



APPLICATION FOR EMPLOYMENT

Date _____

CERTIFICATED PERSONNEL

<input type="checkbox"/>	Full Time
<input type="checkbox"/>	Part Time
<input type="checkbox"/>	Substitute

Position for which you are applying _____

HOW DID YOU FIND OUT ABOUT THIS POSITION? CHECK ONE		
<input type="checkbox"/> SOCAL ROC WEBSITE	<input type="checkbox"/> ED JOIN	<input type="checkbox"/> INDEED
<input type="checkbox"/> REFERRAL _____		

Home Telephone _____
Area Code _____

Cell Telephone _____
Area Code _____

Work Telephone _____
Area Code _____

PERSONAL DATA

Please Print or Type

Email _____

Name _____
Last First Middle

Address _____
Street City Zip Code

Are you eligible to work in the USA? Yes No Do you possess a valid California Driver's License? Yes No

Are you currently a member of STRS (State Teachers' Retirement System)? Yes No

Have you ever been convicted of an offense other than minor traffic violations? _____

If "Yes" Please explain _____

Describe your hobbies and/or recreational and community activities. _____

Have you had experience with young people outside of your job? _____

REFERENCES

Give the names of three persons qualified to speak about you professionally.

Name _____ Occupation _____

Address _____ Telephone _____

Name _____ Occupation _____

Address _____ Telephone _____

Name _____ Occupation _____

Address _____ Telephone _____

EDUCATIONAL QUALIFICATIONS

Circle the highest grade completed in secondary education.

10 11 12 GED

COLLEGE OR UNIVERSITY

Name and Location of Institution	Dates of Attendance		Semester Credits	Degree Attained	Date
	From	To			

SPECIAL COURSES OR TRAINING COMPLETED

Name of Course	Course Length			Course Offered By
	From	To	Hrs/Wk	

CREDENTIALS

Type	Expiration Date

TEACHING EXPERIENCE (include student teaching experience)

Name and Location of School	Subject Taught	From	To

EMPLOYMENT EXPERIENCE

List jobs held during the last 10 years. Please begin with present job and list in reverse order. The information given below will be used in rating career technical experience. It is important that it be complete.

① _____
Company/Agency Name Address Zip

_____ Immediate Supervisor Title Area Code/Telephone

Dates of Employment: _____ From _____ To _____ Total Months

_____ Position Duties

Number of Employees Under Your Supervision _____ Beginning Salary _____ Ending Salary _____

State Reason for Leaving Job _____

② _____
Company/Agency Name Address Zip

_____ Immediate Supervisor Title Area Code/Telephone

Dates of Employment: _____ From _____ To _____ Total Months

_____ Position Duties

Number of Employees Under Your Supervision _____ Beginning Salary _____ Ending Salary _____

State Reason for Leaving Job _____

③ _____
Company/Agency Name Address Zip

_____ Immediate Supervisor Title Area Code/Telephone

Dates of Employment: _____ From _____ To _____ Total Months

_____ Position Duties

Number of Employees Under Your Supervision _____ Beginning Salary _____ Ending Salary _____

State Reason for Leaving Job _____

④ _____
Company/Agency Name Address Zip

_____ Immediate Supervisor Title Area Code/Telephone

Dates of Employment: _____ From _____ To _____ Total Months

_____ Position Duties

Number of Employees Under Your Supervision _____ Beginning Salary _____ Ending Salary _____

State Reason for Leaving Job _____

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Company/Agency Name	Address	Zip
Immediate Supervisor	Title	Area Code/Telephone
Dates of Employment:	From	To
	Total Months	
Position	Duties	
Number of Employees Under Your Supervision	Beginning Salary	Ending Salary
State Reason for Leaving Job		

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Company/Agency Name	Address	Zip
Immediate Supervisor	Title	Area Code/Telephone
Dates of Employment:	From	To
	Total Months	
Position	Duties	
Number of Employees Under Your Supervision	Beginning Salary	Ending Salary
State Reason for Leaving Job		

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Company/Agency Name	Address	Zip
Immediate Supervisor	Title	Area Code/Telephone
Dates of Employment:	From	To
	Total Months	
Position	Duties	
Number of Employees Under Your Supervision	Beginning Salary	Ending Salary
State Reason for Leaving Job		

If necessary, attach additional sheet listing employment experience.

May we contact your present employer? _____

I hereby certify that the foregoing information is correct and complete to the best of my knowledge. Falsification of information may result in immediate dismissal.

Date

Signature

APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS SIGNED, DATED AND ALL INFORMATION IS PROVIDED.

APPLICATION ADDENDUM

NAME _____

PLEASE RESPOND TO THE FOLLOWING PHRASES OR STATEMENTS USING ONE OR MORE WORDS THAT REFLECT YOUR THOUGHTS ON EACH ONE. IT IS NOT NECESSARY TO RESPOND IN COMPLETE SENTENCES. OBVIOUSLY, THERE ARE NO "RIGHT" OR "WRONG" ANSWERS.

1. Career technical education is for _____

2. A good teacher _____

3. What students need today is _____

4. Individualized instruction _____

5. Discipline _____

6. Students learn best when _____

7. Lecturing is _____

8. Success for a student is _____

9. Classroom control _____

10. Students fail when _____

11. A good exam _____

12. I want to teach because _____

**SOUTHERN CALIFORNIA REGIONAL OCCUPATIONAL CENTER Personnel Department
Authorization to Acquire Information from References**

It is the policy of the Southern California Regional Occupational Center ("Center") to conduct background checks for all candidates for employment. This background investigation will be conducted so that the Center can verify it will be employing an individual who is not only capable of carrying out the essential functions of this position, but an individual who has proven him/herself capable of working with young persons and with a minimum of direct supervision.

Reference checking is generally conducted after the interview portion of the selection procedure, and three references are normally obtained before the candidate is offered employment. Occasionally, the Center conducts reference checks prior to inviting candidates to participate in an interview.

Your signature below indicates your agreement with and acknowledgement of the following:

As an applicant for an employment position with the Southern California Regional Occupational Center, I authorize my current and past employers and work associates, including, but not limited to, supervisors, colleagues and subordinates to release to the Southern California Regional Occupational Center any reference information in my personnel records or file (including but not limited to applications for employment, sick leave records, performance evaluations), academic records (including but not limited to transcripts, certificates, credentials), work-related credit and financial records, information related to my work-related personal characteristics (including but not limited to my character, dependability, honesty, integrity, ability to work under pressure, interpersonal skills, job related physical ability and reputation among co-workers) and all work-related information about me which may otherwise be of a privileged or derogative nature (including but limited to employment information, official employment documents and employment performance data).

I expressly and without reservation waive my right to review the information collected in the background check.

The Center will honor my right to privacy and maintain reference information in strictest confidence and solely for the purposes of evaluating my qualifications for the position. Informational obtained during the background check will not be provided to anyone outside the selection process.

A photocopy of this signed authorization is to be considered as valid as an original.

In executing this authorization, I fully and completely release and hold harmless all present and past employers and their officers, agents, assigns and employees, the Center and its officers, agents, assigns and employees and all other persons and entities from liability for any damage, including, to the full extent allowed by law, liability under the State and Federal Constitutions, California Civil Code Sections 45 and 46 and California Labor Code Section 1054 or any similar laws of other states or political entities, which may result from furnishing information which I am permitting to be release by way of this authorization.

I have carefully read and understand all of the provisions of this authorization and have voluntarily and without coercion or duress agreed to and signed this authorization. I have received a copy of this authorization and understand that I may revoke it at any time by delivery of written notice to the Center.

This Release expires in 120 days from the date of signature.

Candidate's Full Name (Print) _____

Candidate's Signature _____ Date _____

Other Last Names You Have Used (if any) _____