

PACIFIC CHARTER INSTITUTE

3600 Madison Avenue, Suite 59
North Highlands, CA 95660

Date Received: _____
Reviewed By: _____

Complete Yes[] No[]*
* _____

Incomplete applications will not be kept
beyond 60 days.

Certificated Application

(Print/Type All Information)

Name _____ Home Phone () _____
Address _____ Work Phone () _____
City/State _____ Cell Phone () _____
E-Mail Address _____

Position For Which You Are Applying _____

California Teaching Credential Information (Attach Copies of Credentials Held)

[] Multiple Subject List Authorized Subject Areas including Supplemental Authorizations:
[] Single Subject _____
[] Preliminary _____
[] Professional Clear _____
[] CLAD Authorization _____

Credential/Education Information

College/University Attended	Major/Minor	Degree Earned	Credential Held	Expires

Grade Level/Subject Area of Interest (Check preferences and state specific grade level and/or subject area):

[] K - 6 _____ [] Reading Specialist _____
[] Junior High _____ [] Counseling _____
[] High School _____ [] Resource Specialist _____
[] Special Education _____ [] ESL _____
[] Vocational Education _____ [] Other _____

Additional Skills/Extra Curricular Activities: (i.e., Sign Language, Coaching (specific areas) Music, Art, Physical Education, etc.)

TEACHING EXPERIENCE: Give full and accurate data regarding your experience as a teacher. Applicants who have had student teaching only should so state, giving place, date, time, etc. List your last position first.

School	Grade/Subject	Dates	Reason for Leaving
District		From:	
City/State		To:	
Phone ()		Total Years:	
Supervisor			
School	Grade/Subject	Dates	Reason for Leaving
District		From:	
City/State		To:	
Phone ()		Total Years:	
Supervisor			
School	Grade/Subject	Dates	Reason for Leaving
District		From:	
City/State		To:	
Phone ()		Total Years:	
Supervisor			
School	Grade/Subject	Dates	Reason for Leaving
District		From:	
City/State		To:	
Phone ()		Total Years:	
Supervisor			
School	Grade/Subject	Dates	Reason for Leaving
District		From:	
City/State		To:	
Phone ()		Total Years:	
Supervisor			

PLEASE NOTE: All applications must include a Resume, Cover Letter, transcripts (need not be official) and a copy of your Valid California Credential

If you have been credentialed for less than five years please complete the following:

NON-TEACHING EXPERIENCE: Give full and accurate data regarding your non teaching experience. List your last position first.

Employer:	Employed From:	To:
Address:	Reason For Leaving:	
Supervisor:	Phone Number ()	
Job Title:	Full Time []	Part Time []
Duties:		
Employer:	Employed From:	To:
Address:	Reason For Leaving:	
Supervisor:	Phone Number ()	
Job Title:	Full Time []	Part Time []
Duties:		
Employer:	Employed From:	To:
Address:	Reason For Leaving:	
Supervisor:	Phone Number ()	
Job Title:	Full Time []	Part Time []
Duties:		

List any other names you have worked under: _____

If offered employment, can you furnish documentation that verifies your identity and right to work in the United States? No [] Yes []

*Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?
Note: A conviction record will not necessarily bar you from employment, however failure to admit is cause for disqualification. No [] Yes []

Have you ever been a member of the California State Teachers Retirement System? No [] Yes []

Has your credential ever been suspended or revoked? No [] Yes []
**If yes, please attach additional explanation sheets*

PROFESSIONAL REFERENCES:

1. **NAME:** _____ Position: _____

Address: _____

Phone Number(s) _____ / _____

2. **NAME:** _____ Position: _____

Address: _____

Phone Number(s) _____ / _____

3. **NAME:** _____ Position: _____

Address: _____

Phone Number(s) _____ / _____

BEFORE SIGNING THIS FORM, PLEASE READ THE FOLLOWING STATEMENT CAREFULLY__

I hereby certify that all information given on this application form is true and correct to the best of my knowledge and authorize an investigation of all statements contained herein. I release from liability all persons and organizations reporting information by this application.

Signature: _____

Date: _____

