



970 Klamath Lane
 Yuba City, CA 95993
 (530) 822-2900
 Fax (530) 671-3422

APPLICATION FOR CLASSIFIED EMPLOYMENT

Any offer of employment is subject to a criminal history check and any person will be barred from employment if he or she has a prior conviction for a serious or violent felony as specified, refer to Penal Code Sections 1192.7 and 667.5 (unless the applicant has obtained a certificate of rehabilitation and pardon, or if for a serious felony, a court finding of rehabilitation). Prospective employees will be given consideration for all positions without regard to race, color, religion, ancestry, national origin, age, sex, marital or veteran status, or non job-related medical conditions or physical handicaps.

Date:	Position Applied For:
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PERSONAL

LAST NAME	FIRST	MI
STREET ADDRESS	P.O. BOX	HOME PHONE
CITY, STATE, ZIP	BUSINESS PHONE	
SOCIAL SECURITY NUMBER <small>(NOTE: Social Security Number is optional. Failure to submit number on this form will not prohibit employment consideration.)</small>	E-MAIL ADDRESS	CELL PHONE

Are you able to perform the essential duties of the job for which you are applying, with or without reasonable accommodation?
 YES NO

What type of work are you available for? FULL TIME PART TIME SHORT TERM SUBSTITUTE

If employed, could you furnish verification of your legal right to work in the U.S.? YES NO

Have you been dismissed or asked to resign from any position? YES NO *(If YES, please explain on last page.)*

Are any criminal charges or proceedings pending against you? YES NO *(If YES, please explain on last page.)*

Have you ever been convicted of any misdemeanor or felony? YES NO *If YES, please explain when, where, and disposition of case(s) on the last page. (NOTE: A conviction may not necessarily disqualify you from the job for which you have applied.)*

Do you have any relatives who work for Sutter County Superintendent of Schools? YES NO

EDUCATION

	HIGH SCHOOL	UNDER GRADUATE COLLEGE/UNIVERSITY	GRADUATE PROFESSIONAL
SCHOOL NAME & LOCATION			
YEARS COMPLETED	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE			

DESCRIBE COURSE OF STUDY:

DESCRIBE ANY SPECIALIZED TRAINING YOU HAVE RECEIVED:

EMPLOYMENT HISTORY — List all employment (full and part-time). List your present or most recent employment first. If additional space is needed, you may use the back sheet. This section **MUST BE COMPLETED IN FULL** even if you attach a resume or other employment history information.

FROM _____ TO _____
MONTH YEAR MONTH YEAR

TITLE OF YOUR POSITION _____

EMPLOYER'S NAME _____

DUTIES _____

EMPLOYER'S ADDRESS _____

NAME & TITLE OF YOUR SUPERVISOR _____

NUMBER SUPERVISED _____ SALARY PER MONTH OR HOUR \$ _____

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TELEPHONE NUMBER OF YOUR SUPERVISOR _____

REASON FOR LEAVING _____

FROM _____ TO _____
MONTH YEAR MONTH YEAR

TITLE OF YOUR POSITION _____

EMPLOYER'S NAME _____

DUTIES _____

EMPLOYER'S ADDRESS _____

NAME & TITLE OF YOUR SUPERVISOR _____

NUMBER SUPERVISED _____ SALARY PER MONTH OR HOUR \$ _____

()
TELEPHONE NUMBER OF YOUR SUPERVISOR _____

REASON FOR LEAVING _____

FROM _____ TO _____
MONTH YEAR MONTH YEAR

TITLE OF YOUR POSITION _____

EMPLOYER'S NAME _____

DUTIES _____

EMPLOYER'S ADDRESS _____

NAME & TITLE OF YOUR SUPERVISOR _____

NUMBER SUPERVISED _____ SALARY PER MONTH OR HOUR \$ _____

()
TELEPHONE NUMBER OF YOUR SUPERVISOR _____

REASON FOR LEAVING _____

FROM _____ TO _____
MONTH YEAR MONTH YEAR

TITLE OF YOUR POSITION _____

EMPLOYER'S NAME _____

DUTIES _____

EMPLOYER'S ADDRESS _____

NAME & TITLE OF YOUR SUPERVISOR _____

NUMBER SUPERVISED _____ SALARY PER MONTH OR HOUR \$ _____

()
TELEPHONE NUMBER OF YOUR SUPERVISOR _____

REASON FOR LEAVING _____

We may contact the employers listed on the previous page unless you indicate those you do not want us to contact.

DO NOT CONTACT: Employer Name(s) _____

Reason: _____

SKILLS Check (✓) all skills that apply.

<input type="checkbox"/> Computer	List Programs:	Experience	Number of Years
(Circle Type) DOS Macintosh		<input type="checkbox"/> Accounting	
<input type="checkbox"/> Internet		<input type="checkbox"/> Secretarial/Clerical/Reception	
<input type="checkbox"/> Typewriter - Speed (WPM):		<input type="checkbox"/> Data Processing	
<input type="checkbox"/> Shorthand - Speed (WPM):		<input type="checkbox"/> Para-Educator	
<input type="checkbox"/> Multi-line Telephone System - Maximum number of lines:		<input type="checkbox"/> Personnel	
<input type="checkbox"/> Copy Machine		<input type="checkbox"/> Custodial	
<input type="checkbox"/> Scanner		<input type="checkbox"/> Maintenance	
<input type="checkbox"/> 10-key Calculator		<input type="checkbox"/> Groundskeeper	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
		<input type="checkbox"/> Languages (including Sign):	

SPECIAL SKILLS Summarize special job-related skills and qualifications acquired from employment or other experience.

My signature below authorizes the school district/county office of education to conduct a background investigation and authorizes release of all information in connection with my application for employment. Further, I hold harmless any individual or firm for any information that they may provide in this investigation which may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation, hereby release the school district/county office of education and the reference source from any and all liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: Law enforcement agencies and any Locality to which they may refer for release of information pertaining to any finds of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district/county office of education.

Date: _____ Signature: _____

IMPORTANT INFORMATION - PLEASE READ:

All applicants will be required to submit a separate application for each position they are applying for. Therefore, it is our recommendation that you make and keep a copy of this application prior to submitting it to our office in the event you are interested in applying for another position. We will accept a copy of the application as long as it has an "original" signature.

REFERENCES Please use PROFESSIONAL references other than those supervisors listed on the employment section of this application.

NAME OF REFERENCE	RELATIONSHIP	HOW LONG ASSOCIATED?	PHONE NUMBER
1.			
2.			
3.			
4.			

USE AS ADDITIONAL SPACE, IF NEEDED.