



PLACER COUNTY OFFICE OF EDUCATION

Clear Administrative Services Credential (CASC)

Program Year _____

NAME: _____ BIRTH DATE*: _____ SSN*: _____

ADDRESS: _____
Street City State Zip

HOME/MOBILE PHONE: _____ WORK PHONE: _____

PERSONAL EMAIL: _____ WORK EMAIL: _____ **PREFERRED EMAIL:**
PERSONAL WORK

EMPLOYMENT:

POSITION: _____ SCHOOL SITE: _____ DISTRICT: _____

DATE HIRED: _____ *Is this position a minimum of 4 hours/day for 75% of the school year?* ☐ YES ☐ NO

*Is this your first **administrative** position?* ☐ YES ☐ NO

If applicable, please complete if you have had previous administrative position(s):

DATE	SITE/DISTRICT	POSITION

Have you participated in a Clear Administrative training program in the past? ☐ YES ☐ NO

If yes, program / institution and date: _____

PASSED CalAPA: CYCLE 1: ☐ YES ☐ NO CYCLE 2: ☐ YES ☐ NO CYCLE 3: ☐ YES ☐ NO

EDUCATION AND CREDENTIALS:

Do you currently hold a Preliminary Administrative Credential? ☐ YES ☐ NO *If no, when was it filed?* _____

PROGRAM / INSTITUTION OF PRELIMINARY ADMIN CREDENTIAL: _____ COMPLETION DATE: _____

Degree: _____ Institution: _____

Degree: _____ Institution: _____

Credential Type: _____ Institution: _____

Credential Type: _____ Institution: _____

**Information as required by CTC to access their online system and complete reports.*

RACE* (choose one):

- ☐ Hispanic / Latinx
☐ Not Hispanic / Latinx

GENDER* (choose one):

- ☐ Male ☐ Non-Binary
☐ Female ☐ Decline

ETHNICITY* (choose one):

- ☐ American Indian / Alaska Native
☐ Asian
☐ Black / African American
☐ Pacific Islander / Native Hawaiian
White
☐ 2+ Races

PLEASE EMAIL THIS APPLICATION AND THE CL-777 FORM TO shollowell@placercoe.org
or MAIL TO: PCOE (Attn: Shelly Hollowell, LLC Secretary) 1400 W Stanford Ranch Rd, Rocklin, CA 95765
PCOE is committed to equal opportunity for all individuals in education. (Board Policy 0410)



VERIFICATION OF EMPLOYMENT AS AN ADMINISTRATOR

To be Completed by Employing Agency

1. Personal Information

Applicant's Full Legal Name: _____
First Middle Last

Social Security Number (last four digits only): _____

2. Employing Agency

Title of Administrative Position: _____

Date Initial Employment in an Administrative Position is to begin (mm/dd/yy): _____

Name of Employing Agency: _____

Mailing Address: _____
Street

City State ZIP

County of Employment: _____ Telephone: (_____) _____

Name of Immediate Supervisor: _____

Position: _____

Approved by:

Name of Employer or Designee (print or type) Title of Employer or Designee

Signature of Employer or Designee Date

3. Tentative Plan for Developing the Individualized Induction Plan

Mentor Tentatively Assigned to Credential Holder: _____

Position of Mentor: _____

Employing Agency: _____

Agency Tentatively Selected for Development of Individualized Induction Plan and Completion of Professional-level Program:

I am aware that I am expected to enroll in a clear administrative induction program upon placement in an administrative position but no later than one year from activation of the preliminary credential.

Signature of Applicant Date