

## CLASSIFIED EMPLOYEES APPLICATION FOR EMPLOYMENT

TYPE OR PRINT ONLY

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ MESSAGE PHONE: ( ) \_\_\_\_\_

SOCIAL SEC NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVER'S LIC NUMBER: \_\_\_\_\_

Is there any additional information relative to change of name, use of assumed name, or nickname necessary to enable the District to check on your work and educational record. If so, please state names used: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT RECORD: (List LAST Position First)

From Mo/Yr	To Mo/Yr	Occupation and Description of the Duties Performed	Salary Received	Employer's Full Name and Address	Reason for Leaving
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have any skills which make you especially qualified for the position for which you are applying?

\_\_\_\_\_

\_\_\_\_\_

EDUCATION: Please circle the last grade completed: 8 9 10 11 12 13 14 15 16 17 18  
Further education which would qualify you to perform the job for which you are applying:

Name and Address of School:	Course or Major	Hours/Units Completed	Did you Graduate	Degree Received	Date of Completion
High School _____					
Junior College _____					
College or University _____					
Business, Correspondence Trade or Graduate School _____					

Have you ever been convicted of anything other than a minor traffic violation? • YES • NO

If yes, please give date of offense and outcome: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from another position? • YES • NO

If yes, please give the name of the employer, date and reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REFERENCES:**

Name	Position	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Are you able to perform the essential duties of the position for which you are applying with reasonable accommodation?

\_\_\_\_\_

\_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States? \_\_\_\_\_

\_\_\_\_\_

**PROFICIENCY CERTIFICATES HELD:**

Typing: Rate (words per min.) \_\_\_\_\_ Issuing Agency \_\_\_\_\_ Date \_\_\_\_\_  
Shorthand: Rate (words per min.) \_\_\_\_\_ Issuing Agency \_\_\_\_\_ Date \_\_\_\_\_

List any language, other than English, you can speak: \_\_\_\_\_

List any other information you feel is pertinent to this application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AGREEMENT**

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE, ACCURATE, AND COMPLETE. Any misrepresentations or willful omissions of fact shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District now in force and effect or as they may change during my employment, if I am employed by the District.

I hereby authorize the District to conduct work history, personal reference or police record inquiries to determine my acceptability for employment. I understand that employment is subject to a loyalty oath, a negative tuberculin test, or x-ray, and fingerprinting.

\_\_\_\_\_  
Applicant's Signature

Complaints regarding discrimination should be filed with the Superintendent at the address below:

Lucerne Elementary School District  
3351 Country Club Drive • P.O. Box 1083  
Lucerne, CA 95458

*(AN EQUAL OPPORTUNITY EMPLOYER)*