

APPLICATION FOR CLASSIFIED EMPLOYMENT

Sonora School District
 830 Greenley Road
 Sonora, CA 95370
 (209) 532-5491

Position Applied For _____
 Date of Application _____

Name _____ Last _____ First _____ Middle _____
 Present Address: _____ Street _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ (area code) Home _____ (area code) Business _____

Have you ever been convicted for anything other than a minor traffic violation? Yes No

If yes, list offense and disposition: _____

Were you ever in the military? Yes _____ No _____ Dates of Service: From _____ month/year to _____ month/year

Indicate machine skills, language, or other special skills you possess: Valid California driver's license Yes _____ No _____ # _____

Shorthand speed: _____ w.p.m. Typing speed: _____ w.p.m. Adding machine: Yes _____ No _____ Computer: Yes _____ No _____ Kind: _____

Bilingual: Yes _____ No _____ Language: _____ Dictaphone: Yes _____ No _____ Word Processor: Yes _____ No _____ Kind: _____

Other: _____

Education/Occupational Training	Name of School	City and State	Diploma/Degree

Read Carefully Before Signing

I HEREBY CERTIFY that all statements contained herein including the reverse side are true to the best of my knowledge and belief, and understand that any misstatement of material facts contained in this application will be cause for rejection of the application, removal of my name from eligible list, or discharge from the Office of Tuolumne County Superintendent of Schools. I understand that if hired, I will be asked to complete Employment Eligibility Verification Form I-9 required by the U.S. Department of Justice, Immigration and Naturalization Service.

 Applicant's Signature

Please Complete Reverse Side

Employment History: List all positions you have held in the past ten years beginning with your present or most recent position.

From: _____ Month/yr. _____	to _____ Month/yr. _____	Salary per month _____	Title of your position _____
Employer's name _____			Duties _____
Employer's address _____			
Immediate supervisor's name and title _____			
Reason for leaving _____			

May we contact this employer? Yes _____ No _____			
From: _____ Month/yr. _____		to _____ Month/yr. _____	Salary per month _____
Title of your position _____			Duties _____
Employer's name _____			
Employer's address _____			
Immediate supervisor's name and title _____			
Reason for leaving _____			

May we contact this employer? Yes _____ No _____			
From: _____ Month/yr. _____		to _____ Month/yr. _____	Salary per month _____
Title of your position _____			Duties _____
Employer's name _____			
Employer's address _____			
Immediate supervisor's name and title _____			
Reason for leaving _____			

May we contact this employer? Yes _____ No _____			

Personal References: Do not include previous employers or relatives.

Name	Address	Phone Number