BLOCHMAN UNION SCHOOL DISTRICT

4949 Foxen Canyon Road, Santa Maria, CA 93454 (805) 937-1148

Application for Classified Employment

Today's Date:		
Position(s) for which applying:		
Name:		
First	Middle La	ist
Address:	City/State/ZIP	
Phone:	Secondary Phone:	
Social Security Number:		
(Optional) Social Security Numbers and Social Security Number, we will assign to the security Number of the securi	re used for identification purposes c	only. If you do not wish to use your
Indicate the type(s) of employment		· · · · · ·
Full-time permanentSubstitute (on–call) position	 Part- time Permanent Temporary (limited-term) p 	□ Less than 4hrs/day position □ More than 4hrs/day
WORK EXPERIENCE: Begin with the <u>unemployment</u>) in the last ten year applying. Use an additional sheet if	s. List any volunteer experience whi	t for all time (<u>including periods of</u> ch relates to the job for which you are
DATES From To:	Your job title:	Employer's/Organization's Name:
MO YR. MO. YR.	Your duties:	Address:
TOTAL TIME: YRS MOS		Supervisor's Name:
Hours per week:	Reason for leaving:	Telephone:
		May we contact this employer for a reference?

DATES	Your job title:	Employer's/Organization's Name:
From To:		
MO YR. MO. YR.	Your duties:	Address:
	four duties.	Address
TOTAL TIME: YRS MOS		Supervisor's Name:
Hours per week:	Reason for leaving:	Telephone:
		May we contact this employer for a
		reference? Yes No
<u></u>	1	
DATES	Your job title:	Employer's/Organization's Name:
From To:		
MO YR. MO. YR.	Vourdution	Address
	Your duties:	Address:
TOTAL TIME: YRS MOS		Supervisor's Name:
Hours per week:	Reason for leaving:	Telephone:
		May we contact this employer for a
		reference? 🗆 Yes 🗆 No
DATES	Your job title:	Employer's/Organization's Name:
From To:		1 , , , 3
MO YR. MO. YR.		
	Your duties:	Address:
TOTAL TIME: YRS MOS		Supervisor's Name:
Hours per week:	Reason for leaving:	Telephone:
		May we contact this employer for a
		reference? 🗆 Yes 🗆 No
DATES	Your job title:	Employer's/Organization's Name:
From To:		Employer storganization's Name:
MO YR. MO. YR.		
	Your duties:	Address:
TOTAL TIME: YRS MOS		Supervisor's Name:
Hours per week:	Reason for leaving:	Telephone:
		May we contact this employer for a
		reference? 🗆 Yes 🗆 No

DATES From To: MO YR. MO. YR.	Your job title:	Employer's/Organization's Name:
	Your duties:	Address:
TOTAL TIME: YRS MOS		Supervisor's Name:
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Hours per week:	Reason for leaving:	Telephone:
		May we contact this employer for a
		reference? 🗌 Yes 🗌 No

EDUCATION

Name of School	City / State	Did you	u graduate?	If No, # of years left to graduate	Degree received	Major	# of units
High School:		🗆 Yes	□ No				
GED:		🗆 Yes	□ No				
Other School:		🗆 Yes	□ No				
College:		🗆 Yes	🗆 No				
College:		🗆 Yes	🗆 No				
College:		🗆 Yes	□ No				
Other credentials/ license applying.	es / professional affi	liations, e	tc., which are	relevant to the	job(s) for w	hich you ar	e

SPECIAL SKILLS/TRAINING

SPECIAL SKILLS – List other formal training program(s) which may be related to the type of employment you are seeking:				
USE OF LANGUAGES OTHER THAN ENGLISH: CANTONESE MANDARIN	SPANISH			
SPEAK C READ WRITE HOW WELL?				
Typing/Keyboarding wpm Computer platform: PC 🗆 MAC 🗆	Computer soft	ware:		
Do you have a FIRST AID CERTIFICATE (no older than 3 years old)?	□ YES	□ NO		
Do you have a CPR CERTIFICATE (no older than 3 years old)?	□ YES	□ NO		
Do you have a TYPING CERTIFICATE? WPM	□ YES			
Do you have a California Driver's License?	□ YES	□ NO		
List any professional or technical licenses or certification which may be related seeking.	to the type of er	mployment you are		

PERSONAL INFORMATION

Have you ever been employed by the Blochman Union School District?	🗆 No 🗆 Yes

Upon employment can you submit verification of your legal right to work in the United States? \Box No \Box Yes (For each question answered "yes", explain in writing the circumstances and submit with this application.

NOTICE TO APPLICANT:

- 1) Applicants must be 18 years old or possess a work permit or high school diploma.
- 2) Completeness and neatness of the application will be included in the evaluation of the applicant's qualifications for the position.
- 3) Employment offer will be contingent on the applicant passing a fingerprint clearance at the applicant's expense, providing proof of eligibility to work, and providing proof of a current negative intradermal tuberculin test.
- 4) Employment offer will also be contingent on the applicant swearing or affirming allegiance in writing to the United States and to the State of California.
- 5) Employment may be contingent on a post-offer job-related medical examination at the employer's expense.
- 6) All appointments shall be subject to a _____ month probation period. The probationer may be dismissed any time during this period.

Certificate of Applicant: I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements or omissions of materials facts will subject me to disqualification or dismissal. My signature below authorizes the release of reference from my current/previous employers to the Blochman Union School District.

The Blochman Union School District does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, gender, mental or physical disability, genetic information, sex, sex orientation, gender identity, gender expression, veteran status, or any other basis protected by federal, state or local law, ordinance or regulation in its education programs(s) or employment. The Blochman Union School District recognizes its obligations under federal and state disability laws and makes reasonable accommodations for applicants and employees with disabilities. If you need a reasonable accommodation to participate in the job application or interview process, to perform essential job functions, and/or to receive other benefits and privileges of employment, please contact [name and/or department, telephone, and e-mail address].

Signature of Applicant

Date