



# DR. HERBERT GUICE CHRISTIAN ACADEMY

6925 International Boulevard  
Oakland, CA 94621  
(510) 729-0330

*Letter of Interest, recent Placement File  
or three written letters of references,  
and copy of transcripts must accompany  
application to complete your file.*

## Application for Certificated Employment Service (Please type or print clearly)

EXACT POSITION APPLYING FOR: \_\_\_\_\_ DATE APPLYING: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Expires: \_\_\_\_\_

### OTHER POSITIONS YOU WISH TO BE CONSIDERED FOR:

Director/Assistant Director/Teacher/Assistant Teacher/Nutrition Worker/Specialty Teacher/After School Teacher

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

### CHILD DEVELOPMENT PERMIT:

Type	Expires

### CERTIFICATES:

Type: \_\_\_\_\_  
Type: \_\_\_\_\_  
Type: \_\_\_\_\_

CPR/First Aide:	Yes <input type="checkbox"/>	Date: _____	No <input type="checkbox"/>
16 Hours of Health, Safety, Nutrition & Lead:	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Food Handlers Certificate:	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Immunizations:	Yes <input type="checkbox"/>		No <input type="checkbox"/>
TB Test:	Yes <input type="checkbox"/>	Date: _____	No <input type="checkbox"/>

Fingerprint Clearance Number: \_\_\_\_\_  
Fingerprint Clearance Exemption? Yes  No

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

\*Have you ever entered a plea of guilty or been convicted of a felony or a misdemeanor? Yes  No

Do you have any physical condition(s) or disabilities, which may limit your ability to perform the job applied for? Yes  No  If yes, explain: \_\_\_\_\_

How did you hear about this job opening? \_\_\_\_\_

Languages (other than English) you can speak: \_\_\_\_\_  
Fluency ability level: Limited  Minimal  Functional  Advanced

**\*FOR EACH OF THE ABOVE QUESTIONS ANSWERED YES WITH AN ASTERISK (\*), EXPLAIN IN WRITING THE CIRCUMSTANCES AND ATTACH THE STATEMENT TO THIS FORM.**

**COLLEGE OR UNIVERISTY EDUCATION:**

Name & Location of Each Institution	Degree Granted	Major	Minor

**NUMBER OF EARLY CHILD DEVELOPMENT UNITS:** \_\_\_\_\_

**TEACHING EXPERIENCE:** (Please indicate all prior certificated experience, including student teaching, starting with most recent first.)

Type of Position	Date (From/To)	Grades/Subject	School	District/Address/Phone

**TOTAL YEARS OF PAID CERTIFICATED EXPERIENCE;** do not include substitute teaching: \_\_\_\_\_

**WORK EXPERIENCE OTHER THAN TEACHING:**

Employer (City, State & Phone)	Positions and Duties	Date (From/To)	Salary	Supervisor/Phone

**REFERENCES:** List name, address & phone number. (Include only those who have knowledge of your teaching or administrative experience, e.g., directors, supervisors, and board members)

**Present employer will be called unless you indicate otherwise.**

Name	Address	Phone Number

I hereby give permission to contact employers listed above for any relevant information.

If there is (are) any employer(s) listed above you do not wish us to contact, please indicate: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that all statements made herein 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

**ANY MISREPRESENTATION OF FACTS CONTAINED ON THIS APPLICATION MAY BE CAUSE FOR REJECTION OF APPLICATION OR DISMISSAL; ALL POSITIONS ARE AT-WILL**