

7. Credentials:

California Credentials Held	Elementary	Secondary	Majors/Minors	Expiration
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Out of State Credentials Held:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your credential ever been suspended or revoked? Yes No

Have you ever been dismissed or asked to resign from any teaching position? Yes No

For each question answered yes, explain in writing the circumstances and attached the statement to this form.

8. Experience (paid teaching/counseling): Begin with your most recent experience. List all experiences which you believe meets the requirements for the position you are seeking.

<p>From: _____ To: _____</p> <p>Total: ___ Years ___ Months</p> <p><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p>	<p>Job Title: _____</p> <p>Age/Grade Level: _____</p> <p>Most important duties:</p>	<p>School: _____</p> <p>Address: _____</p> <p>City/State: _____</p> <p>School Phone Number: ____-____-_____</p> <p>Supervisor & Title: _____</p> <p>Reason for Leaving:</p>
<p>From: _____ To: _____</p> <p>Total: ___ Years ___ Months</p> <p><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p>	<p>Job Title: _____</p> <p>Age/Grade Level: _____</p> <p>Duties:</p>	<p>School: _____</p> <p>Address: _____</p> <p>City/State: _____</p> <p>School Phone Number: ____-____-_____</p> <p>Supervisor & Title: _____</p> <p>Reason for Leaving:</p>
<p>From: _____ To: _____</p> <p>Total: ___ Years ___ Months</p> <p><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p>	<p>Job Title: _____</p> <p>Age/Grade Level: _____</p> <p>Duties:</p>	<p>School: _____</p> <p>Address: _____</p> <p>City/State: _____</p> <p>School Phone Number: ____-____-_____</p> <p>Supervisor & Title: _____</p> <p>Reason for Leaving:</p>

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9. Full-time paid teaching experience: A. Schools or classes for the deaf: Years B. Other full-time paid teaching experience: Years																				
10. Outline in a paragraph or two, in your own handwriting, on the back of this page, your philosophy on the education of the deaf and hard of hearing students. Please include your philosophy regarding communication with the deaf.																				
11. How would you rate your American Sign Language skills on a scale of 1-10 (1=poor, 10=high)? 1 2 3 4 5 6 7 8 9 10																				
12. Have you taken ASLPI (American Sign Language Proficiency Interview) before? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy to this application.																				
13. Check extracurricular activities for which you feel well qualified: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Yearbook Advisor</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Cheerleading</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Class Sponsor</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dramatics</td> <td style="border: none;"><input type="checkbox"/> Basketball Coaching</td> <td style="border: none;"><input type="checkbox"/> Junior National Association of the Deaf</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Choral Signing</td> <td style="border: none;"><input type="checkbox"/> Boy Scouts</td> <td style="border: none;"><input type="checkbox"/> Student Body Government</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Wrestling Coaching</td> <td style="border: none;"><input type="checkbox"/> Girl Scouts</td> <td style="border: none;"><input type="checkbox"/> Other: _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Girls Track Coaching</td> <td style="border: none;"><input type="checkbox"/> Football Coaching</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Boys Track Coaching</td> <td style="border: none;"><input type="checkbox"/> Volleyball Coaching</td> <td></td> </tr> </table>			<input type="checkbox"/> Yearbook Advisor	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Class Sponsor	<input type="checkbox"/> Dramatics	<input type="checkbox"/> Basketball Coaching	<input type="checkbox"/> Junior National Association of the Deaf	<input type="checkbox"/> Choral Signing	<input type="checkbox"/> Boy Scouts	<input type="checkbox"/> Student Body Government	<input type="checkbox"/> Wrestling Coaching	<input type="checkbox"/> Girl Scouts	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Girls Track Coaching	<input type="checkbox"/> Football Coaching		<input type="checkbox"/> Boys Track Coaching	<input type="checkbox"/> Volleyball Coaching	
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14. List extracurricular activities in which you have participated in previous school employment:

_____	_____
_____	_____
_____	_____

15. Check the position(s) for which you are applying:

- Classroom Teacher
- Teacher Specialist: _____
- Specific Teacher: _____
- Administrator

All of the above require California Credentials. You must be able to satisfy the credential requirements to be considered for employment. (See <http://ctc.ca.gov> - Credential Information, & UHCHQWDS HIXLUP HQW 7 HFKIQ & UHCHQWDS Special Education section.)

NOTE: Only graduates of Council on Education of the Deaf approved teacher preparation will be considered for classroom teaching positions.

16. Official transcripts and copies of credentials must be attached to this application. NOTE: Any opened mail will be rejected.

17. Certificate of Application - Read Carefully Before Signing

I hereby certify that all statements made hereon are true and correct to the best of my knowledge 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: _____ Date: _____