UNIVERSAL APPLICATION FOR MARIN COUNTY SCHOOL DISTRICTS CLASSIFIED EMPLOYMENT

Please print in ink or use typewriter and return application to the personnel department January 2005 District: Name: Position applied for: May this application be shared with other districts? Yes 🗆 No \square Are you willing to accept temporary or substitute employment? Yes \square No \square Are you willing to accept part-time employment? Yes \square No 🗆 EDUCATION: Name and location of school Units Graduate? Major Degree High School: Junior College: College or University: Business, Correspondence, Trade or Graduate School: **EXPERIENCE**: List all jobs you have held in the last ten years. Put your present or most recent job first. Include military service. If you need more space you may attach additional sheets. Hours worked each From Salary Name of Supervisor To week Name and address of employer: Job title and duties: Reason for leaving: From To Salary Hours worked each Name of Supervisor week Name and address of employer: Job title and duties: Reason for leaving: From To Salary Hours worked each Name of Supervisor week Name and address of employer: Job title and duties: Reason for leaving: Professional license or registration you hold related to this position: Maintenance/Service Equipment you can operate: Office machines you can operate: Computer skills and Proficiency: PC? MAC? Word Processing Programs: **Spread Sheet Programs: Database Programs:**

Keyboarding: _____ wpm

Shorthand/Speedwriting: _____ wpm

Typing: _____ wpm

Have you ever been convicted of a						
(Exclude minor traffic violations ex	xcept as required by law.) A cor	nviction will not n	ecessarily disqi	ualify you	Yes \square	No 🗆
from employment.	substances without a prescription	on and/or are you	an activo alcoh	olio?	Yes 🗆	No 🗆
Are you currently using controlled substances without a prescription and/or are you an active alcoholic? Do you have any relatives working for the district?						
Are you currently, or have you ever been a member of PERS or STRS?					Yes 🗆	No □
Do you wish to claim veteran's preference? (MCOE only) If so, submit report of separation.					Yes 🗆	No 🗆
· ·					Yes 🗆	No 🗆
If the job for which you have appli	-	•		one.	Yes 🗆	No 🗆
If you worked for the district under (For each question answered yes, e				this form or w	rite helow)
(1 or each question answered yes, e	expected in writing the circumstan	tees and anden in	e statement to t	inis joini or wi	iic ocion,	/
Please list any training skills, expe community, or other activities; list communities. Include a brief explo	qualifications which especially	equip you to work	with diverse en	nvironments a		
REFERENCES. Please list the n	ames and current phone number	rs of three people	who have direc	tly supervised	vour wor	k in the
					,	
positions listed	on this application. You may al	so submit addition				
				Work Phone		
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Name	on this application. You may al. Employer/Company	So submit addition Home Phone	al references.	Work Phone		acilitate such
positions listed	y investigate my record and work any persons having knowledge ther any previous employer this authorize from all liability persons and organization for employment are true and romission of facts thereon shall just nting, and an examination to determ exporting) and Welfare and Institution	qualifications either eof to give such infraction includes any inizations reporting in correct to the best of tify my dismissal. Imine freedom from on Code, Section 15	before or after formation to the information or donformation required further agree that tuberculosis. I see 5630. I also act	my employment district upon resocuments contained by this applies and belief and at as a conditionshall abide with knowledge that	nt and to fi quest. Not ned in my p ication. I c agree that n of employ the provis in complia	twithstanding personnel file pertify that all if employed, yment, I shall ions of Penal ance with the
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