

COAST UNIFIED SCHOOL DISTRICT

CLASSIFIED EMPLOYMENT APPLICATION

Date of Application _____

IMPORTANT INSTRUCTIONS: Answer all questions. Print in ink or type. If you need additional space to answer any questions you may attach extra sheets. Please complete both sides of this form.

Position for which you are applying: _____

Would you accept: Yes No
Substitute work ___ ___
Part-time work ___ ___

NAME: (Last) (First) (Middle)

Present Mailing Address: (# & Street/P.O. Box) (City) (Zip)

Telephone: (Home) (Work) Social Security Number

Email Address _____

Have you been previously employed by Coast Unified or Coast/Cambria/Cayucos District? If yes, when? Yes No

Have you ever been convicted of any felony or misdemeanor offense, including entering a plea of nolo contendere, in California or in any other state or place? (If yes, provide details and Section Code of offense on an attached sheet.) Yes No

Do you have a pending felony or misdemeanor case? (A conviction will not automatically bar you from consideration for employment. However, if you fail to disclose the fact of a conviction, that failure will result in disqualification from the employment process and/or immediate termination of employment. Education Code prohibits hiring a person who has been convicted of a serious and violent misdemeanor, and felony criminal offenses and sex offenses as outlined in AB 1610 and AB 1612.) Yes No

Do you possess a California Driver's License? License Number Expiration Date Yes No

Have you ever been discharged or forced to resign because of misconduct or unsatisfactory service? (If yes, please explain in full on an attached sheet.) Yes No

Do you have any physical condition or handicap which may limit your ability to perform the job(s) applied for? (If yes, indicate on an attached sheet what can be done to accommodate your limitation.) Yes No

Name any language, other than English, that you speak (read/write) fluently: _____

Clerical Applicants only:

Approximate shorthand speed wpm Approximate typing speed wpm

EDUCATION: List Name & Location Graduate: No Yes Graduation Date:

High School Degree Date

Community College or University Degree Date

Business, Trade/Other Dates Attended:

List other training and education important to this job on an attached extra sheet, if necessary.

EMPLOYMENT:

Please give accurate, complete full-time and part-time employment record.

START WITH PRESENT OR MOST RECENT EMPLOYER.

Company Name	Telephone Number ()
Address	Employed Mo & Yr. From To
Name of Supervisor	Salary \$ Per
State Job Title and Duties	Reason for Leaving

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LIST ANY ADDITIONAL WORK EXPERIENCE WITHIN PAST 10 YEARS ON AN ATTACHED SHEET.

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May we contact present employer? Yes No **Past employers?** Yes No

PERSONAL REFERENCES: (not former employers or relatives)

Name and Address	Telephone
_____	_____
_____	_____
_____	_____
_____	_____

I certify that all statements herein are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal.

Signature _____

Date _____