



Have you ever been convicted of any felony or misdemeanor, fined, or placed on probation?  
*(Exclude minor traffic violations except as required by law.) A conviction will not necessarily disqualify you from employment.* Yes  No

Are you currently using controlled substances without a prescription and/or are you an active alcoholic? Yes  No

Do you have any relatives working for the district? Yes  No

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

If the job for which you have applied requires a driver's license, indicate whether you have a valid one. Yes  No

If you worked for the district under a different name, what was your former name? \_\_\_\_\_  
*(For each question answered yes, explain in writing the circumstances and attach the statement to this form or write below)*

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*Please list any training skills, experiences, or special qualifications not shown on this form that you have gained through volunteer, community, or other activities; list qualifications which especially equip you to work with diverse environments and/or multi-ethnic communities. Include a brief explanation; use this space for any other item you wish to explain in further detail.*

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**REFERENCES:** *Please list the names and current phone numbers of three people who have directly supervised your work in the positions listed on this application. You may also submit additional references.*

Name	Employer/Company	Home Phone	Work Phone

I hereby authorize the district to fully investigate my record and work qualifications either before or after my employment and to facilitate such investigation I also hereby authorize any persons having knowledge thereof to give such information to the district upon request. Notwithstanding any agreement I may have made with any previous employer this authorization includes any information or documents contained in my personnel file with any previous employer. I release from all liability persons and organizations reporting information required by this application. I certify that all statements made by me on this application for employment are true and correct to the best of my knowledge and belief and agree that if employed, any misrepresentation, falsification, or omission of facts thereon shall justify my dismissal. I further agree that as a condition of employment, I shall submit to an Oath of Office, fingerprinting, and an examination to determine freedom from tuberculosis. I shall abide with the provisions of Penal Code Section 11166 (Child Abuse Reporting) and Welfare and Institution Code, Section 15630. I also acknowledge that in compliance with the Immigration Act of 1986, I must submit prior to employment my Social Security card and valid driver's license or State Identification Card.

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

How did you learn about this job?

- Schools employee
- Internet/Job Hotline
- State Employment Office
- Newspaper
- Other

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number Street

City State Zip

Home Phone Work Phone