



Wheatland Union High School District

An Equal Opportunity/Affirmative Action Employer

APPLICATION FOR EMPLOYMENT – CLASSIFIED

1. PERSONAL: (Please type or print)

____ Last Name First Middle Other Name

____ Current Address City State ZIP Phone Number

2. POSITION(S) APPLIED FOR:

Cafeteria Maintenance Custodial Groundskeeper
 Secretarial/Clerical Transportation/Bus Driver Accounting
 Instructional Aide/Noon Supervisor Other _____

Check the type(s) of positions that you would be willing to accept:

Less than 4 hours per day Less than ten months a year Full-Time
 Four or more hours per day Ten month work year Part-Time
 Twelve month work year

Have you ever entered a plea of guilty or been convicted of a felony as an adult? (Except as required by law, prior convictions do not constitute an automatic bar to employment.) Yes _____ No _____

Have you ever been convicted of driving under the influence or other major driving violations or had two or more moving violations within the past 12 months? Yes _____ No _____

Have you ever been dismissed or forced to resign from employment for misconduct or unsatisfactory service? Yes _____ No _____

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS LISTED ABOVE, PLEASE EXPLAIN IN WRITING AND ATTACH THE STATEMENT TO THIS FORM.

Are you able to perform the essential job functions which mayor may not require a reasonable accommodation? Yes _____ No _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes _____ No _____



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3. SPECIAL SKILLS AND ABILITIES:

Ability to operate: ___ Ten Key ___ Computer ___ Typing Speed ___ WPM
 ___ Bus Driver Certificate ___ Class A or B License

Specify any language (other than English) in which you are proficient:

_____ [] Speak [] Read [] Write

Special Training (give specifics): _____

4. PROFESSIONAL REFERENCES:

 (List three persons who are not related to you, who have definite knowledge of your qualifications and fitness for the position for which you are applying.)

Name	Position	Address/Telephone (work or home)

5. EMPLOYMENT HISTORY:

 (beginning with your most recent, use additional sheet if needed)

Dates (From/To)	Hours/Week	Position	Employer Name/Address/Telephone

6. HIGH SCHOOL/COLLEGE EDUCATION:

Name & Location of each Institution Attended	From	To	Degree	Maj./Min.



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7. OTHER INFORMATION:

Do you have any relatives now employed by the District? Yes No

Name _____ Relationship _____

I, HEREBY, CERTIFY that all statements made herein are true and correct to the best of my knowledge, and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

I also authorize and request every person, firm, company, corporation, governmental agency, school district or institution having control of any documents, records and other information pertaining to me, to furnish to the District or its representatives any such information, including documents or records, or any other pertinent data, and/or to permit the District or its representatives to inspect and make copies of such documents, records, and other information. I understand and agree that no document, record or information of any kind pertaining to me, shall be a basis for any legal action by me or on my behalf.

As an inducement to the District to investigate and reach a determination respecting my employment qualifications and fitness, I hereby release, discharge and exonerate the District, its agents and representatives, and any person or entity furnishing oral reports, documents, records or other information, including but not limited to information or documents which may be untrue, defamatory, misleading or damaging in any way, from any and all liability of any nature arising out of any such investigation, or out of the furnishing, inspection or use of such reports, documents, records and other information. I also understand and agree that all oral and written responses to the District's inquiries shall remain confidential and shall not be divulged to the applicant.

I understand that any significant omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for disqualification or dismissal

Signature of Applicant _____ Date _____