

## **Certificated Substitute Application**

Thank you for your interest in pursuing a working relationship with STREAM Charter School.

Please complete an application package and return it to us with the following documents attached:

- A letter expressing your interest in STREAM and highlighting your experience and accomplishments;
- A completed STREAM application;
- Letter(s) of recommendation;
- Resume;
- A copy of your credential(s); and
- A copy of your CBEST card or verification of employment.

STREAM Charter School Attention: Devin Thomas and/or Shelby Turri 455E Oro Dam Blvd. East, Oroville, CA 95965 www.streamcharterschool.org STREAM Charter School on Facebook <u>dthomas@streamcharter.net</u> <u>sturri@streamcharter.net</u> P: (530) 534-1633 F: (530) 534-1747

> **STREAM** Charter School An equal Opportunity Employer



## Application for Certificated Substitute Employment Please Print

Last Name	First Name	Middle Name
Address		Phone
City, State, Zip		email
<u>California Credential(s)</u> :		
California Credential Held (type)		Expiration Date
California Credential Held (type)		Expiration Date
California Credential Applied for (type)		Date of Application
Languages, other than English, that	t you speak/write (please de	signate):
Are/have you ever been a member of	the State Teachers' Retirement	nt System? 🗌 Yes 🗌 No
Has your credential ever been suspend	led or revoked? 🗌 Yes 🗌	] No
Were you ever discharged or forced to	resign from any teaching po	sition? 🗌 Yes 🗌 No
Have you ever been convicted of a fel Please note: A conviction will not neces		from employment.
Please provide an explanation to any y	yes answers to the above ques	tions:
College and University Attendance:		
Name and Location of Institution		Dates (from/to)
Major	Degree	Yes No   Did you Graduate?

## **<u>Professional References</u>**: Please list two professional references with knowledge of your certificated employment (principals, supervisors, cooperating/master teachers)

Name	Position
Address	Phone
Name	Position
Address	Phone

**Experience:** Please list your teaching experiences over the past year. List your most recent experience first and indicate regular, substitute, or student teaching.

School/District		Grade/Subject	
School/District Address		Phone	
Dates (from/to)	Type of Experience	Supervisor	
School/District		Grade/Subject	
School/District Address		Phone	
Dates (from/to)	Type of Experience	Supervisor	
Please provide any ad	lditional qualifications or informati	on about your experiences:	
	tements made by me in this appli owledge and belief, and are made	cation are true, complete, and correct in good faith:	
Signature of Applicant		Date	

Please return to: STREAM Charter School, 455E Oro Dam Blvd. East, Oroville, CA 95965