

## Department of Special Education College of Education

Important: MAC users, please use Adobe Acrobat Reader to complete and save this form. Please do not use the MAC preview tool as it may result in a document with blank fields. Thank you.

Name:						
First			Middle		Last	
RED ID:		_				
Resume: Please provide the fo	ollowing info	ormation o	on your credential a	nd work experien	ce	
Credential Informat	tion					
Do you hold a valid teaching credential	Yes	No	CA	Other	List Stat	e:
Are you currently a full-time teacher	Yes	No		Substitute?	Yes	No
Years of Experience	:		Type of Credential:			
If you are currently to What subject? (if app						
What school site?						
Current Employer						
Position:						
Employer:						
Address:						
City:			State:	Z	<u> </u>	

Employment History						
Beginning with your most current position, please provide the following information on your work experience.						
<u>Dates</u>	Employer and Location	Nature of Work/ Major Responsibilities				
Work or Volunteer Expe	rience					
or rolantoor Expo						

Please summarize your work or volunteer experience working with students with disabilities.