

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 Zip

Mailing Address: _____ Social Security Number * _____ - _____ - _____
(If Different) *Providing the Social Security Number is voluntary in accordance with the Privacy Act of 1974.

Title of Position Applying For: _____ Full-Time _____ Part-Time _____

Are you a member of a retirement system?: Yes No Name: _____

Are you employed in another school district?: Yes No Name: _____

Have you ever been convicted of a felony?: Yes No When: _____
(Except as may be required by law, prior criminal record does not constitute an automatic disqualification from employment.)

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 California? (if applicable): Yes No

Name of District where test was taken: _____

Experience and/or course(s) in High School and College which will assist you in this position:

Special knowledge, skills, or licenses you have that will help you to perform this job: (Typing Speed, LVN, Etc.)

EDUCATION:

High School				
Name(s) & address(es) of High School(s) attended	Grade Completed	Did You Graduate?	High School Equivalency	
			Did you take GED or High School Proficiency?	Did you Pass?
Business, Correspondence, Trade, or Technical Schools				
Name(s) & address(es) of school(s) attended	Date	Units/ Credits Earned	Course of Study	Certificate Earned

(see reverse side)

College

Name(s) & address(es) of College(s) attended?	Major	Years Completed	Degree

Use additional sheets if necessary

EXPERIENCE: *Begin with your most recent experience. List all experience in the last seven years, including U.S. Military Service. Give details of the experience which you believe meet the requirements of this position. Go back more than seven years if necessary. Also, list any volunteer experience which you believe helps you meet the requirements for this position.*

Name / Address of Employer	Phone	Dates		Title	Salary	Hours/Week
		From	To			
	Duties:					

Supervisor:	Reason for Leaving:
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Name / Address of Employer	Phone	Dates		Title	Salary	Hours/Week
		From	To			
	Duties:					

Supervisor:	Reason for Leaving:
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		From	To			
	Duties:					

Supervisor:	Reason for Leaving:
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REFERENCES:

Name: _____ Relationship: _____ Phone: _____

Address: _____

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Address: _____

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Address: _____

PROOF OF CITIZENSHIP, T.B. CLEARANCE, OATH OF ALLEGIANCE, AND FINGERPRINTING MAY BE REQUIRED IF EMPLOYED.

CERTIFICATION OF APPLICANT - READ CAREFULLY BEFORE SIGNING

I certify that all statements made in this application are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I understand and agree that misstatements or omission of material facts herein may result in disqualification for or dismissal from employment.

Signature _____ **Date:** _____