checkbox"/> Boy Scouts  <input type="checkbox"/> Girl Scouts  <input type="checkbox"/> Football Coaching  <input type="checkbox"/> Volleyball Coaching         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Class Sponsor  <input type="checkbox"/> Junior National Association of the Deaf  <input type="checkbox"/> Student Body Government  <input type="checkbox"/> Other: _____         </td> </tr> </table>			<input type="checkbox"/> Yearbook Advisor <input type="checkbox"/> Dramatics <input type="checkbox"/> Choral Signing <input type="checkbox"/> Wrestling Coaching <input type="checkbox"/> Girls Track Coaching <input type="checkbox"/> Boys Track Coaching	<input type="checkbox"/> Cheerleading <input type="checkbox"/> Basketball Coaching <input type="checkbox"/> Boy Scouts <input type="checkbox"/> Girl Scouts <input type="checkbox"/> Football Coaching <input type="checkbox"/> Volleyball Coaching	<input type="checkbox"/> Class Sponsor <input type="checkbox"/> Junior National Association of the Deaf <input type="checkbox"/> Student Body Government <input type="checkbox"/> Other: _____
<input type="checkbox"/> Yearbook Advisor <input type="checkbox"/> Dramatics <input type="checkbox"/> Choral Signing <input type="checkbox"/> Wrestling Coaching <input type="checkbox"/> Girls Track Coaching <input type="checkbox"/> Boys Track Coaching	<input type="checkbox"/> Cheerleading <input type="checkbox"/> Basketball Coaching <input type="checkbox"/> Boy Scouts <input type="checkbox"/> Girl Scouts <input type="checkbox"/> Football Coaching <input type="checkbox"/> Volleyball Coaching	<input type="checkbox"/> Class Sponsor <input type="checkbox"/> Junior National Association of the Deaf <input type="checkbox"/> Student Body Government <input type="checkbox"/> Other: _____			

14. List extracurricular activities in which you have participated in previous school employment:

_____	_____
_____	_____
_____	_____

15. Check the position(s) for which you are applying:

- Classroom Teacher
- Teacher Specialist: \_\_\_\_\_
- Specific Teacher: \_\_\_\_\_
- Administrator

All of the above require California Credentials. You must be able to satisfy the credential requirements to be considered for employment. (See [www.ctc.ca.jzov](http://www.ctc.ca.jzov) Credentialing Information, Special Education section.)

NOTE: Only graduates of Council on Education of the Deaf approved teacher preparation will be considered for classroom teaching positions.

16. Official transcripts and copies of credentials must be attached to this application. NOTE: Any opened mail will be rejected.

17. Certificate of Application - Read Carefully Before Signing

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: \_\_\_\_\_