

School of Teacher 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	rmation	on your creder	ntial ar	nd work experien	ce	
Credential Informat	tion						
Do you hold a valid teaching credential	Yes	No	CA		Other	List Stat	te:
Are you currently employed as a teacher	Yes	No	Full-Time? Yes	No	Substitute?	Yes	No
Years of Experience:			Type of Credential:				
If you are currently to	eaching, wh	at grade	9?				
What subject? (if app	olicable)?						····
What school site?							
What school district?)						

Current Employer (if you have more than one current employer, provide information about your teaching employment)					
Position:					
Employer:					
Address:					
City:	State:	Zip:			
Phone:					
Employment History					
Beginning with your most of experience.	current position, please provide the followi	ng information on your work			
<u>Dates</u>	Employer and Location	Nature of Work/ Major Responsibilities			