

# GALT JOINT UNION HIGH SCHOOL DISTRICT

417 C Street, Suite B, Galt, CA 95632

(209) 745-0266 Fax (209) 745-0881

To be completed by HR:

Date Received: \_\_\_\_\_

Position #: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT - CLASSIFIED

Instructions: Complete a separate application for each position desired. Answer all questions completely and accurately. Use ink (please print) or typewriter. List all relevant work experience. Applicants will be selected for interviews on the basis of information provided. This application is part of the selection process and is part of your total evaluation. Incomplete or unsigned applications will not be considered.

### PERSONAL DATA

NAME	ADDRESS	CITY/STATE/ZIP
SOCIAL SECURITY #	RESIDENCE PHONE #	BUSINESS PHONE #
EMERGENCY CONTACT	RELATIONSHIP	PHONE #

POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

FULL TIME       PART TIME       TEMPORARY       SUBSTITUTE

### ADDITIONAL EMPLOYMENT DATA

1. Do you have a valid California Drivers License? Class: \_\_\_\_\_  Yes       No

2. Are you currently an employee in this District?  Yes       No

3. Have you ever been employed by this District?  Yes       No

4. Have you ever been convicted for any offense against the law?  Yes       No

If yes, complete the information below listing ALL offense(s), and date they occurred. The existence of a criminal record does not automatically bar you from employment. However, failure to admit is cause for disqualification or dismissal.

Offense: \_\_\_\_\_

Date: \_\_\_\_\_

5. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service?  Yes       No

If yes, please complete the information below.

Reason: \_\_\_\_\_

Date: \_\_\_\_\_

6. Do you have any physical condition, disease, or other disability which may limit your ability to perform the job you are applying for?  Yes       No

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

7. Are you a U.S. Citizen?  Yes       No

**TECHNICAL/COMPUTER SKILLS**

Typing: \_\_\_\_\_ WPM

Software Programs: \_\_\_\_\_

Types of Computers: \_\_\_\_\_

**LANGUAGE(S) Other Than English**

Language: \_\_\_\_\_  
 Read       Write       Speak

**EDUCATIONAL RECORD**

High School Graduate:     Yes     No     GED      Date: \_\_\_\_\_

Name of last high school attended: \_\_\_\_\_ City and State: \_\_\_\_\_

Name of Colleges or Job Related Trade Schools Attended	Location	Dates Attended To/From	Graduated
Courses of Study:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Courses of Study:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Courses of Study:			<input type="checkbox"/> Yes <input type="checkbox"/> No

**REFERENCES**

List three people who are NOT related to you, who have certain knowledge of your personality and habits, to help in determining your qualifications for the position for which you are applying. These names should be different from those supervisors listed under WORK HISTORY.

Name	Relationship	Address	City/State/Zip	Phone Number

**WORK HISTORY**

Begin with your present or most recent job. List all jobs for the past seven years. If you have not worked for any part of the last seven years, please list reasons why: college, travel, etc. You may also list any substitute and/or volunteer experience, which relates to the job for which you are applying. Each section must be completed. You may attach additional pages if necessary. **A resume may be attached, however, "see resume" is not a substitute for completing this section.**

TITLE OR POSITION:	EMPLOYMENT DATES (Mo./Yr.) FROM: TO:	SALARY PER MONTH:
HOURS PER WEEK:	SUPERVISOR'S NAME AND TITLE:	TELEPHONE NUMBER: ( )
EMPLOYER NAME:	STREET ADDRESS, CITY, STATE, ZIP	
DESCRIBE DUTIES, RESPONSIBILITIES, SKILLS REQUIRED, EQUIPMENT USED, ETC.		
REASON FOR LEAVING:		
STILL EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TITLE OR POSITION:	EMPLOYMENT DATES (Mo./Yr.) FROM: TO:	SALARY PER MONTH:
HOURS PER WEEK:	SUPERVISOR'S NAME AND TITLE:	TELEPHONE NUMBER: ( )
EMPLOYER NAME:	STREET ADDRESS, CITY, STATE, ZIP	
DESCRIBE DUTIES, RESPONSIBILITIES, SKILLS REQUIRED, EQUIPMENT USED, ETC.		
REASON FOR LEAVING:		
STILL EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TITLE OR POSITION:	EMPLOYMENT DATES (Mo./Yr.) FROM: TO:	SALARY PER MONTH:
HOURS PER WEEK:	SUPERVISOR'S NAME AND TITLE:	TELEPHONE NUMBER: ( )
EMPLOYER NAME:	STREET ADDRESS, CITY, STATE, ZIP	
DESCRIBE DUTIES, RESPONSIBILITIES, SKILLS REQUIRED, EQUIPMENT USED, ETC.		
REASON FOR LEAVING:		
STILL EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Would you object to having your present employer contacted in regard to your work?  Yes  No

If yes, please explain:

---



---

I hereby certify that all information I have given on this application is true and correct to the best of my knowledge and authorize investigations of all statements herein recorded. I release from all liability, persons and organizations reporting information required by this application, and understand that withholding or falsifying information on this form is grounds for dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date