

**SIERRA SANDS UNIFIED SCHOOL DISTRICT
CLASSIFIED PERSONNEL
APPLICATION FOR EMPLOYMENT**

113 W. Felspar Ave. Ph. 760-499-1621 Fax
760-375-1253 e-mail: mfrench@ssusd.org Internet:

Position: www.ssusd.org	Date:
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EMPLOYEE INFORMATION

Name (Last) _____ (First) _____	Social Security Number (last four digits) XXX-XX-
Address (Number & Street) _____ (Apt. Number) _____	(City) _____ (State) _____ (Zip) _____
Home Phone _____	Work Phone _____
Cell _____	E-mail Address _____
Have you ever been employed by Sierra Sands Unified School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Under what name? _____ Employment Dates: From _____ To _____	
Position _____ Classification: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Substitute	
Reason for leaving? _____	
Have you ever been discharged or forced to resign from an organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization Name _____ Employment Dates: From _____ To _____	
Position _____	
Reason for discharge? _____	
Are you related to any employee of this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, list name and relationship to you _____	
If offered employment you will be fingerprinted. _____	
If hired, can you provide verification of your right to legally work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers License (if position requires)	
Number _____ Class _____	
Expiration Date _____ State _____	
Is it suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Language _____	
<input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Translate	
Employment availability <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Non-Teaching Substitute	
Hours preferred _____	
Hours available _____	
Please list other skills and experiences which would qualify you for employment. _____	

PROFESSIONAL EXPERIENCE

List all paid experience in chronological order, most recent first. Account for all gaps in employment. Please attach another sheet if necessary.

(1) Employer _____ Title _____
Address _____ (Street Number/City/State/Zip)
Duties _____
Employment Dates: From _____ To _____ Name of Immediate Supervisor _____ (mm/dd/yy) (mm/dd/yy)
OK to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Work phone # (_____) _____ Other phone # (_____) _____
Hours per Week _____ Salary Per Month _____
Reason for Leaving Position _____

(2) Employer _____ Title _____
Address _____ (Street Number/City/State/Zip)
Duties _____
Employment Dates: From _____ To _____ Name of Immediate Supervisor _____ (mm/dd/yy) (mm/dd/yy)
OK to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Work phone # (_____) _____ Other phone # (_____) _____
Hours per Week _____ Salary Per Month _____
Reason for Leaving Position _____

(3) Employer _____ Title _____
Address _____ (Street Number/City/State/Zip)
Duties _____
Employment Dates: From _____ To _____ Name of Immediate Supervisor _____ (mm/dd/yy) (mm/dd/yy)
OK to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Work phone # (_____) _____ Other phone # (_____) _____
Hours per Week _____ Salary Per Month _____
Reason for Leaving Position _____

EMPLOYMENT REFERENCES

(1) Position _____	Reference _____	Ph. Number _____
(2) Position _____	Reference _____	Ph. Number _____
(3) Position _____	Reference _____	Ph. Number _____

*Your present employer may be contacted for a reference upon offer of employment.

EDUCATIONAL RECORD

List most recent first.

Name of College/University/Trade School	Major/Area of Study	Total Units	Sem. Qtr.	Degree	Dates Attended

Name of High School _____ Graduate ___ Yes ___ No ___ GED

Name of Training/Certificated Program	Area of Study/Certificate	Dates Attended

SOFTWARE PROGRAM PROFICIENCY

Name of Software Programs	Used for the Following Tasks

A post-offer pre-employment medical examination may be required. Also, if employed, you will be fingerprinted. A record of conviction may not disqualify you from employment, but failure to disclose felony convictions, may result in dismissal.

REQUIRED APPLICANT STATEMENT

I hereby certify that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements made herein. I authorize all employers and institutions to release information concerning my employment or education to Sierra Sands Unified School District. I understand that applicants may be disqualified or dismissed for any false statement. I release from all liability persons and organizations providing information required by the process. Sierra Sands Unified School District reserves the right to disregard any application, which is not fully complete and signed by the applicant.

Signature of Applicant _____ Date _____

Equal Opportunity Employer