

**East Whittier City School District
14535 E. Whittier Blvd.
Whittier, CA 90605
(562) 907-5900**

POSITION(S) DESIRED

CLASSIFIED APPLICATION

An Equal Opportunity Employer

Last Name	First	Middle
Street Address		Soc. Sec. # (Last 4 digits)
City, State, Zip	Phone: Hm () Cell ()	Bus ()

- Yes No Are you currently employed? Yes No Have you ever been bonded?
- Yes No Have you ever been a member of the Public Employees Retirement System (PERS)?
- Languages other than English that you read, write, and speak **fluently**: _____
- Languages other than English in which you can converse: _____

EDUCATIONAL DATA (Please attach resume)

School	Name of School and Location	Years Attended		Units Completed	Degree, Diploma or Certificate		Major Minor
		From	To		Type	Year	
High School							
Technical, Trade, Vocational							
Business							
College or University							
Other							

EMPLOYMENT BACKGROUND Start with PRESENT or LAST PLACE of employment

From:	Firm Name:	Position:
To:	Address:	Supervisor:
Total Yrs. /Mons.	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Pay \$ Phone:
Nature of Duties:		
Reason for Leaving:		

From:	Firm Name:	Position:
To:	Address:	Supervisor:
Total Yrs. /Mons.	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Pay \$ Phone:
Nature of Duties:		
Reason for Leaving:		

From:	Firm Name:	Position:
To:	Address:	Supervisor:
Total Yrs. /Mons.	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Pay \$ Phone:
Nature of Duties:		
Reason for Leaving:		

Yes	No	QUESTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to perform the essential job functions of the position(s) for which you have applied?
<input type="checkbox"/>	<input type="checkbox"/>	Can you, if selected for employment, submit verification of your legal right to work in the United States?
<input type="checkbox"/>	<input type="checkbox"/>	Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and education record? If yes, please explain.

FOR OFFICE APPLICANTS ONLY Please place a check in the appropriate space(s) below indicating that you possess and are proficient in the skill area(s) listed:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Typing (keyboarding) (Speed: _____ wpm) | <input type="checkbox"/> Office Machines | <input type="checkbox"/> Filing | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Shorthand (Speed: _____ wpm) | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Accounting | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Calculator/Adding Machine | <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Printing/Press Work | <input type="checkbox"/> Transcription/Dictating Machine |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Switchboard | <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Other _____ |
- Type of Computer(s): _____
 Specific Software Programs: _____

FOR INSTRUCTIONAL ASSISTANT APPLICANTS ONLY

Please place a check beside the skills, knowledge or experience area listed below in which you have had training or experience:

- | | | |
|---|---|---|
| <input type="checkbox"/> Phonics and basic reading principles | <input type="checkbox"/> Preparation of charts, displays, bulletin boards, etc. | <input type="checkbox"/> General needs and behavior of children |
| <input type="checkbox"/> Record keeping activities | <input type="checkbox"/> Operation of standard equipment | <input type="checkbox"/> Special Education student experience |
| <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Other _____ | |

FOR FOOD SERVICE APPLICANTS ONLY

Please place a check beside the experience you have had in the areas listed below:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Food Preparation/Handling | <input type="checkbox"/> Menu Planning | <input type="checkbox"/> Cashier |
| <input type="checkbox"/> Cafeteria Appliances/Equipment | <input type="checkbox"/> Sanitation | <input type="checkbox"/> Other _____ |

FOR MAINTENANCE & OPERATIONS APPLICANTS ONLY

Please indicate the number of years and or/fraction of a year that you have had experience in the areas listed below:

- | | | | | | |
|--------------------------|----------------------------|--|--------------------------|--------------------|--------------------|
| _____ Plumber | _____ Gardener | _____ Painter | _____ Custodian/Janitor | _____ Electrician | _____ Welder |
| _____ Carpenter | _____ Locksmith | _____ Driver | _____ General Contractor | _____ Warehouseman | _____ Crew Foreman |
| _____ Equipment Operator | _____ Sprinklers/Landscape | _____ Heating/Ventilation & Air Conditioning | _____ Mechanic | | |
| _____ Other _____ | | | | | |

Special Licenses or Certificates: _____ Any additional skills or experiences you have relevant to the position for which you have applied: _____

Yes	No	ADDITIONAL QUESTIONS (check appropriate boxes)
<input type="checkbox"/>	<input type="checkbox"/>	Have you resigned from or otherwise left public or private school employment to avoid dismissal/termination ?
<input type="checkbox"/>	<input type="checkbox"/>	Have you resigned from or otherwise left public or private school employment to avoid an investigation for alleged misconduct in California or any other state or place?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been dismissed or not reemployed in any probationary or permanent position?
<input type="checkbox"/>	<input type="checkbox"/>	Are you now the subject of any inquiry, disciplinary action, review or investigation in any district, licensing agency, or in the courts of California or any other state in connection with any alleged misconduct?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever pleaded guilty or been convicted, including a conviction based on a pleas of no contest , of any offense, felony or misdemeanor? (If this was a minor traffic violation that did not result in suspension or revocation of driver's license, you may check "No".)
<input type="checkbox"/>	<input type="checkbox"/>	Do you now have any charges pending against you which have not been finally adjudicated by any court?

If you have answered yes to any of the questions above, write an explanation below:
 A yes answer to any of the above questions does not necessarily disqualify an applicant from employment.

Please give the name, address, and phone number of person to be notified in case of accident or emergency: Friend Relationship _____

Name _____ Address _____ Phone _____

How did you learn about the position for which you are applying?
 Newspaper (specify) _____ Posting _____ Other (specify) _____

I hereby certify that all statements made on both sides of this application are true and correct to the best of my knowledge. I understand that any omission, false answered statement made by me on this application, or any supplement to it shall be grounds for failure to employ or for my discharge should I become employed with the school district.

I hereby authorize the investigation of all statements herein recorded. In addition, I authorize all previous employers and listed references to give any and all information regarding my employment, plus any other information from personal knowledge or records. I release from all liability persons and organizations reporting information required by this application.

Candidates selected must pass a tuberculosis examination or provide certification that they are free of communicable tuberculosis in accordance with Ed. Code 49406 and may be required to be fingerprinted and pass a pre-employment physical examination. All appointments are subject to Board of Education approval.

Signature _____ **Date**

All applicants will receive consideration without unlawful discrimination because of race, color, religious creed, sex, national origin, ancestry, age, medical condition disability, veteran status or marital status.