State of California
Department of Education ,

California School for the Deaf, Riverside

3044 Horace Street, Riverside, CA 92506
PH 951-248-7700 / VP 951-824-8070

EMPLOYEE SCHOOL APPLICATION

1 Name: _____
Last First Middle

Address: _____

_____

_____
City State Zip Code

Home Phone (__) _____

VP? ☐ Yes ☐ No

Cell Phone: (____)_____

Business Phone: (____)_____ _____

E-Mail:

2. United States Citizen ☐Yes ☐No If not a U.S. citizen, do you have a permanent residence visa? ☐Yes ☐No
(Please attach a copy to this application.)

3. I am fluent in: ☐English ☐American Sign Language ☐Spanish ☐Other _____

4. I want to apply for:

Position desired/preferred: _____ Age/grade level: _____ Subject matter: _____

Position desired/preferred: _____ Age/grade level: _____ Subject matter: _____

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5 Professional reference: Mention only those who have knowledge of your teaching experience, e.g., Superintendents, Principals, Supervisors, and student teaching master teachers.

Name	Position	Address	City, State	Phone

6. Education:

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 ☐Full-Time ☐Part-Time	Job Title: _____ Age/Grade Level: _____ Most important duties:	School: _____ Address: _____ City/State: _____ School Phone Number: _____-_____-_____ Supervisor & Title: _____ Reason for Leaving:
From: _____ To: _____ Total: ___ Years ___ Months ☐Full-Time ☐Part-Time	Job Title: _____ Age/Grade Level: _____ Duties:	School: _____ Address: _____ City/State: _____ School Phone Number: _____-_____-_____ Supervisor & Title: _____ Reason for Leaving:
From: _____ To: _____ Total: ___ Years ___ Months ☐Full-Time ☐Part-Time	Job Title: _____ Age/Grade Level: _____ Duties:	School: _____ Address: _____ City/State: _____ School Phone Number: _____-_____-_____ Supervisor & Title: _____ Reason for Leaving:

From: _____ To: _____ Total: ___ Years ___ Months ☐ Full-Time ☐ Part-Time	Job Title: _____ Age/Grade Level: _____ Duties:	School: _____ Address: _____ City/State: _____ School Phone Number: ____-____-_____ Supervisor & Title: _____ Reason for Leaving:
From: _____ To: _____ Total: ___ Years ___ Months ☐Full-Time ☐Part-Time	Job Title: _____ Age/Grade Level: _____ Duties:	School: _____ Address: _____ City/State: _____ School Phone Number: ____-____-_____ Supervisor & Title: _____ Reason for Leaving:
From: _____ To: _____ Total: ___ Years ___ Months ☐Full-Time ☐Part-Time	Job Title: _____ Age/Grade Level: _____ Duties:	School: _____ Address: _____ City/State: _____ School Phone Number: ____-____-_____ Supervisor & Title: _____ Reason for Leaving:
From: _____ To: _____ Total: ___ Years ___ Months ☐Full-Time ☐Part-Time	Job Title: _____ 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 (I =poor, 10=high)? ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

12. Have you taken ASLPI (American Sign Language Proficiency Interview) before? ☐Yes ☐ No
Please attach a copy to this application.

13. Check extracurricular activities for which you feel well qualified:

☐Yearbook Advisor
☐Dramatics
☐Choral Signing
☐Wrestling Coaching
☐Girls Track Coaching
☐Boys Track Coaching
☐Cheerleading
☐Basketball Coaching
☐Boy Scouts
☐Girl Scouts
☐Football Coaching
☐Volleyball Coaching
☐Class Sponsor
☐Junior National Association of the Deaf
☐Student Body Government
☐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 http://ctc.ca.gov - Credential Information, &UHGHQWLDOV5HTXLUHPHQWV7HDFKLQJ &UHGHQWLDOV 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: _____