

Certificated
Application
Please type or use ink

PACIFIC GROVE ADULT EDUCATION (PGUSD)
1025 Lighthouse Avenue, Pacific Grove, CA 93950
Tel: 831-646-6580 Fax: 831-646-6578
Principal's email: marnu@pgusd.org

rev: 7/2001

Date: _____

Name: _____
Last First Middle Other

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

Phone: _____
Home Business Message

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

