**APPLICATION FOR CLASSIFIED EMPLOYMENT**

**AN AFFIRMATIVE ACTION-EQUAL OPPORTUNITY EMPLOYER**

**CLASSIFIED EMPLOYMENT APPLICATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Address City State Zip Code

Number Street

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION: Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

If you are applying for a teacher’s aide position, do you have an A.A./A.S. Degree or have you passed the aide test? \_\_Yes \_\_No

Have you graduated from high school? \_\_Yes \_\_No

Have you passed the General Education Development Test in lieu of high school graduation? \_\_Yes \_\_No

Do you possess a valid California driver’s License? \_\_Yes \_\_No

Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other state licenses or certificates. (Explain)

List equipment you can operate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Answer the following by placing an “X” in the "yes” or "no" column following the question. Give additional information if requested?

1. Were you ever discharged or forced to resign from any previous position? (If yes, explain)\_\_Yes \_\_No

2. Have you ever been convicted of anything other than a minor traffic violation? \_\_Yes \_\_No

3. Have you at any time advised, advocated, taught or been a member of or affiliated with any group, society, association, organization or party which advises, advocates or teaches the overthrow by force or violence, of the Government of the United States of America or of the State of California? \_\_Yes \_\_No

**EMPLOYMENT HISTORY**. List all experience for the past ten years or earlier experience, which pertains to the position for which you are applying. Start with your present or most recent job.

**BE COMPLETE AND SPECIFIC. PART OF YOUR RATING MAY BE BASED ON THE INFORMATION YOU GIVE BELOW.**

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LAST or PRESENT JOB From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month Year Month Year

Employing Firm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Time\_\_\_\_\_\_\_\_\_ Part Time\_\_\_\_\_ Starting salary\_\_\_\_\_\_ Last salary

Your Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LAST or PRESENT JOB From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month Year Month Year

Employing Firm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Time\_\_\_\_\_\_\_\_\_ Part Time\_\_\_\_\_ Starting salary\_\_\_\_\_\_ Last salary

Your Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LAST or PRESENT JOB From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month Year Month Year

Employing Firm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Time\_\_\_\_\_\_\_\_\_ Part Time\_\_\_\_\_ Starting salary\_\_\_\_\_\_ Last salary

Your Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional information or comments relative to your application. Use additional sheets if needed.

Persons employed will be required to furnish documents evidencing employment authorization.

(Title 8, U.S. Code Sec. 1324 A)

CERTIFICATE OF APPLICANT. Read carefully before signing.

I hereby certify that all answers to the above questions are true, and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I agree and understand that any misstatements of material facts contained in this application will cause forfeiture upon my part of all rights to any employment in this organization.

Sign Date

**The USDA and the Flournoy Elementary School District are equal opportunity providers and employers.**