

GONZALES UNIFIED SCHOOL DISTRICT CLASSIFIED EMPLOYMENT APPLICATION

An Affirmative Action Equal Opportunity Employer

Date _____

1. Position(s) _____

Are you interested in Permanent Temporary/Substitute Employment?

Do you have a legal right to reside and seek employment in the U.S.? Yes No
(Proof may be required in support of this statement.)

2. _____
Name: Last First Middle Phone Number

3. _____
Mailing Address: No. & Street City State Zip Message Number

<i>Answer the following questions by placing a "yes" or "no" answer in the proper column. If the answer is "yes," explain fully in the space to the right</i>	YES	NO	EXPLANATION
Were you ever discharged or forced to resign for misconduct or unsatisfactory service from any position?			
*Have you any physical condition which may limit your ability to perform the job applied for? *(The District Superintendent reserves the right to require a physical exam for job related purposes.)			
Prior to employment, each new employee is required to fill out and sign the Oath of Allegiance required of all public employees by Section 3, Article XX of the Constitution of the State of California. Is there any reason why you cannot Sign this Oath of Allegiance?			
Have you ever been convicted of a felony or misdemeanor in the past 7 years? (Exclude minor traffic violations for which a fine of \$50 or less was imposed.)			

Note: A "yes" answer will not necessarily disqualify you. A false answer or perjury may result in automatic disqualification. If your answer is "yes," please explain, giving date, nature of offense, and location. If you are employed by the Gonzales Unified School District you will be fingerprinted and your fingerprints will be checked by the State Bureau of Criminal Identification and Investigation. A record of conviction may not disqualify you from employment, but failure to itemize all convictions may result in disqualification or dismissal.

4. Place a check opposite each of the following in which you have had experience:

- Computer/Data Processing
 Word Processing
 Dictaphone
 Typing: Electric -wpm
 Programmable typewriter
 Calculator (10 key)
 Shorthand -wpm

Other office machines: Please list _____

5. Indicate what foreign languages you speak, read, and/or write:

	LANGUAGE	FLUENTLY	FAIR
SPEAK			
READ			
WRITE			

6. PERSONAL REFERENCES: List below persons who are acquainted with your work and/or character. Do not list employers or relatives.

NAME	ADDRESS-CITY-STATE-PHONE	OCCUPATION

7. EDUCATION: Give name and location of all schools attended:

EDUCATION	SCHOOL NAME AND ADDRESS	CIRCLE HIGHEST GRADE COMPLETED	NO. OF UNITS	GRADUATION DATE	DEGREE(S) MAJOR/MINOR
Last Elementary or High School		1 2 3 4 5 6 7 8 9 10 11 12			
Trade or other specialized training		Length of Course			
College/Colleges		1 2 3 4 5			

8. Honors Received _____

9. Have you ever worked for the Gonzales Unified School District? Yes No

10. Would you object to having your present employer contacted for reference? Yes No

11. Is there a relative of yours employed by the Gonzales Unified School District? Yes No

Name _____ Relation _____

12. EMPLOYMENT RECORD: Give your complete employment record for the *LAST FIVE YEARS INCLUDING UNEMPLOYMENT PERIODS*. If employed under another name, write in the name by which you were known to your employer. Also, list any earlier experience of the kind required for the position. If additional space is needed, please attach a sheet of paper.

BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND WORK **BACKWARD** CONSECUTIVELY FOR 5 YEARS

FROM	TO	EMPLOYER'S NAME, ADDRESS, TELEPHONE, NUMBER, AND NAME OF LAST SUPERVISOR	SALARY	TITLE	REASON FOR LEAVING

If you are applying for a bus driver position, please complete this section.

If you are applying for a bus driver position, you must bring a current H6 DMV print out of your driving record from the Department of Motor Vehicles.

Do you possess a valid California School Bus Driver's License? Yes No

If yes, Driver's License # _____ Expiration Date _____

If you are not licensed to drive a school bus, do you possess a Class II License? Yes No

If yes, Driver's License # _____ Expiration Date _____

Have you ever been licensed to drive a school bus, do you have any known physical defects that would prevent you from being licensed at this time? _____

If employed to drive a school bus, would you be available for a late afternoon or evening assignment? Yes No

Do you possess a Red Cross Certificate, CPR or First Aid Card? Yes No

Circle items for which you are skilled:

Custodial/Maintenance

Scrubbing machine	wet/dry vacuum	small power tools	Interior/Exterior painting
hand tools	forklift	use of cleaners, disinfectants	

CERTIFICATION OF APPLICATION (READ CAREFULLY BEFORE SIGNING)

I refer you to individuals and companies listed herein for information as to my character, ability, and work record. I hereby release all former employers, their representatives and the individuals listed from any and all liabilities which may or may not result from information supplied by them to the Gonzales Unified School District. I am willing to take a physical and other examinations when required. I understand that mis-representation or omission of facts called for on this application is cause for dismissal. NOTE: Loyalty Oath, Tuberculosis Test, and Fingerprints are required of all regular school employees. Applicant may be required to have a physical examination.

I HEARBY CERTIFY THAT ALL ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE. _____

Signature of Applicant

Use this space for additional remarks: _____

(APPLICATIONS ACTIVE FOR CURRENT SCHOOL YEAR ONLY)

GONZALES UNIFIED SCHOOL DISTRICT
APPLICANT IDENTIFICATION RECORD

S.S# _____

TO THE APPLICANTS: The information requested on this form is required by the regulations of the Department of Fair Employment and Housing (DFEH). The employers in California are required to keep these records on file for a period of two years. For your protection, the employers are ordered to store the records in a different location away from your application. The information is for data purposes only, and are voluntary on your part.

NAME _____ SEX _____ DATE _____

POSITION APPLIED FOR: _____

PLEASE COMPLETE

Check only one applicable category below. If more than one applies, choose the one category which best identifies your racial/ethnic background.
(Married women are to indicate their own ancestry rather than that of their spouse).

_____ AMERICAN INDIAN OR ALASKAN NATIVE	_____ ASIAN	_____ BLACK
_____ CAUCASIAN	_____ FILIPINO	_____ HISPANIC
_____ PACIFIC ISLANDER	_____ OTHER	

APPLICANTS: As an evaluation of our recruitment sources, you are requested to indicate below the method(s) by which this vacancy was communicated to you.

<input type="checkbox"/>	University or college	_____
<input type="checkbox"/>	District Office	_____
<input type="checkbox"/>	Friend or relative	_____
<input type="checkbox"/>	Recruitment Fair	_____
<input type="checkbox"/>	Other	_____

I understand that the information I have given is completely voluntary and I concur with the purpose of this form.

Applicant Signature

DATE