

Holtville Unified School District

621 E. Sixth Street, Holtville, CA 92250 (760) 356-2975 Fax (760) 356-4936

APPLICATION FOR CLASSIFIED / NONCERTIFICATED EMPLOYMENT

1. PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____
 Valid California Driver's License No. _____ Phone # _____ Cell # _____ Social Security # _____
 Current Address: _____ City: _____ State: _____ Zip _____
 Permanent Address: _____ Other Phone _____
 Do you have a legal right to reside and seek employment in the U.S.? Yes No
 Are you related by blood, marriage, or law to any employee or member of the Governing Board? Yes No
 If yes, who? _____
 Were you previously employed by HUSD? Yes No
 If yes, when and in what capacity? _____
 Language(s) other than English that you speak and write? None
 Speak: _____ Write: _____

2. POSITIONS YOU ARE APPLYING FOR

Position Title: _____
 Are you willing to work? substitute short time part time full time
 Date available to start working: _____ Specify days and hours available to work if not full time: _____
 Do you have a physical condition that may limit your ability to perform employment with us? Yes No
 If yes, explain: _____

3. EMPLOYMENT EXPERIENCE

(List last position first. If more than five years, list positions from last five years. If none, report student teaching experience. **Indicate type:** Regular, Substitute or Student Teaching.)

Type	From	To	Employer	Address and Phone	Salary	Reason for Leaving

Volunteer Work Experience (Include voluntary youth work. Use a separate sheet of paper if needed.)

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4. EDUCATION

Name and Address of each Institution Attended	Attended		Graduated		Major	Highest Grade Completed
	From	To	YES	NO		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

This application will not be considered without certification or successful high school completion or equivalences. Please attach a copy of transcripts, diploma, GED, or California High School Proficiency.

Highest degree received: _____ Number of semester units of graduate work beyond AA: _____
(1 Quarter unit = 2/3 semester unit)

Identify / explain any licenses, certificates, permits or courses completed toward such and year earned in the space below.

5. RECOMMENDATIONS / REFERENCES

Name of a principal, master teacher or supervisor whom you authorize us to phone for an immediate recommendation

Name _____ Positon _____

Address _____ Phone _____

List names, addresses, telephone numbers, and titles of supervisors in most recent positions who are familiar with your performances and character excluding relatives and, if none, include persons familiar with your character and their relationship to you.

First Name	Last Name	Address	Phone	Position / Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. CHARACTER HISTORY

IMPORTANT: Read all the questions below before answering any of them and ask for clarification if you do not understand any question. For the purpose of these questions, a criminal “conviction” means a plea of guilty or nolo contendere, verdict or finding of guilt even if a sentence is not imposed. The receipt of a certificate of rehabilitation and pardon, or a dismissal of the charges pursuant to Section 1203.4 of the Penal Code does not relieve you of the obligation to disclose any conviction in response to the following questions. However, the existence of a criminal record does not constitute an automatic bar to employment except where required by law.

1. Have you ever been convicted of any sex offense? Yes No

[If the answer to this question is “yes” answer it “no” only if (1) the record if the conviction has been judicially expunged, sealed and eradicated, such as in the case of some juvenile offenses, or (2) the conviction has been reversed and the charges dismissed, or you have been acquitted after a new trial]

2. Have you ever been convicted of any other criminal offense? Yes No

[If the answer to this question is “yes” answer it “no” only if (1) the record if the conviction has been judicially expunged, sealed and eradicated, such as in the case of some juvenile offenses, or (2) the conviction has been reversed and the charges dismissed, or you have been acquitted after a new trial]

3. Have you ever been dismissed from employment or had you employment terminated as a probationary employee, asked to resign, or resigned with disciplinary action or terminated pending from any classified or private position? Yes No

Fully explain any “Yes” answers to the above questions on additional attached pages.

7. EMPLOYMENT CONDITIONS

Citizenship: Pursuant to the Immigration Reform and Control act of 1986, I understand that any offer of employment which may be made to me will be conditional on my ability to provide proof of identification and legal right to work in the United States.

Medical Certification: After an offer of employment has been made, it may be conditioned upon the submission of medical information including, but not limited to, information regarding the results of tuberculosis testing.

Offer of Employment: If you are provided with an offer of employment, such employment is wholly conditional upon formal action of the Governing Board and s not binding on the District until such action is taken and a fingerprint clearance is received.

8. CERTIFICATION OF APPLICANT

PLEASE READ CAREFULLY BEFORE YOU SIGN

I certify that I have carefully reviewed this application for employment, that all information provided by me on this application, the contents of documents provided by me, and all statements which I have made or will make in any interview connected with this application, are true and complete. I understand that giving false, misleading, incomplete information may be reason for nonselection, withdrawal of an offer of employment, nonreemployment, termination of employment, or cause for discipline to include suspension or dismissal. I authorize agents of the Holtville Unified School District to investigate and verify all statements made on this application to include contacting my previous employers and references provided by me. I authorize the individuals listed as references herein and the agents or employees of my former employers to answer any inquiry relevant to my application, and herby release the foregoing individuals from any all liability authorize the individuals listed as references herein and the agents or employees of my former employers to answer any inquiry relevant to my application, and herby release the foregoing individuals from any and all liability whatsoever for responding to such inquiries.

I understand that this application is not a contract, and is not an offer of employment. If I am offered employment, I understand that such offer is subject to the Employment Conditions above.

Signature of Applicant

Date

**WE ARE AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER
AFTER A PERIOD OF ONE (1) YEAR, THIS APPLICATION WILL BE CONSIDERED INACTIVE.**

The Holtville Unifed School District does not unlawfully discriminate on any protected bases under Title VII, the Age Discrimination and Employment Act, Section 504 of the Rehabilitation Act of 1973, and the Fair Employment and Housing.

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APPLICANT IDENTIFICATION RECORD

TO THE APPLICANTS:

The information requested on this form is required by the regulations of the Department of Fair Employment and Housing (DFEH). The employers in California are required to keep these records on file for a period of two years. For your protection, the employers are ordered to store the records in a different location away from your application. **The information is for data purposes only, and voluntary on your part.**

Date _____ Social Security # _____

Name: _____ Sex _____

Position Applied For _____

PLEASE CHECK ONE

AMERICAN INDIAN OR
ALASKAN NATIVE

FILIPINO

ASIAN

HISPANIC

BLACK

PACIFIC ISLANDER

CAUCASIAN

OTHER

The following options are not required to comply with the DFEH Regulations, but is for data purposes only and is voluntary on your part:

Age _____

Religion _____

Marital Status _____

Physically Disabled _____