

# SONORA SCHOOL DISTRICT

830 GREENLEY ROAD, SONORA, CA 95370

TEL (209) 532-5491

FAX (209) 532-4828

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Cheryl Griffiths, Superintendent

Cgriffiths@sesk12.org

## APPLICATION FOR CLASSIFIED EMPLOYMENT

Submit the following items with your application:

- Cover Letter
- Resume
- Recent Letters of Recommendation
- Copies of any Certificates and/or Credentials
- Authorization to Release Information

Contact:

Denise Alvillar, HR/Payroll Specialist

209-532-5491 or Dalvillar@sesk12.org

Sonora School District is an Equal Opportunity/ Affirmative Action Employer. The District is in compliance with Title IX of the Education Amendments of 1982 and does not discriminate on the basis of race, color, religion, ancestry, national origin, age (over 40 years), sex, marital status, medical condition (cured or rehabilitated cancer), or physical handicap in any of its programs, activities, or employment practices.

# APPLICATION FOR CLASSIFIED EMPLOYMENT

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

Position Applying For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name:

Last First Middle

Present Address:

Street City State Zip Code

Telephone Number(s): \_\_\_\_\_  
 (area code) Home (area code) Mobile

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

If yes, list offense(s) and disposition(s):  
 \_\_\_\_\_

Were you ever in the military?  Yes  No Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Mo./Yr. Mo./Yr.

Valid California Driver's License?  Yes, # \_\_\_\_\_  No

Indicate abilities, language(s), or any other special skills you possess:

Shorthand Speed: \_\_\_\_\_ wpm Typing Speed: \_\_\_\_\_ wpm Adding Machine:  Yes  No Computer:  Yes  No

Bilingual:  Yes, Language(s): \_\_\_\_\_  No

Other: \_\_\_\_\_

Education/Occupational Training	School Name	City & State	Diploma/Degree

### Read Carefully Before Signing

I HEREBY CERTIFY that all statements contained herein including the Page 2 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 an Employment Eligibility Verification Form I-9 required by the U.S. Department of Justice, Immigration and Naturalization Service.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\*Please complete Page 2

**Employment History:** List all positions you have held in the past 10 years beginning with your present/most recent position:

From: \_\_\_\_\_ To: \_\_\_\_\_ Position Title \_\_\_\_\_  
 Mo./Yr. Mo./Yr.

Employer Name \_\_\_\_\_ Duties: \_\_\_\_\_

Employer Address \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

Phone Number \_\_\_\_\_ May we contact this employer?  Yes  No

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position Title \_\_\_\_\_  
 Mo./Yr. Mo./Yr.

Employer Name \_\_\_\_\_ Duties: \_\_\_\_\_

Employer Address \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

Phone Number \_\_\_\_\_ May we contact this employer?  Yes  No

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position Title \_\_\_\_\_  
 Mo./Yr. Mo./Yr.

Employer Name \_\_\_\_\_ Duties: \_\_\_\_\_

Employer Address \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

Phone Number \_\_\_\_\_ May we contact this employer?  Yes  No

Reason for leaving: \_\_\_\_\_

**Personal References:** (Do not include previous employers or relatives)

Name	Address	Phone Number

**SONORA SCHOOL DISTRICT  
AUTHORIZATION TO RELEASE INFORMATION**

I authorize any duly accredited representative of the Sonora School District to obtain any information relating to my activities from any previous employers. This information may include, but is not limited to, achievement, performance, attendance, personal history and disciplinary information.

**I DIRECT YOU TO RELEASE** such information, upon request of the duly accredited representative of the Sonora School District, regardless of any agreement I may have previously made with you to the contrary.

I release any individual, including record custodians, from all liability for damages that may result to me on account of compliance, or any attempts to comply with, this authorization.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature