

# APPLICATION FOR EMPLOYMENT

## INDIAN SPRINGS SCHOOL DISTRICT

25299 BIG BEND ROAD " P.O. Box 70 " BIG BEND, CA 96011

*Board of Trustees:*

Doug Wakefield, President  
Joyce Hebert, Clerk  
Nick Adams, Member  
Stephen Lyon Member  
Fred Newell, Member



*Superintendent/ Principal:*

Sarah Supahan

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap or any other legally protected status.

**PLEASE PRINT IN BLUE OR BLACK INK**

DATE OF APPLICATION: \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_ ADVERTISEMENT \_\_\_\_\_ FRIEND \_\_\_\_\_ RELATIVE  
\_\_\_\_\_ WALK-IN \_\_\_\_\_ EMPLOYMENT AGENCY \_\_\_\_\_ OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
NUMBER STREET MAILING CITY STATE ZIP CODE

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
DRIVERS LICENSE NUMBER: \_\_\_\_\_

IF EMPLOYED AND YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT?  YES  NO

HAVE YOU FILED AN APPLICATION HERE BEFORE?  YES  NO

ARE YOU CURRENTLY EMPLOYED?  YES  NO MAY WE CONTACT YOUR EMPLOYER?  YES  NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)  YES  NO

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK IF OFFERED A POSITION? \_\_\_\_\_

ARE YOU AVAILABLE TO WORK:  FULL TIME  PART TIME  TEMPORARY

ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL?  YES  NO CAN YOU TRAVEL IF A JOB REQUIRES IT?  YES  NO

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR FELONY WITHIN THE LAST 7 YEARS?  YES  NO  
(A CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT)

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

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

ARE YOU A VETERAN OF THE U.S. MILITARY SERVICE?  YES  NO

IF YES, WHAT BRANCH? \_\_\_\_\_

ARE YOU BONDABLE?  YES  NO

INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.

*(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status)*

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GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS:

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SPECIAL EMPLOYMENT NOTICE OF DISABLED VETERANS, VIETNAM ERA VETERANS  
AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment, qualified disabled veterans of the Vietnam Era, and § 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information, which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

HANDICAPPED INDIVIDUAL

DISABLED VETERAN

VIETNAM VETERAN

SIGNED \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

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

# EMPLOYMENT EXPERIENCE

*Begin with your present or last job. Include military service assignments and volunteer activities.*

*You may exclude organization names which indicate race, color, religion, gender, national origin, handicap, or other protected status.*

<u>EMPLOYER</u> _____ <u>TELEPHONE</u> _____		<u>DATES EMPLOYED</u>		<u>WORK PERFORMED</u>
( ) _____		<u>FROM</u>	<u>TO</u>	
<u>ADDRESS</u>				
<u>SUPERVISOR</u>		<u>HOURLY RATE/ SALARY</u>		
		<u>STARTING</u>	<u>FINAL</u>	
<u>REASON FOR LEAVING</u>				
<u>EMPLOYER</u> _____ <u>TELEPHONE</u> _____		<u>DATES EMPLOYED</u>		<u>WORK PERFORMED</u>
( ) _____		<u>FROM</u>	<u>TO</u>	
<u>ADDRESS</u>				
<u>SUPERVISOR</u>		<u>HOURLY RATE/ SALARY</u>		
		<u>STARTING</u>	<u>FINAL</u>	
<u>REASON FOR LEAVING</u>				
<u>EMPLOYER</u> _____ <u>TELEPHONE</u> _____		<u>DATES EMPLOYED</u>		<u>WORK PERFORMED</u>
( ) _____		<u>FROM</u>	<u>TO</u>	
<u>ADDRESS</u>				
<u>SUPERVISOR</u>		<u>HOURLY RATE/ SALARY</u>		
		<u>STARTING</u>	<u>FINAL</u>	
<u>REASON FOR LEAVING</u>				

*IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.*

APPLICANT NAME: \_\_\_\_\_

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

TYPING SPEED: \_\_\_\_\_ W.P.M. (*Attach certificate dated within the last 24 months*) SHORTHAND SPEED: \_\_\_\_\_

SPECIAL SKILLS AND QUALIFICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOFTWARE FAMILIARITY: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

(CIRCLE HIGHEST GRADE COMPLETED)

	ELEMENTARY					HIGH SCHOOL				COLLEGE				GRADUATE			
SCHOOL NAME																	
YEARS COMPLETED	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
DIPLOMA/DEGREE																	
DESCRIBE COURSE OF STUDY:																	
DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES																	

HONORS RECEIVED: (State any additional information you feel may be helpful to us in considering your application)

\_\_\_\_\_  
\_\_\_\_\_

*Proof of Citizenship, TB Clearance, Oath of Allegiance, fingerprinting and drug testing are required by the district if an offer of employment is made.*

### APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment, as may be necessary, in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 45 days. Any application wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document, nor any offer of employment from the employer, constitutes an employment contract unless a specific document to that affect is executed by the employer and the employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result it discharge. I understand, also, that I am required to abide by all rules and regulations or the employer.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### HUMAN RESOURCES USE ONLY

TYPING TEST SCORE: \_\_\_\_\_

CLERICAL SKILLS TEST: \_\_\_\_\_

PAPER SCREENING SCORE: \_\_\_\_\_

NOTES: \_\_\_\_\_