

**APPLICATION FOR EMPLOYMENT – Substitute Teaching Position**

Return to: Sonoma County Office of Education – Human Resources  
 5340 Skylane Boulevard, Santa Rosa, CA 95403  
 Phone: 707-524-2794 or 707-524-2987 ♦ www.scoe.org



**DIRECTIONS: Use Ink (Please Print) or Typewriter ♦ Answer All Questions ♦ Complete All Sections**  
 Please submit this application with all of the information requested as completely as possible. You may attach additional sheets where the space provided is not sufficient. Please do not write in any space "see attached resume."

**Position for which you are applying:** \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_  
Address City Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Have you lived in California for the past 12 months?  Yes  No

Total years in teaching: \_\_\_\_\_ Total years in administration: \_\_\_\_\_

**CALIFORNIA CREDENTIALS NOW HELD:**

Type \_\_\_\_\_ Expires \_\_\_\_\_  
 Type \_\_\_\_\_ Expires \_\_\_\_\_  
 Type \_\_\_\_\_ Expires \_\_\_\_\_  
 Type \_\_\_\_\_ Expires \_\_\_\_\_  
 Name of California Credential applied for but have not received: \_\_\_\_\_ Date of Application \_\_\_\_\_

Are you or have you ever been a member of the California Teachers Retirement System?  Yes  No

Have you passed Basic Skills?  Yes  No  Exempt

If yes, please indicate if it was  CBEST or  CSET w/writing

If exempt, please explain \_\_\_\_\_

Has your credential ever been suspended or revoked?  Yes  No

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

Have you been convicted of a crime in the past ten (10) years, other than minor traffic infractions?  Yes  No

If yes, please describe in full: \_\_\_\_\_

*Conviction does not necessarily disqualify you from employment. You need not disclose convictions that have been judicially sealed, expunged, or statutorily eradicated.*

Were you previously employed in Sonoma County Schools?  Yes  No (If yes, when? \_\_\_\_\_)

If you worked under a different name, please state name \_\_\_\_\_

Are any members of your immediate family employees of the Sonoma County Office of Education?  Yes  No

**TEACHING/ADMINISTRATIVE EXPERIENCE**  
 List LAST position first. If none, report student teaching experience. Indicate type (regular, substitute, student teaching).

Type	From Month/Year	To Month/Year	Positions Grades or Subjects	School	District	District Address

- NOTE: Check box if you have qualifications that especially equip you to work with culturally different and/or minority groups and multi-ethnic programs, and include a brief explanation with your application.

Work experience other than teaching or administrative:

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COLLEGE OR UNIVERSITY EDUCATION			
Name and Location of Institution Attended	Graduated Degree	Major(s)	Minor(s)

Number of semester units of graduate work beyond BA or BS degree \_\_\_\_\_

Number beyond MA or MS \_\_\_\_\_ (1 Quarter Unit – 2/3 Semester Unit)

PROFESSIONAL REFERENCES: THREE (3) REFERENCES REQUIRED		
Give the name, title, and telephone numbers of at least three (3) people who have supervised you (current and former positions). DO NOT LIST RELATIVES.		
Name and Title	Address	Phone

*The Sonoma County Office of Education is committed to equal opportunities for all individuals in education. District programs, activities, and employment shall be free from discrimination based on sex, race, color, religion, national origin, ethnic group, sexual orientation, marital or parental status, physical or mental disability, Section 504 disability or an other unlawful consideration.*

Any personal documents that you enclose will not be returned, unless accompanied by a self-addressed envelope bearing sufficient postage. **Please do not include high school or college graduation dates on any resume you may attach to this application.**

I hereby certify that the above information is true, accurate, and complete; and authorize investigation of all statement on this application. Any misrepresentation or willful omissions of fact shall be sufficient cause for disqualification of this application or termination of employment. It is understood that this application and records become the property of the Sonoma County Office of Education (SCOE), which reserves the right to accept or reject it. If selected for employment, I agree to observe all rules, regulations, and policies of SCOE now in force and in effect, or as they may change during my employment. I agree to be fingerprinted and, if required for the classification, to submit to a complete medical examination upon employment. If hired, I agree to furnish proof of age and citizenship. I hereby authorize SCOE to conduct a work history, reference check, and police record inquiries. I release from all liability persons and organizations reporting information required in order to determine my acceptability for employment. I understand that employment is subject to verification of my lawful status.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_