



## EMPLOYMENT HISTORY:

Please list below all present and past employment starting with your most recent employer. Use different blocks for different positions with same employer. Additional sheets may be attached as necessary. Please print all information.

1) \_\_\_\_\_  
Name of Employer Telephone Number Type of Business  
\_\_\_\_\_  
Address & Street City, State, Zip Your Supervisor's Name  
Dates of Employment: \_\_\_\_\_  
From To Reason for Leaving May we contact this employer for a reference?  
 Yes  No

\_\_\_\_\_  
Your Position and Duties

2) \_\_\_\_\_  
Name of Employer Telephone Number Type of Business  
\_\_\_\_\_  
Address & Street City, State, Zip Your Supervisor's Name  
Dates of Employment: \_\_\_\_\_  
From To Reason for Leaving May we contact this employer for a reference?  
 Yes  No

\_\_\_\_\_  
Your Position and Duties

## REFERENCES:

Please list a minimum of three people, not related to you, who can comment on your ability to perform the duties of the position for which you have applied. *It is desirable that one reference be from the field of education; one reference must be a former supervisor. (please print information)*

1) \_\_\_\_\_  
First Name Last Name Address & Street City, State, Zip  
\_\_\_\_\_  
Telephone No. Place of Employment Occupation No. of Years Acquainted

2) \_\_\_\_\_  
First Name Last Name Address & Street City, State, Zip  
\_\_\_\_\_  
Telephone No. Place of Employment Occupation No. of Years Acquainted

3) \_\_\_\_\_  
First Name Last Name Address & Street City, State, Zip  
\_\_\_\_\_  
Telephone No. Place of Employment Occupation No. of Years Acquainted

**Please choose the districts in Santa Cruz County in which you would like to substitute teach:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>ALL DISTRICTS</b> | <input type="checkbox"/> MOUNTAIN (K-6)            | <input type="checkbox"/> SAN LORENZO VALLEY (K-12)      |
| <input type="checkbox"/> BONNY DOON (K-6)     | <input type="checkbox"/> PACIFIC (K-6)             | <input type="checkbox"/> SANTA CRUZ CITY SCHOOLS (K-12) |
| <input type="checkbox"/> HAPPY VALLEY (K-6)   | <input type="checkbox"/> PACIFIC COLLEGIATE (7-12) | <input type="checkbox"/> *PAJARO VALLEY UNIFIED (K-12)  |
| <input type="checkbox"/> LIVE OAK (K-8)       | <input type="checkbox"/> SCOTT'S VALLEY (K-12)     | <b>*YOU MUST APPLY DIRECTLY WITH THIS DISTRICT</b>      |
|   | <input type="checkbox"/> SOQUEL (K-8)              |   |

**SANTA CRUZ COUNTY OFFICE OF EDUCATION – SEE PROGRAMS BELOW**

GRADE LEVEL/SUBJECT AREA PREFERENCE: \_\_\_\_\_

DAYS OF THE WEEK THAT YOU ARE AVAILABLE TO SUBSTITUTE: \_\_\_\_\_

ARE YOU BILINGUAL SPANISH/ENGLISH: \_\_\_\_\_

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**COUNTY OFFICE OF EDUCATION EMPLOYMENT OPPORTUNITIES:**

Please choose the County Office of Education programs in which you would like to substitute teach:

**SPECIAL EDUCATION PROGRAMS**

- Early Development Programs
- Severely Disabled Programs
- Emotionally Disabled Programs

**ALTERNATIVE EDUCATION PROGRAMS**

- Alternative Education Programs  
(Court & Community Schools)
- Juvenile Hall

**WOULD YOU BE INTERESTED IN SUBSTITUTING AS AN INSTRUCTIONAL AIDE FOR THE SANTA CRUZ COUNTY OFFICE OF EDUCATION PROGRAMS, IF NEEDED?** *(Instructional Aide Substitutes get paid the hourly rate of \$14.03.)*  Yes  No

**WOULD YOU BE INTERESTED IN BEING ON-CALL FOR THE SANTA CRUZ COUNTY OFFICE OF EDUCATION OUTDOOR SCIENCE SCHOOLS PROGRAM?** *(There is very limited need for On-Call work with this program and a varying rate of pay. Please contact Tina Dinsmore at 831/466-5888 for more information)*  Yes  No

**REGIONAL OCCUPATIONAL PROGRAMS (LIST OCCUPATIONAL EXPERIENCE):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please Read Carefully. Initial Each Paragraph and Sign Below:**

\_\_\_\_\_  
(initials) I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for temporary substitute teaching and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned, have personally completed this information. I understand that any omission or misstatement of material fact on this document or on any document used to secure temporary substitute teaching shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
(initials) I hereby authorize the Santa Cruz County Office of Education or any district in Santa Cruz County to thoroughly investigate my references, work record, education and other matters related to my suitability for substitute teacher employment and, further, authorize the references that I have listed to disclose to the County Office of Education or any district in Santa Cruz County any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Santa Cruz County Office of Education or any district in Santa Cruz County, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
(initials) In authorizing a background investigation this release includes law enforcement agencies, information pertaining to any findings of child abuse or neglect investigations, citations, criminal or civil convictions, driving records, previous employers, educational institutions, personal references, professional references, and other appropriate sources. I waive right of access to any such information and without limitation hereby release the Santa Cruz County Office of Education and the reference source from any liability in connection with its release or use.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (sign in ink)

\_\_\_\_\_  
Please print your name

**FOR OFFICE USE ONLY:**

DATE ENTERED \_\_\_\_\_

TB RECEIVED \_\_\_\_\_

CREDENTIALS PC \_\_\_\_\_

CREDENTIAL RECEIVED \_\_\_\_\_

AESOP \_\_\_\_\_

CBEST RECEIVED \_\_\_\_\_

FINGERPRINTS CLEARED \_\_\_\_\_

P/R FORMS RECEIVED \_\_\_\_\_