

APPLICATION FOR 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

ONLY FOR USE WITH THE FOLLOWING:

- Coaching positions
- AVID Tutors
- Professional Experts

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:

Home No. Work or Message No.

() ()

E-MAIL:

1. Have you ever worked for this school district? YES NO
2. Are you now or have you been a member of PERS? YES NO
3. Have you ever been discharged from employment or asked to resign? YES NO
4. Do you have any relatives employed by this school district? YES 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? YES NO
 If YES, please attach a copy of your DD 214.

Indicate the type(s) of appointment you will accept:

Full-Time Temporary Full-Time Part-Time Temporary Part-Time

If you are offered employment, can you provide proof of your right to legally work in the U.S.? YES NO

Indicate the area(s) in which you would accept employment:

Santa Monica only Malibu only Both Locations

Shifts you are willing to work:

Day Evening Night Any

How did you learn about this position?

Ad District Employee District Web Site Job Hotline Job Fair
 Vacancy Bulletin Public Agency Internet Walk-In Other

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 |
|---|---|---|

| 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

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

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.

| | | | | |
|-------------|--------|------------|-------|-----------|
| Misdemeanor | Felony | Imprisoned | Fined | Probation |
|-------------|--------|------------|-------|-----------|

| Brief Description of Offense | Offense Code Number | Date (Mo./Yr.) | City & State | Please Check | | | | | |
|------------------------------|---------------------|----------------|--------------|--------------|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

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, limbs or disfiguring scars.