

Certificated  
Application  
Fillout/sign and return to HR

**PACIFIC GROVE UNIFIED SCHOOL DISTRICT**  
555 Sinex Avenue, Pacific Grove, CA 93950  
Tel: 831-646-6507 Fax: 831-646-6582  
E-mail: personnel@pgusd.org Website: www.pgusd.org

A

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Other

Address: \_\_\_\_\_  
Street number or P.O. Box City State Zip

Phone: \_\_\_\_\_  
Home Cell Business

Total years of teaching: \_\_\_\_\_ email: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_  
Position Title Program

YOU MAY ELABORATE ON YOUR QUALIFICATIONS FOR THIS POSITION  
ON A SEPARATE SHEET AND ATTACH IT TO THIS APPLICATION

**COMPLETE THE FOLLOWING IF JOB-RELATED:**

Are you able to communicate in any language other than English? YES NO

If Yes, indicate languages and degree of ability to communicate:

Language	Speak	Read	Write	Understand

Do you have a valid driver's license? YES NO If Yes, from what state? \_\_\_\_\_ Number: \_\_\_\_\_

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.)

**CALIFORNIA CREDENTIALS NOW HELD:** Type: \_\_\_\_\_ Expires: \_\_\_\_\_  
Type: \_\_\_\_\_ Expires: \_\_\_\_\_

Name of California teaching credential applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Are you, or have you ever been a member of the California State Teachers' Retirement System? (STRS) YES NO

**POSITIONS HELD IN EDUCATION:** List most recent position first. If more than five years, list positions for last five years.  
If none, report student teaching experience.

Type*	From	To	Grades or Subjects	School District	District Address

\* Indicate type of teaching: (R) regular, (S) substitute, or (ST) student teaching

Indicate From/To Dates as Month/Year

If you have qualifications which have especially prepared you to work with culturally different and/or minority groups and multi-ethnic programs, include a brief explanation:

**EXPERIENCE OTHER THAN TEACHING:**

Begin with your most recent experience. List all experience in the last five years, including U.S. Military Service. Give details on the experience which you believe meets the requirements for this position. Go back more than five years if necessary. Also, list any volunteer experience which you feel helps you meet the requirements of the position for which you are applying. Show actual times (i.e. number of hours per day or hours per week) spent in such experience with "volunteer" in the space marked "last salary."

If more space is needed, attach a separate sheet to this form.

Period of employment	Job title and most important duties performed	Name, address and telephone of previous employer and supervisor
From: _____ To: _____ _____ Total: _____ Yrs. & _____ Mos. Full-time: _____ Part-time: _____ Hours per week: _____	Title: _____ Last Salary: _____ Duties: _____	Reason for leaving: _____
From: _____ To: _____ _____ Total: _____ Yrs. & _____ Mos. Full-time: _____ Part-time: _____ Hours per week: _____	Title: _____ Last Salary: _____ Duties: _____	Reason for leaving: _____

**COLLEGE OR UNIVERSITY EDUCATION**

Name & Address of School, College or University	Major subjects	Minor subjects	Attended		Graduated	
			From:	To:	Date	Degree Earned

Additional Education: \_\_\_\_\_

Number of units of graduate work beyond B.A. or B.S. degree: Semester units: \_\_\_\_\_ Quarter units: \_\_\_\_\_

**PROFESSIONAL REFERENCES:** Include only those who have knowledge of your teaching experience: e.g., superintendents, principals, supervisors, and student-teaching master teachers.

Name	Occupation	Address	Telephone	Years Known

**I hereby certify** that the statements in this application are true and complete and I authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_