

BIGGS UNIFIED SCHOOL DISTRICT

300 B Street
Biggs, California 95917

**APPLICATION FOR EMPLOYMENT
CLASSIFIED SERVICE**

Position(s) for which you are applying: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Message Phone _____

Email Address _____

Language(s) (Other than English):

_____ Speak _____ Read _____ Write _____

Driver's License _____ Yes _____ No
(Only if necessary for position)
License No. _____
State _____ Exp. Date _____

Name and Location of High School Attended: _____

Circle the highest grade you completed? 6 7 8 9 10 11 12

Did you graduate? _____ If not, did you pass the G.E.D.(equivalency) test? _____

Name, Location and Dates of Colleges or Trade Schools attended	Credits Completed	Major or Course	Degree or Certificate

Typing Speed: _____ wpm Equipment/machines operated and computer programs:

Are you related to any member of the Board of Trustees or a current employee of the District?
_____ Yes _____ No If yes, please provide name and relationship. _____

The applicant should exercise the greatest care in preparing this form. Information given herein becomes a legal part of the contract in case of election. Do not omit any item. After completing the form, giving all necessary information, return to:

District Office, Biggs Unified School District
300 B Street, Biggs, California 95917

The Biggs Unified School District is an Equal Opportunity/Affirmative Action Employer. The District is in compliance with Title IX of the Education Amendments of 1972 and does not discriminate on the basis of race, color, religion, sex, national origin, age or handicap in any of its programs, activities or employment practices.

WORK HISTORY

Dates Employed: From: _____ To: _____ Reason for Leaving: _____

Company Name _____

Address _____

Telephone _____ Supervisor _____

Duties _____

Salary \$ _____ Per _____

Dates Employed: From: _____ To: _____ Reason for Leaving: _____

Company Name _____

Address _____

Telephone _____ Supervisor _____

Duties _____

Salary \$ _____ Per _____

Dates Employed: From: _____ To: _____ Reason for Leaving: _____

Company Name _____

Address _____

Telephone _____ Supervisor _____

Duties _____

Salary \$ _____ Per _____

Dates Employed: From: _____ To: _____ Reason for Leaving: _____

Company Name _____

Address _____

Telephone _____ Supervisor _____

Duties _____

Salary \$ _____ Per _____

May we contact your present employer for a reference? _____ Yes _____ No

Have you ever been discharged or forced to resign any position because of misconduct or unsatisfactory performance? _____ Yes _____ No If yes, explain

Give names, titles, addresses and telephone numbers of 3 people familiar with your career whom we may contact. This will be done confidentially.

Phone Numbers:

Home: _____

Work: _____

Home: _____

Work: _____

Home: _____

Work: _____

NOTICE TO CANDIDATES

You must mark "yes" under the application question on convictions if you have been convicted of a misdemeanor or a felony. A conviction will NOT constitute an automatic bar from employment by this district. You must list all convictions EXCEPT the following:

1. Marijuana related convictions more than two (2) years old. (L.C. #432.8)
2. Convictions which have been judicially expunged, sealed or eradicated, or misdemeanors when probation is completed and the case is dismissed (Cal Adm Code #7282.4 (d) (1) (B)).

CONVICTION RECORD

Have you ever been convicted of any offense against the law?

_____ Yes _____ No

Please use the space provided below to list any convictions you may have. Remember, falsification of your application may result in termination or disqualification.

PLEASE NOTE: You may be required to take and pass a job-related examination. Please describe any physical condition or handicap which may limit your ability to perform any of the duties or responsibilities of the position for which you are applying, and what reasonable accommodations need to be made.

CERTIFICATE OF APPLICANT: I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements or incomplete information will subject me to disqualification or dismissal, and that I will be required by law to be fingerprinted and to sign a loyalty oath.

Signature

Date