_	SCHOOL DISTRICT							
APPLICATION FOR EMPLOYMENT - CLASSIFIED EMPLOYEE (Use Ink or Typewriter - Answer all Questions - Please Print)								
	Personnel Director (Address)			AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER				
Which You Are	 Annlying		 Date				Posit	ion for
			Date	,				
Applicant Nam		First		Middle		I	_ast	
Mailing Addres Home Phone:		Street	Вι	City usiness Pho	one:	()	State 2	Zip Code
Do you wish to claim Veteran's Preference? ☐ Yes ☐ No If yes, please submit report of DD-214								
Are you over the age of 18?								
Have you bee If yes, please o	n convicted fo describe in full:	r a crime o	other than	minor traff	fic inf	ractions?:	: 🗆 Y	′es □ No
	nviction does ot disclose convict							cated.
Would you work: □ Full Time□ Part Time Specify number of hours if only part time: Were you previously employed in our school district ? □ Yes □ No If you have ever worked under a different name, please state name:								
EDUCATION 1	: (Circle Hig 6	ghest Grade	-	eted) 1 2 3 7	3 4 5	56789	10 11 12	13 14 15 8
	D LOCATION SCHOOL		Course or Major	Hours of Units Complet	;	Did you Graduate?	Degree Received	Date Completed
HIGH SCHOOL								
JUNIOR COLLEGE								
COLLEGE OR UNIV	ERSITY							
BUSINESS, CORRE OR GRADUATE SC		ADE						

EMPLOYMENT RECORD (List LAST position FIRST)			(Show complete record, including periods between jobs, for at least 10 years. Applications not showing REQUIRED EXPERIENCE may be rejected)				
FROM Mo./Yr.	TO Mo/Yr.	Occupation and Description of Duties Performed	Salary	Employer's Full Name and Address	Reason for Leaving (If dismissal, explain below)		
			<u> </u>				
USE SPACE BELOW FOR EXPLANATIONS OR ADDITIONAL INFORMATION Is there any other information which may help us find the job for which you are best qualified? Have you any special skills, qualifications, training, or experience not shown on this form? PROFESSIONAL REFERENCES THREE (3) REFERENCES REQUIRED!							
Name and	Name and Title				Telephone		
		_					
ANY I	PERSON NLESS	NAL DOCUMENTS WHIC ACCOMPANIED BY A S SUFFICI		ENCLOSE WILL NOT BE DRESSED ENVELOPE E STAGE.	RETURNED BEARING		
I HEREBY CERTIFY that all statements made in this application are true. I authorize the District to investigate my references, work record, education, and other matters related to my suitability for employment. I also authorize the references and my prior employers to disclose to the District any and all letters, reports, and other information related to my professional and personal background, without giving me prior notice of such disclosure.							
I agree and understand that any misstatement of material facts herein will cause (a) rejection of my application, and (b) forfeiture on my part to any employment or payment as an employee in the service of this District. I further agree to be fingerprinted, to submit to a complete medical examination, and upon employment, to furnish such proof of age and citizenship as may be directed.							
Signature of Applicant				ate			

OPTIONAL INFORMATION (VOLUNTARY)						
I I Position for I Name:		re Applying:			Date:	
<u> </u>	First		Middle	Last		
Dear Applic	ant:					
The information below is needed in order to measure the effectiveness of our recruiting efforts. The information will NOT be used as a basis for selection. It will be torn off from the application and used for statistical purposes only. Thank you.						
How did you hear about this position?						
Ethnic backgrou	nd (check one): 🖵	White Black	☐ Hispanic	American Indian/Alaskan	☐ Asian/Pacific Islander	
Sex: 🗅 Male	e 🗅 Female	U.S. Citizen? 🖵 🗅	′es □ No	Birth date:		
Current Address:						
Street	City	State		Zip	Code Telephone	