

California Association for Bilingual Education – Application for Employment, Cont’d.

Record of Employment

List your last position first, account for all time during the past 10 years, whether working or not. List additional details on a separate page if necessary.

DATES From To	Name/Address of Employer	Salary/Salaries	Supervisor’s Name	Reason for leaving
			Telephone	

DATES From To	Name/Address of Employer	Salary/Salaries	Supervisor’s Name	Reason for leaving
			Telephone	

DATES From To	Name/Address of Employer	Salary/Salaries	Supervisor’s Name	Reason for leaving
			Telephone	

DATES From To	Name/Address of Employer	Salary/Salaries	Supervisor’s Name	Reason for leaving
			Telephone	

May we contact the employers listed above? Yes No

If no, please indicate which one(s) you do not wish us to contact. _____

Personal References

Name & Title	Company/Organization - Address	Telephone
1.		
2.		
3.		

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PLEASE READ CAREFULLY – APPLICANT’S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge.

If employed, I agree to abide by and observe all rules and regulations of the California Association for Bilingual Education. I also understand that employment depends upon satisfactory replies from my references and that employment is terminable at will. Any misrepresentations on this application are reason for immediate dismissal. The use of this form does not indicate that there are any positions open, and does not in any way obligate the California Association for Bilingual Education. Applicants are prohibited from contacting any Executive Board Member prior to possible employment.

I authorize the educational institutions, the business and personal references listed above, to give complete reference data to the California Association for Bilingual Education.

Signature

Date

Thank you for completing this application and for your interest in employment with us. We would like to assure you that your opportunity for employment with this organization will be strictly based upon merit.

If a specific person/department is noted in a job posting, please send information to their attention, or as noted in the job posting.

Please submit completed application and related information to:



California Association for Bilingual Education
16033 E. San Bernardino Road
Covina, CA 91722
Phone: 626-814-4441 Fax: 626-814-4640
E-mail: info@bilingualeducation.org
Web: www.bilingualeducation.org

CABE does not unlawfully discriminate on the basis of race, color, religion, sex (including pregnancy, childbirth or related medical conditions), national origin, ancestry, age, physical disability, mental disability, medical condition, family care status, veteran status, marital status, or sexual orientation.