

APPLICATION FOR CLASSIFIED EMPLOYMENT

Santa Monica-Malibu Unified School District
 Personnel Commission
 1651 16th St., Santa Monica, CA90404-3891 * 310.450.8338, ext. 279
 FAX 310.450.0898

Instructions to Applicant: TYPE OR PRINT IN BLACK OR BLUE INK.

- Read the job announcement to see if you meet the requirements, then show clearly on this application all previous work experience, education and training which qualify you for this job.
- Answer all questions completely and accurately. Read both sides of the job announcement bulletin. **NOTE THE APPLICATION DEADLINE.**
- False statements are grounds for rejection of application, removal from the eligibility list and dismissal from employment.
- This application is part of the selection process and is part of your total evaluation of acceptability for employment.
- It is your responsibility to update address and other pertinent information.
- If you have a disability that may require an accommodation in any of the selection procedures, please notify the Personnel Commission in writing and attach your request to your employment application.

JOB TITLE of the position applying for:				DATE:	
NAME					
Last	First	Middle	Soc. Sec. No.		
ADDRESS:					
Number	Street	City	State	Zip Code	
TELEPHONE:			E-MAIL:		
Home No.	Work or Message No.				
()	()				
1. Have you ever worked for this school district?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Are you now or have you been a member of PERS?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3. Have you ever been discharged from employment or asked to resign?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4. Do you have any relatives employed by this school district?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NOTE: If you answered YES to any of the questions 1 – 4, please explain on Page 3 (OTHER INFORMATION).					
5. Do you claim Veteran's Credit?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES, please attach a copy of your DD 214.					
Indicate the type(s) of appointment you will accept:					
Full-Time <input type="checkbox"/> Temporary Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary Part-Time <input type="checkbox"/>					
If you are offered employment, can you provide proof of your right to legally work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Indicate the area(s) in which you would accept employment:					
Santa Monica only <input type="checkbox"/>		Malibu only <input type="checkbox"/>		Both Locations <input type="checkbox"/>	
Shifts you are willing to work:					
Day <input type="checkbox"/>		Evening <input type="checkbox"/>		Night <input type="checkbox"/>	
Any <input type="checkbox"/>					
How did you learn about this position?					
Ad <input type="checkbox"/>		District Employee <input type="checkbox"/>		District Web Site <input type="checkbox"/>	
Vacancy Bulletin <input type="checkbox"/>		Public Agency <input type="checkbox"/>		Job Hotline <input type="checkbox"/>	
		Internet <input type="checkbox"/>		Job Fair <input type="checkbox"/>	
		Walk-In <input type="checkbox"/>		Other <input type="checkbox"/>	
Please provide the name of your source for Ad, Internet or Other: _____					

DO
NOT
WRITE
IN
THIS
SPACE

OFFICE USE ONLY

WORK EXPERIENCE:

1. Read the experience requirements in the employment bulletin before completing this section.
2. Begin with your most recent job.
3. Account for all employment and any periods of unemployment in the last 10 years. Include self-employment, military service, and volunteer work related to the job for which you are applying. Include additional work experience more than 10 years ago if you feel it will help you qualify for the job you are seeking.
4. Attach additional sheets if you need more space.
5. Resumes are **NOT** accepted in place of any part of this application.

FROM (MO. & YEAR)	TITLE OF YOUR PRESENT OR MOST RECENT POSITION	EMPLOYER'S NAME	PHONE NO.
TO (MO. & YEAR)	DUTIES PERFORMED	NUMBER & STREET	CITY STATE ZIP
TOTAL TIME YRS MO		NAME & TITLE OF SUPERVISOR	
HOURS EACH WEEK		EMPLOYER'S BUSINESS	
FIRST SALARY		NO. & TYPE OF EMPLOYEES SUPERVISED	
LAST SALARY		REASON FOR LEAVING	

FROM (MO. & YEAR)	TITLE OF YOUR PRESENT OR MOST RECENT POSITION	EMPLOYER'S NAME	PHONE NO.
TO (MO. & YEAR)	DUTIES PERFORMED	NUMBER & STREET	CITY STATE ZIP
TOTAL TIME YRS MO		NAME & TITLE OF SUPERVISOR	
HOURS EACH WEEK		EMPLOYER'S BUSINESS	
FIRST SALARY		NO. & TYPE OF EMPLOYEES SUPERVISED	
LAST SALARY		REASON FOR LEAVING	

FROM (MO. & YEAR)	TITLE OF YOUR PRESENT OR MOST RECENT POSITION	EMPLOYER'S NAME	PHONE NO.
TO (MO. & YEAR)	DUTIES PERFORMED	NUMBER & STREET	CITY STATE ZIP
TOTAL TIME YRS MO		NAME & TITLE OF SUPERVISOR	
HOURS EACH WEEK		EMPLOYER'S BUSINESS	
FIRST SALARY		NO. & TYPE OF EMPLOYEES SUPERVISED	
LAST SALARY		REASON FOR LEAVING	

EDUCATION AND TRAINING:

Name and Location of High School Attended	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you did not graduate, did you pass a G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Name and Location of Colleges, Universities and/or Trade Schools Attended	Credits Completed		Major Subject or Course	Degree or Certificate Received
	Semester	Quarter		

If the Job Announcement requires course work in specific areas, please list the courses **completed** here.

LICENSES AND CERTIFICATES:

DRIVER'S LICENSE NO	CLASS	EXPIRES ON	STATE
If a license or certificate is required in the Job Announcement, please list those you possess and provide date of expiration.			

LANGUAGE SKILLS:

Do you speak, read or write a language other than English?
 YES NO

If **YES**, please list.

OTHER INFORMATION:

May we contact your present employer? YES NO

CERTIFICATION OF APPLICANT:

I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statement(s) of material facts or omissions may subject me to disqualification or dismissal.

Signature: _____ Date: _____

REPORT OF CONVICTIONS

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Completion of this form is REQUIRED.

The existence of a criminal record does not automatically bar you from employment. However, failure to list **all** convictions may result in your disqualification or dismissal.

Job Title of the position applying for: _____ **DATE:** _____

NAME:
 Last _____ First _____ Middle _____ Soc. Sec. No. _____

Have you, as an adult ever pleaded guilty, been convicted, fined, imprisoned, placed on probation, or given a suspended sentence for any felony or misdemeanor violation of law? **Note: You may omit minor traffic violations, unless a warrant was issued for your arrest for failure to pay fines or appear for sentencing.**

NO YES If **YES**, You are **REQUIRED** to complete all offense information below.

Brief Description of Offense	Offense Code Number	Date (Mo./Yr.)	City & State	Please Check				
				Misdemeanor	Felony	Imprisoned	Fined	Probation

At this time, is there any criminal complaint or indictment issued against you which is now pending and awaiting a final decision in any State or Federal court?

NO YES If **YES**, please explain fully below.

CERTIFICATION OF APPLICANT:

I have listed all my convictions and certify that the above is true.

Signature: _____ Date: _____

CONFIDENTIAL STATISTICAL DATA

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Completion of this form is VOLUNTARY.

The information on this form will help ensure that our selection processes are nondiscriminatory, and will be utilized for statistical purposes only. This form will be kept separate from the application form. At no time will this information be available to any person involved in the hiring process. Your cooperation in providing this information is appreciated.

Job Title of the position applying for:

DATE:

NAME:

Last

First

Middle

Soc. Sec. No.

What is your gender?

- Male
 Female
 Declined to State

What is your age group?

- Under 21
 21 - 39
 40 and Over
 Declined to State

What is your racial/ethnic origin? (check one or more)

- American Indian or Alaska Native
 Asian or Pacific Islander
 Black or African-American
 Filipino
 Hispanic or Latino
 White
 Declined to State

What is your Veteran status?

- Vietnam/Gulf/WWI & WWII/Korea
 Veteran (Other than above)
 Non-Veteran
 Declined to State

Are you disabled* or rehabilitated?

- No
 Yes
 Declined to State

* Any current or former physical or mental impairment which substantially limits at least one major life activity. This would include, but not be limited to impairment or sight, speech, hearing, orthopedic impairments, cerebral palsy, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addition, alcoholism, limps or disfiguring scars.