

PACIFIC GROVE UNIFIED SCHOOL DISTRICT

555 SINEX AVENUE

PACIFIC GROVE, CALIFORNIA 93950

Phone: 831-646-6507; fax 831-646-6582

Date _____

Administrative Position applied for _____

Name

Home Telephone/Cel Phone

Street Address

Office Telephone/Message

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 Administrative or Standard Administrative Credential?

Yes _____ No _____

Other credentials or certifications: _____

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