



PACIFIC GROVE UNIFIED SCHOOL DISTRICT

435 Hillcrest Avenue Pacific Grove, California 93950

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HUMAN RESOURCE

Phone: 831-646-6507; fax: 831-646-6500

Administrative Position applied for: _____ Date _____

 Name Home/Cell Phone

 Street Address Work Phone

 City, State, Zip Email

PROFESSIONAL EDUCATION

College and/or University Name and City/State	Major	Degree	Units

CREDENTIALS

Do you have or are you eligible for a California General or Standard Administrative Credential? Yes _____ No _____

Other credentials or certifications: _____

Has your credential ever been suspended or revoked? YES _____ NO _____

Have you ever been dismissed, or asked to resign, from any position requiring certification? YES _____ NO _____

Have you ever been convicted for anything other than a minor traffic violation? YES _____ NO _____
 (For each question answered YES, explain in writing the circumstances and attach the statement to this application.)

PROFESSIONAL ACTIVITIES

Describe any special activities which are relevant to and/or contribute to your preparation for this administrative position.

REFERENCES regarding your abilities for this position:

Name, Position, and Address	Type of Business	Telephone	Years Known

**PACIFIC GROVE UNIFIED SCHOOL DISTRICT
EXPERIENCE**

Please list, beginning with most recent, pertinent experience in education or in other fields. Please indicate if employment was full-time (FT) or part-time (PT).

Employer's name & address	Position held	From	To	FT/PT
Name				
Address	Supervisor's Name, Position	Phone		
Duties/Responsibilities:				
Reason for leaving:				
Employer's name & address	Position held	From	To	FT/PT
Name				
Address	Supervisor's Name, Position	Phone		
Duties/Responsibilities:				
Reason for leaving:				
Employer's name & address	Position held	From	To	FT/PT
Name				
Address	Supervisor's Name, Position	Phone		
Duties/Responsibilities:				
Reason for leaving:				
Employer's name & address	Position held	From	To	FT/PT
Name				
Address	Supervisor's Name, Position	Phone		
Duties/Responsibilities:				
Reason for leaving:				

I hereby certify that the statements in this application are true and complete 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