



Santa Barbara County Education Office

4400 Cathedral Oaks Road, P.O. Box 6307, Santa Barbara, California 93160-6307
(805) 964-4711 • FAX: (805) 964-4712 • Direct Dial: 964-4710 plus extension

Service and Leadership • www.sbceo.org

Certificated Application Process

Thank you for your interest in a position with the Santa Barbara County Education Office. In order for your application to receive full consideration, it must be complete and include the documents explained below. The application and attached documents become the property of the Santa Barbara County Education Office upon submission.

If you have any questions regarding the application process, please call the Certificated Human Resources department, 964-4711, ext. 5208.

1 Application Form

- Each section completed in full
- Dated
- Signed

2 Written Statement

Attach a written statement of approximately 300 words (may be word-processed) which describes:

- Your qualifications for this position
- The primary duties as you perceive them
- Other relevant information

3 Credential

- Copy of appropriate credential
OR
- Verification of eligibility for appropriate credential. (Contact the Credentials Analyst at 964-4711, ext. 5266, for information on verifying credential eligibility.)

4 CBEST Clearance

- Copy of proof of passing CBEST
OR
- Letter from California school district verifying employment during the past 39 months which required a teaching credential

5 Placement Papers

Applicant must request placement office to send file to us.

If placement papers are not available, substitute with:

- Current resume
- Three letters of reference from individuals who have assessed your work performance

Submit application with all attachments as soon as possible to:

Certificated Human Resources
Santa Barbara County Education Office
P. O. Box 6307
Santa Barbara, CA 93160-6307



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Application for Certificated Employment

Please Type or Use Black Ink Pen

Mr. _____ Date _____
 Mrs. _____
 Miss _____
 Ms. Name (Last First Middle) _____
 Dr. _____

Permanent address _____

e-mail address _____

Telephone (_____) _____ Social Security No. _____ (Optional)

POSITION APPLIED FOR: _____

Preferred Location: Northern part of Santa Barbara County _____ Southern part of Santa Barbara County _____
 No preference _____

Will you consider part-time positions? _____

Are you fluent in any languages other than English? _____ What language(s)? _____

RELEVANT POSITIONS HELD (*List current position first.*)

Dates		Employer, City, State	Position Title	Immediate Supervisor, Title
From	To			

EARNED ACADEMIC DEGREES FROM ACCREDITED COLLEGES AND UNIVERSITIES (*Begin by listing the highest obtained and conclude with academic work in progress.*)

Name of Institution	City and State	Degree / Date

MAJOR _____ MINOR _____

Note: *If employed, official transcripts will be required.*

CALIFORNIA CREDENTIALS HELD: TYPE _____ EXPIRES _____

TYPE _____ EXPIRES _____

CREDENTIAL APPLIED FOR: TYPE _____ Date _____

CALIFORNIA BASIC EDUCATIONAL SKILLS TEST (CBEST) (Please mark one.)

I am not required to take the CBEST because I have been employed by a California School District within the last thirty-nine (39) months. (Attached is a copy of a letter verifying this experience.) _____

I have taken and passed the CBEST and a copy of my verification is attached _____

I will take the CBEST and send a copy of my verification of passing score to your office _____

NOTE: Possession of a credential is not sufficient verification of CBEST clearance.

GENERAL INFORMATION:

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? _____ Yes _____ No

Have you ever served in any branch of the military? _____ Yes _____ No

If yes, please specify dates of service _____ and provide discharge or release from service documentation.

Have you previously been employed by the Santa Barbara County Education Office? _____ Yes _____ No

Please explain any yes answers to above questions on a separate sheet of paper.

Can you submit verification of your legal right to work in the United States? _____ Yes _____ No

NOTE: If selected, you will be required to document your right to work in the United States.

REFERENCES *Persons not related to you who are qualified to provide information concerning your fitness for the position for which you are applying. Include superintendents and principals for whom you have worked.*

Name	Address and Phone	Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

A complete file is the responsibility of the applicant and must include all items listed on the attached application process sheet.

Return application and supporting documents to Certificated Human Resources at address on letterhead.

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and I authorize investigation of all statements herein recorded. I release from liability persons and organizations reporting information required by this application.

SIGNATURE _____

DATE _____

**Equal Opportunity/
Affirmative Action Employer**

In compliance with State and Federal laws, the Santa Barbara County Education Office does not discriminate on the basis of sex, sexual orientation, age, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability in the education programs or activities which it operates, in its employment practices, nor in the admission policies to its programs.



Tobacco-Free Environment

**The Santa Barbara
County Education Office
is a
tobacco-free environment.**



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Dear Applicant:

All applicants are requested to complete this form in order to enable us to better evaluate the effects of our selection process. The data will be used solely for research and statistical purposes and in no way affects any employment decision. In accordance with state law, this form will be kept separate from your application immediately upon receipt and the information contained will not be made available to any personnel involved in the hiring process.

Your voluntary cooperation will be appreciated.

Name: _____ **Date:** _____

Position(s) applied for: _____

Where/how did you hear of this vacancy?: _____

Ethnic Group (*Check one*):

Gender:

American Indian or Alaskan Native

Male

Asian or Pacific Islander

Female

Black, not of Hispanic origin

White, not of Hispanic origin

Hispanic

Filipino

Do you have any disability which may limit your ability in the position for which you are applying? Yes No

If yes, please describe any special accommodations you require: _____

Date of Birth: _____