

APPLICATION FOR THE POSITION OF ARTS INITIATIVE PROGRAM ASSISTANT

California County Superintendents Educational Services Association (CCSESA)

Application Information Form

Please TYPE this form in its entirety.

NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____

CITY _____

STATE _____

ZIP _____

CELL NUMBER: _____

EMAIL _____

PREFERRED
PRONOUN(S) _____

Record of Professional Experience (Start with most recent experience)

Employer: _____

Title: _____ Dates Employed (mo./year): from: _____ to: _____

Employer: _____

Title: _____ Dates Employed (mo./year): from: _____ to: _____

Employer: _____

Title: _____ Dates Employed (mo./year): from: _____ to: _____

Employer: _____

Title: _____ Dates Employed (mo./year): from: _____ to: _____

Record of Professional Education (Verification of degree(s) may be required)

Institution: _____ Major: _____ Degree(s): _____

Institution: _____ Major: _____ Degree(s): _____

Institution: _____ Major: _____ Degree(s): _____

Professional References That May Be Contacted Confidentially (two minimum, three maximum)

Name: _____ Title: _____ Phone(hm): _____ (wk): _____

Name: _____ Title: _____ Phone(hm): _____ (wk): _____

Name: _____ Title: _____ Phone(hm): _____ (wk): _____

List Any Valid California Credentials or Licenses That You Currently Hold

Type: _____ Expiration date: _____

Type: _____ Expiration date: _____

Application Checklist	Requisite	Complete
Job Application Form	Required	
Résumé	Required	
Writing Sample (1 minimum, 2 maximum)	Recommended	
Letter of Interest	Recommended	

I certify that the information provided herein is true and complete to the best of my knowledge.

Signature of Applicant

Date

Return this application and attachments to:

**California County Superintendents Educational
Services Association (CCSESA)
Attn: Jessie Mapes
1029 J Street, Suite 200
Sacramento, CA 95814
Email: jmapes@ccsesa.org**