

**APPLICATION FOR EMPLOYMENT
AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER**

**LASSEN VIEW UNION ELEMENTARY SCHOOL
10818 Hwy 99E
Los Molinos, CA 96055**

Check each type of work you will accept

- Permanent
- Temporary
- Substitute
- Part-time

Name _____
 Last First Middle Date

Address _____
 Number Street Position applying for: _____
 City State Zip code Home Phone _____

Social Security Number _____ Work Phone _____

EDUCATION: Circle highest grade completed: 8 9 10 11 12 13 14 15 16

If you are applying for a teacher's aide position, have you passed the aide test Yes No

Have you graduated from high school Yes No

Have you passed the General Education Development Test in lieu of high school Graduation Yes No

Vocational, Business, Trade or Correspondence Schools	From	To	Subject	Certificate

Colleges or Universities Attended	From	To	Subject	Certificate

Do you possess a valid California Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number	Expiration Date

Other state licenses or certificates. (explain)

List equipment/computer skills:

Answer the following by placing a "x" in the "yes" or "no" box following the question. If you answer "yes" to any of the following questions, please explain.

- Were you ever discharged or forced to resign from any previous position? Yes No
- Have you ever been convicted of anything other than a minor traffic violation? Yes No
- Have you at any time advised, advocated, taught or been a member of or affiliated with any group, society, association, organization or party which advises, advocates or teaches the overthrow by force or violence, of the Government of the United States of America or of the State of California? Yes No

Bilingual Ability: Indicate your level of ability in a language other than English

LANGUAGE	SPEAK	READ	WRITE

EMPLOYMENT HISTORY. List all experience for the past ten years, and any earlier experience which pertains to the position for which you are applying. Start with your present or most recent job. Include any service in the armed forces. Under "Specific Duties" describe the kind of work you did; show responsibility of work; number and kinds of employees you supervised, if any; equipment used, if any. Attach additional sheets if necessary.

BE COMPLETE AND SPECIFIC. PART OF YOUR RATING MAY BE BASED ON THE INFORMATION YOU GIVE.

<p>LAST OR PRESENT JOB</p> <p>Employing firm _____</p> <p>Firm address _____</p> <p>Your title _____</p> <p>Specific duties _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>From _____</p> <p style="text-align: center;">Month Year</p> <p>To _____</p> <p style="text-align: center;">Month Year</p> <p><input type="checkbox"/> full time <input type="checkbox"/> part time</p> <p>Starting salary _____</p> <p>Last salary _____</p> <p>Immediate supervisor's name: _____</p>	<p>REASONS FOR LEAVING</p>
<p>Employing firm _____</p> <p>Firm address _____</p> <p>Your title _____</p> <p>Specific duties _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>From _____</p> <p style="text-align: center;">Month Year</p> <p>To _____</p> <p style="text-align: center;">Month Year</p> <p><input type="checkbox"/> full time <input type="checkbox"/> part time</p> <p>Starting salary _____</p> <p>Last salary _____</p> <p>Immediate supervisor's name: _____</p>	<p>REASONS FOR LEAVING</p>
<p>Employing firm _____</p> <p>Firm address _____</p> <p>Your title _____</p> <p>Specific duties _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>From _____</p> <p style="text-align: center;">Month Year</p> <p>To _____</p> <p style="text-align: center;">Month Year</p> <p><input type="checkbox"/> full time <input type="checkbox"/> part time</p> <p>Starting salary _____</p> <p>Last salary _____</p> <p>Immediate supervisor's name: _____</p>	<p>REASONS FOR LEAVING</p>

Additional information or comments relative to your application. Use additional sheets if needed.

Persons employed will be required to furnish documents evidencing employment authorization.
(Title 8, U.S. Code Sec. 1324 A)

CERTIFICATE OF APPLICANT. Read carefully before signing.

I hereby certify that all answers to the above questions are true, and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I agree and understand that any misstatements of material facts contained in this application will cause forfeiture upon my part of all rights to any employment in this organization.

Signature _____

Date _____