

OLD ADOBE USD
845 Crinella Drive
Petaluma, CA 94954

CLASSIFIED EMPLOYEE
APPLICATION FOR EMPLOYMENT

Phone: 707-765-4321
Fax: 707-765-4343

Use Ink or Typewriter - Answer all Questions - Please Print

Applicant Name _____
First Middle Last

POSITION FOR WHICH YOU ARE APPLYING _____

Mailing Address _____
City Zip Date

Home Phone () _____ Business Phone () _____

Are you over the age of 18? Yes No If no, hire is subject to verification.

COMPLETE THIS SECTION ONLY IF APPLICABLE: Do you have a valid Driver's License: Yes No

State _____ Type _____ Expiration Date _____

If the position for which you are applying requires languages other than English list the languages you can read, speak or write: _____

A conviction does not necessarily disqualify you from employment.
You need not disclose convictions that have been judicially sealed, expunged, or statutorily eradicated.

Have you been convicted for a crime in the past ten years, other than minor traffic infractions? Yes No

If yes, please describe in full _____

Have you been terminated for cause or asked to resign in lieu of termination Yes No If yes, please describe in full

Would you work Full-Time Part-Time Specify number of hours if only Part-Time _____

Were you previously employed in Sonoma County Schools? Yes No If yes, when? _____

If you worked under a different name, please state name _____

Do you have any physical condition or handicap, which may limit your ability to perform the duties of the job applied for?
 Yes No

If yes, what can be done to accommodate your limitations? _____

EDUCATION Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

NAME AND LOCATION OF SCHOOL	Course or Major	Hours or Units	Did you Graduate	Degree Received	Date
High School					
Junior College					
College/University					
Business, Correspondence, Trade or Graduate School					
Certificates Held:	Computer Skills: PC ___ Mac ___ Excel ___ Word ___ Publisher ___				

WORK EXPERIENCE

List previous jobs starting with your present or most recent one. Please describe duties as complete as space allows. If more space is required, attach additional sheet or resume. Show complete record, including periods between jobs for the last 10 years. Applications not showing REQUIRED EXPERIENCE may be rejected.

DATE START	SALARY START \$	Present or Last Employer: _____ Telephone No. _____ Address: _____ CITY STATE ZIP May we contact? ___ Yes ___ No Position & Duties: _____
LEFT	LEFT \$	Reason for leaving (if dismissal explain) _____
START	START \$	Employer: _____ Telephone No. _____ Address: _____ CITY STATE ZIP Position & Duties: _____
LEFT	LEFT \$	Reason for leaving (if dismissal explain) _____
START	START \$	Employer: _____ Telephone No. _____ Address: _____ CITY STATE ZIP Position & Duties: _____
LEFT	LEFT \$	Reason for leaving (if dismissal explain) _____

WORK EXPERIENCE (Cont'd)

List previous jobs and please describe duties as complete as space allows. If more space is required, attach additional sheet or resume. Show complete record, including periods between jobs for the last 10 years. Applications not showing REQUIRED EXPERIENCE may be rejected.

DATE START	SALARY START \$	Employer: _____ Telephone No. _____ Address: _____ <div style="text-align: right; margin-right: 20px;">CITY STATE ZIP</div> Position & Duties: _____ _____ Reason for leaving (if dismissal explain) _____
LEFT	LEFT \$	
START	START \$	Employer: _____ Telephone No. _____ Address: _____ <div style="text-align: right; margin-right: 20px;">CITY STATE ZIP</div> Position & Duties: _____ _____ Reason for leaving (if dismissal explain) _____
LEFT	LEFT \$	

USE THIS SPACE FOR EXPLANATIONS OR ADDITIONAL INFORMATION. Is there any other information, which may help us find the job for which you are best qualified? Have you any special skills, qualifications, training or experience not shown on this form?

PROFESSIONAL REFERENCES

Name and Title	Address	Telephone

ANY PERSONAL DOCUMENTS, WHICH YOU ENCLOSE, WILL NOT BE RETURNED.

I HEREBY CERTIFY that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part to any employment or payment as an employee in the service of the Old Adobe Union School District. I further agree to be fingerprinted; to submit to a complete medical examination and upon employment to furnish such proof of age and citizenship as may be directed.

Signature of Applicant

Date

