

Candidate Number:
(For Office Use Only)

AGENCY NAME: _____ **APPLICATION FORM**

Application for the Position of: _____

Please complete this form in its entirety. It will be used to process your application for this position. We ask that you return it as part of your completed packet, including a formal letter of application and resumé.

Name:
Address:
City, State, Zip:

Date:	Email:
Primary Phone (Cell):	
Secondary Phone (If applicable):	

Type of current organization/district (K-6, K-12, etc.):

Annual budget of current organization/district:

Record of Professional Education

Institution/Campus:	Major:	Degree:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Record of Certifications/Credentials

Record of Professional Experience (List Most Recent Experience First)

Title:	Dates of Employment:	District/Agency:	Enrollment:
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

I understand that the finalists for this position will undergo extensive reference, background, and credit checks. By signing electronically, I also hereby certify that all statements made in this application are true:

(Signature)

I heard about this position through:

SSC Searchlight/Email: ___ SSC Website: ___ SSC LinkedIn: ___
CALSA: ___ CASBO: ___ ACSA: ___ EDJOIN: ___ Other: _____

Please return this form to:
Nicole Contreras, Search Assistant, at nicolec@sscal.com