

APPLICATION FOR CLASSIFIED EMPLOYMENT

ORLAND UNIFIED SCHOOL DISTRICT
 903 South Street
 Orland, Ca 95963

TELEPHONE: 530/865-1200

FOR OFFICE USE ONLY	
Interviewed By	
Date Employed	
Position	Range/Step

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age , marital status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

POSITION(S) APPLIED FOR			DATE OF APPLICATION		
LAST NAME	FIRST NAME		MIDDLE NAME		
ADDRESS	Number	Street	City	State	Zip Code
TELEPHONE NUMBER		CALIFORNIA DRIVER'S LICENSE NUMBER (Applicants for Bus Driver Position Only)		SOCIAL SECURITY NUMBER	

- | | | | |
|----|---|-----|----|
| 1. | Are you currently employed? | YES | NO |
| 2. | If currently employed, may we contact your employer? | YES | NO |
| 3. | Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?
<i>Proof of citizenship or immigration status will be required upon employment.</i> | YES | NO |
| 4. | Have you ever been convicted of or pleaded guilty to a misdemeanor, a felony, or a sex or narcotics offense? | YES | NO |

If "Yes", please explain: _____

Conviction will not necessarily disqualify an applicant from employment.

- | | | | |
|----|---|-----|----|
| 5. | Do you have any mental health, medical or physical problems which might limit your performance in the job for which you are applying? | YES | NO |
|----|---|-----|----|

If "Yes", please explain: _____

The District will consider making a reasonable effort to accommodate such limitations.

EDUCATION	Elementary				High School				College/University				Other Schooling			
Enter School Name and Location					Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No											
Years Completed→	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				Telephone Number(s)
Job Title	Supervisor			
Employer		Dates Employed		Work Performed
		From	To	
Address				Telephone Number(s)
Job Title	Supervisor			
Employer		Dates Employed		Work Performed
		From	To	
Address				Telephone Number(s)
Job Title	Supervisor			

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special, job-related skills and qualifications acquired from employment or other experience.

REFERENCES

Give name, address and telephone number of three references not related to you and not previous employers.

1. _____
2. _____
3. _____

Signature of Applicant: _____ Date: _____