

Classified Employment Application

(PLEASE TYPE OR PRINT IN INK)

DATE STAMP

SECTION A	LAST NAME	FIRST NAME	MIDDLE INITIAL			
	MAILING ADDRESS	CITY – STATE – ZIP		HOW LONG AT PRESENT ADDRESS		
	PREVIOUS STREET ADDRESS / P.O. BOX	PREVIOUS CITY – STATE – ZIP		HOW LONG AT PREVIOUS ADDRESS		
	HOME PHONE # (INCLUDE AREA CODE)	CELL PHONE # (INCLUDE AREA CODE)		WORK PHONE # (INCLUDE AREA CODE)		
	DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	CAN YOU AFTER EMPLOYMENT SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	POSITION DESIRED:	JOB NUMBER:	LOCATION:			
	SPECIAL TRAINING OR SKILLS RELATING TO THE POSITION (<i>i.e., computer programs, languages, machine operation, commercial driver's license etc.</i>)					
	PLEASE ANSWER THE FOLLOWING QUESTIONS				YES	NO
	1. Have you ever been convicted of a felony or misdemeanor? You are required to disclose all convictions whether or not the court dismissed, expunged, or set aside the conviction under authority of section 1203.4 or 1203.4a of the California Penal Code. Use the <i>Remarks</i> section below to state this information. Also state any health care exceptions for controlled substance convictions. DO NOT include traffic violations or citations for parking or speeding. Failure to report any and all convictions will result in your application being denied. Please note that convictions will not necessarily disqualify an applicant for employment. All conviction information will be reviewed for relevance to the position, especially convictions involving violence or integrity issues. California Education Code 45123 and 45124 restrict our employment of individuals convicted of sex offenses or controlled substance offenses.				<input type="checkbox"/>	<input type="checkbox"/>
	2. Have you ever been discharged for misconduct or unsatisfactory service, or have you ever resigned upon request to avoid discharge from any position? Please give details in <i>Remarks</i> .				<input type="checkbox"/>	<input type="checkbox"/>
Remarks (<i>attach separate sheet if needed</i>):						

SECTION B	SCHOOL	NAME AND LOCATION	COURSES OF STUDY	NO. YEARS	DEGREE / DIPLOMA / CERTIFICATE
	HIGH SCHOOL				
	COLLEGE				
	BUSINESS/ TRADE				

SECTION C	EMPLOYMENT Please give accurate, complete full-time and part-time employment record for a minimum of the last 7 years. Start with your present or most recent employer. Attach a separate sheet if needed. A SUPPLEMENTAL RESUME MAY BE ATTACHED, BUT DOES NOT REPLACE COMPLETING THIS APPLICATION.		
	COMPANY NAME (LIST MOST RECENT FIRST)	TELEPHONE (INCLUDE AREA CODE)	MONTHLY SALARY
	ADDRESS	EMPLOYED FROM:	TO:
	JOB TITLE	DESCRIBE YOUR WORK	
	REASON FOR LEAVING	NAME OF SUPERVISOR	
	COMPANY NAME	TELEPHONE (INCLUDE AREA CODE)	MONTHLY SALARY
	ADDRESS	EMPLOYED FROM:	TO:
	JOB TITLE	DESCRIBE YOUR WORK	
	REASON FOR LEAVING	NAME OF SUPERVISOR	
	COMPANY NAME	TELEPHONE (INCLUDE AREA CODE)	MONTHLY SALARY
	ADDRESS	EMPLOYED FROM:	TO:
	JOB TITLE	DESCRIBE YOUR WORK	
REASON FOR LEAVING	NAME OF SUPERVISOR		

SECTION D	PERSONAL REFERENCES List three persons who are not related to you who can provide a character reference for you. DO NOT repeat names of supervisors listed under EMPLOYMENT.				
	NAME	ADDRESS	CITY	STATE / ZIP	AREA CODE & PHONE
Please list any other names (including nicknames) you have used to enable the district to check your employment, educational, and personal references:					

SECTION E	PLEASE ANSWER THE FOLLOWING QUESTIONS		YES	NO
	Are you able to perform the essential job functions for this position (<i>see specific job description</i>) with or without a reasonable accommodation?		<input type="checkbox"/>	<input type="checkbox"/>
	I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I release from liability persons and organizations reporting information required by this application, and understand that withholding or falsifying information on this form may be cause for dismissal. I ACKNOWLEDGE AND AGREE that if I am offered employment, I will fulfill the following employment requirements: (a) take a physical examination, (b) take a TB test, (c) have fingerprints taken, (d) take an oath of allegiance specified by the California Education Code.		<input type="checkbox"/>	<input type="checkbox"/>
	X _____ <i>Applicant's Signature</i>		_____ <i>Date</i>	

THE DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT, 1992. PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF BECAUSE OF RACE, RELIGION, COLOR, NATIONAL ORIGIN, ANCESTRY, AGE, MARITAL STATUS, PREGNANCY, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, GENETIC INFORMATION, VETERAN STATUS, GENDER, SEX OR SEXUAL ORIENTATION.

EL DORADO UNION HIGH SCHOOL DISTRICT

4675 Missouri Flat Road
Placerville, CA 95667

RELEASE OF INFORMATION

I AM AN APPLICANT for the position of _____
at the El Dorado Union High School District. Pursuant to Board Policies BP4111 and BP4211, this position requires that the Human Resources office in the El Dorado Union High School District conduct a thorough background investigation, including my personal and professional ability to perform in this capacity.

I HEREBY DIRECT you, your organization, its Custodian of Records, and/or persons in your employ to release any and all information which you have concerning me, including information which may be of a confidential, privileged and/or derogatory nature, including, but not limited to, employment information, educational records, and transcripts.

I RELEASE AND DISCHARGE you, your organization, its officers, agents, and assigns from any liability or damages, whether in equity or law, now and in the future, for furnishing the information requested by El Dorado Union High School District.

I ACKNOWLEDGE AND ADVISE you that the information you choose to disclose to El Dorado Union High School District is for the sole purpose of determining my qualifications and fitness for the position for which I am applying. I further acknowledge and agree that the information you choose to provide to El Dorado Union High School District is a confidential communication and is privileged pursuant to California Civil Code 47, subsections 2 and 3. Absent a court order to the contrary, the information you provide in response to this request will remain confidential and will not be released. (California Labor Code 1198.5 and California Education Code 44031)

This release expires **120 days** from the date of signature.

CERTIFICATION: I certify that I have read this authorization form, and understand its meaning and purpose. I may revoke this authorization at any time by delivering, in writing, such revocation to you or your organization.

X

Applicant's Signature

Date

Print Name

SECTION F