

1205 E. Market Street
 Salinas, CA 93905
 (831) 753-5700

APPLICATION FOR EMPLOYMENT - CLASSIFIED

Instructions: (Read Carefully)

It is the applicant's responsibility to ensure that the application is complete and on file in the Human Resources Office by the final filing date; postmarks are not accepted. An application will be rejected if all requirements listed in the announcement are not met by the final filing date. Late applications will not be accepted. Fill in all information. **Resumes may be added, but may not be substituted for completion of this application form.**

NAME: _____
 (FIRST) (MIDDLE) (LAST)

ADDRESS: _____
 (STREET/BOX) (CITY) (STATE) (ZIP)

TELEPHONE: Home _____ Business _____ Message _____

If hired, can you provide the necessary documents to verify that you are authorized to work in the U.S. ? YES NO

Are you 18 years of age or older? YES NO Social Security Number _____

Do you have a valid Driver's License? YES NO If yes, what state? _____ Number _____

WORK PREFERENCE AND QUALIFICATIONS

Position for which you are applying: _____ Job Number _____

Types of office machines/computer programs able to use: _____

_____ Typing Speed _____ WPM

Please check language(s) you speak. English Spanish Other _____

Do you read and write this/these language? YES NO If yes, please list languages _____

Do you wish a permanent position? YES NO Full-Time Part-Time Summer Only

EDUCATION

	Names and Location of Schools Attended	Major Subject and/or Degree	Dates Attended	Graduated (Yes or No)
High School				
Junior College				
College/University				
Trade/Service School				

List the names and addresses of all employers for at least the past 5 years, beginning with the most recent. **DO NOT INDICATE "SEE RESUME"**

DATES OF EMPLOYMENT AND SALARY RECEIVED		OCCUPATIONS	EMPLOYER INFORMATION
From: _____ Month/Year	Title: _____	Name: _____	
To: _____ Month/Year	Duties: _____	Address: _____	
Salary: _____	Hours per Week: _____	Telephone: _____	
	Reason for Leaving: _____	Supervisor: _____	
		Title: _____	
From: _____ Month/Year	Title: _____	Name: _____	
To: _____ Month/Year	Duties: _____	Address: _____	
Salary: _____	Hours per Week: _____	Telephone: _____	
	Reason for Leaving: _____	Supervisor: _____	
		Title: _____	
From: _____ Month/Year	Title: _____	Name: _____	
To: _____ Month/Year	Duties: _____	Address: _____	
Salary: _____	Hours per Week: _____	Telephone: _____	
	Reason for Leaving: _____	Supervisor: _____	
		Title: _____	

May we contact the above employer(s)? YES ___ NO ___ If not, list which employers you would like us not to contact. _____

Do you have relatives employed with the District? YES ___ NO ___ If yes, specify name(s). _____

Have you ever been convicted of any offense other than a minor traffic violation? YES _____ NO ___ If yes, please explain, giving dates: _____

Have you ever been employed by the Alisal Union School District? YES ___ NO ___ If yes, indicate dates of employment:

FROM _____ TO _____

ADD HERE ANY ADDITIONAL INFORMATION YOU BELIEVE WILL ASSIST IN ASSESSING YOUR QUALIFICATIONS.

REFERENCES: (People who know you well, either personally or in business, who are not related to you.)

Name	Title	Address	City/State/Zip	Phone#

I hereby affirm that the statements made in this application are true to the best of my knowledge and belief. I understand that if this application is incomplete or false statements are made, I may be disqualified from subsequent employment with the Alisal Union School District.

_____ Date

_____ Signature

NAME _____

POSITION FOR WHICH YOU ARE APPLYING _____ DATE _____

HOW DID YOU FIRST LEARN OF THIS POSITION?

_____ Newspaper _____ California Employment Office

_____ Employment Agency _____ Bulletin Board Announcement

_____ Self Initiated _____ College Placement Office

_____ Friend at Alisal School District _____ Internal Applicant

_____ Other (Specify)

PLEASE READ CAREFULLY

The information requested below is VOLUNTARY. It is requested under the conditions of Section 1233 of the California Government Code which permits collection of ethnic background data on employment applicants. This data is to be used solely for implementing and improving our Affirmative Action Program and will have no bearing on your application. This sheet will be placed in a separate non-public file, accessible only for research purposes.

ETHNIC CATEGORY (Check one) SEX _____ MALE _____ FEMALE

_____ WHITE Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ BLACK (Not of Hispanic Origin) - Persons having primary origins in any of the Black racial groups of Africa.

_____ HISPANIC Persons of primary culture of origins in Mexico, Puerto Rico, Cuba, Central or South America or other Spanish derived culture or origin regardless of race.

_____ ASIAN OR PACIFIC ISLANDER Persons having primary origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

_____ AMERICAN INDIAN/ALASKAN NATIVE Persons of primary origins in any of the original people of North America and who maintain culture identification through tribal affiliation or community recognition.