



4400 Cathedral Oaks Road
 P.O. Box 6307
 Santa Barbara, California 93160-6307
 Direct Dial: 964-4710 plus extension
 (805) 964-4711 • FAX: (805) 964-4713

Application for Substitute Classified Employment

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.

This application is for substituting and temporary positions

POSITION APPLIED FOR: _____

NAME _____ DATE: _____
 (Last, First, Middle)

ADDRESS _____
 (Street, City, State, Zip)

TELEPHONE: Home _____ Business or Message _____

SOCIAL SECURITY NUMBER: _____

PLEASE CHECK: New Returning Santa Barbara County Education Office Employee

LANGUAGES YOU SPEAK AND WRITE: _____

EDUCATION:

List high school, colleges, licenses, certificates or other special training below:

Name of School	Course of Study	Diploma, Degree or Certificate

If you are applying for an Instructional or Teaching Assistant position, and have an associate degree or higher, or 48 semester units or more from an accredited United States college or university, you will need to provide us with your original transcripts or degree so we may take a copy. **Copies you make will not be accepted.**

GENERAL INFORMATION:

- Have you ever been convicted of a felony? Yes No
- Have you ever been convicted of a crime other than a minor traffic violation?..... Yes No
- Have you previously been employed by the Santa Barbara County Education Office?..... Yes No
- Have you ever served in any branch of the military? 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.

Office Use Only	
PE	_____
Oath	_____
I-9	_____
TB	_____
FP	_____
CA	_____

AVAILABILITY (circle): All Days Mon Tues Wed Thurs Fri

List any limitations in your daily work schedule _____

SPECIAL EDUCATION: *(Please indicate all the programs in which you are will to substitute.)*

- | | |
|--------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Severely/Multiply Handicapped | <input type="checkbox"/> Infants |
| <input type="checkbox"/> Learning Handicapped | <input type="checkbox"/> Toddlers |
| <input type="checkbox"/> Visually Handicapped | <input type="checkbox"/> Elementary |
| <input type="checkbox"/> Resource Specialist Program | <input type="checkbox"/> High School |
| <input type="checkbox"/> Deaf/Hard of Hearing Services | <input type="checkbox"/> Adults |

EXPERIENCE: List experience which relates to the position for which you are applying. A resume can be added to this application.

POSITIONS HELD: *(List most recent experience first.)*

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

ANY SPECIAL TRAINING OR EXPERIENCE:

What equipment or machines can you operate? Computer training? _____

Name, address and telephone number of person to notify in case of emergency:

List names, addresses and telephone numbers of two references other than relatives:

Employment is contingent upon completing requirements for Fingerprints (EC § 45125), Verification of Freedom from Tuberculosis (EC § 49406), Employment Eligibility Verification, and passing a job-related physical examination, if required.

CERTIFICATE OF APPLICANT:	I certify that all statements made in the application are true and complete to the best of my knowledge. I understand that any false statements of material facts may subject me to disqualification or dismissal.
DATE _____	SIGNATURE _____