

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
Yes No

Have you been previously employed by Coast Unified or Coast/Cambria/Cayucos District? If yes, when? _____

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.)

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.)

Do you possess a California Driver's License? _____
License Number _____ Expiration Date _____

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.) _____

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.) _____

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
High School _____ Graduation Date: _____
Community College _____ Degree _____ Date _____
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

=====
Company Name _____ Telephone Number
() _____

_Address _____ Employed Mo & Yr.
From To _____

Name of Supervisor _____ Salary
\$ Per _____

_State Job Title and Duties _____ Reason for Leaving

=====
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 _____

COAST UNIFIED SCHOOL DISTRICT, Cambria, California

POSITION _____

DATE _____

In our efforts to ensure equal opportunities it is necessary that we maintain statistics on job applicants. We would appreciate your voluntary cooperation in providing the information requested below.

This form will be detached when your application is submitted. Please be reminded that this information is not used in the selection process.

INSTRUCTIONS: Please place an "X" on the appropriate line.

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1. ____ **White, Caucasian, Anglo**

 2. ____ **Black, Afro-American, Negro, Jamaican, Trinidadian, West Indian**

 3. ____ **Mexican American, Chicano, Latino, South American, Central American, Cuban, Puerto Rican**

 4. ____ **American Indian**

 5. ____ **Oriental, Chinese, Japanese, Asian American, Korean, Filipino**

 6. ____ **Other Minorities, including Aleuts, Malayans, Thais, Samoans, others not covered by a category listed above**
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7. ____ **Male**

 8. ____ **Female**

9. ____ **Physically Handicapped**
