RICHMOND ELEMENTARY SCHOOL DISTRICT

700-585 Richmond Road
Susanville, California 96130

Phone: (530) 257-2338 Fax: (530) 257-6398

APPLICATION FOR CLASSIFIED EMPLOYMENT

Please PRINT in Blue or Black Ink

Name: ______ Phone: _____ Date: _____

Address:							
Street	City	State					
Mailing Address:*Prov	S iding the Social Secu	ocial Security Nurity Nurity Number is voluntary in	umber * n accordance with the Privacy A	Act of 1974.			
Are you a member of a retirement system?: You	es 🗌 💮 🗈	No 🗌 Nar	me:				
Are you employed in another school district?: Y	es 🗌 💮 1	No 🗌 Nar	me:				
				yment.)			
If applying for a position requiring a valid driver's license:							
Driver's License Number:	Expiration:	Class:	State:_				
Have you passed the Teacher Aide Proficiency	Test in Califo	rnia?(if applicable)	: Yes 🗌 No 🗌				
Name of District where test was taken:							
Experience and/or course(s) in High School and	College which	ch will assist you	in this position:				
	that will help y	ou to perform th	nis job: (Typing Speed, I	LVN, Etc.)			
EDUCATION:	of Position Applying For:						
	High School						
Name(s) & address(es) of High School(s) attended			Did you take GED or High School	Did you			
Business, Correspond	dence, Trade,		ools				
Name(s) & address(es) of school(s) attended	Date		Course of Study				

(see reverse side)

		College						
Name(s) & address(es) of College(s) attended?		Major		Years Completed	Degree			
	Use additi	onal sheets	if ne	cessarv				
EXPERIENCE: Begin with your most rece				₹	I.S. Military S	ervice. Give details		
of the experience which you believe meet the re experience which you believe helps you meet the	equirements of this	s position. Go bac						
experience which you believe helps you meet u	Toquirements in	Dates						
Name / Address of Employer	Phone	From	То	Title	Salary	Hours/Week		
	Duties:							
Supervisor:	Reaso	Reason for Leaving:						
		Dates						
Name / Address of Employer	Phone	From	То	Title	Salary	Hours/Week		
	Duties:							
Supervisor:	Reaso	n for Leaving:						
	<u> </u>	Detec	F	-				
Name / Address of Employer	Phone	Dates From	То	Title	Salary	Hours/Week		
					-			
	Duties:	<u> </u>	1			'		
Supervisor:	Reason for Leaving:							
	J							
Name / Address of Employer	Phone	Dates From	То	Title	Salary	Hours/Week		
Name / Address of Employer	Filone	110111	10	Title	Salai y	Tiours/Week		
	Duties:					1		
Supervisor:	Reaso	n for Leaving:						
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REFERENCES:								
Name:	Relation	ship:			Phone:			
Address:								
Name:	Relation	ship:			Phone:			
Address:								
Name:	Relation	ship:			Phone:			
Address:								
PROOF OF CITIZENSHIP, T.B. CLEAR						EMPLOYED.		
CERTIFICAT	ION OF APPLIC	CANT - READ C	AREF	ULLY BEFORE SIGNIN	IG			
I certify that all statements made in this investigation of all statements herein re								
herein may result in disqualification fo				at กกรรเสเซกเซกเร Uf O	แนงงเบน Ul I	गावासावा ।वटाठ		
Simpatura			_	-4				
Signature			_ <i>D</i>	ate:		-		