SELMA UNIFIED SCHOOL DISTRICT APPLICATION FOR CLASSIFIED EMPLOYMENT

3036 Thompson Avenue Selma, California 93662 Office # 559-898-6500

Position(s) for whi	ch you are applying: 1	3					
		C€ E-	ome Phone: bll Phone: mail:				
Select: ☐ Full Tin	` 1	e)					
(Last)		(First)		(Middle	Initial)		
(Street)		(City)	(1)	State)	(Zip)		
Education Record	Name	Location City/State	Course of Study	Years Completed	Diploma/ Degree Y/N		
High School							
College/ University/ Technical School							
• List any licenses	or certificates you possess. Provide the fo	ollowing information:					
	b. License sued e. Expiration						
• Has your license	lid California Driver's license: Yes / No ever been revoked or suspended? Yes / No olations in the past year:	No (circle one)					
• List any traffic violations in the past year:							
• Typing speed: wpm (verification must be attached for Secretarial/Clerical positions) • List machines/equipment you are able to operate for cafeteria, grounds, maintenance or office work:							
• List any other language(s) other than English in which you which you are proficient: □ Speak □ Read □ Write							
If yes, what posiHave you ever beAre you able to p	een employed by the Selma Unified School tion:een terminated or asked to resign from a erform the functions of the position you shable accommodations are you requesting	start dateijob?YesNeek?YesN	end date o Explain any "yes" ans	wers:			
• Availability for employment?							
Official use only:	DUH: Classification:	Kange	v: Step: Locati	on:			

EMPLOYMENT HISTORY

- 1. Provide complete information for each employment during the past ten (10 years) a separate resume is encouraged but not a substitute for this section.
- 2. List your present or most recent job first.
- 3. Use a separate block for each job title (even with same employer).
- 4. IN ORDER FOR YOUR APPLICATION TO BE GIVEN FULL CONSIDERATION, CORRECT NAMES, ADDRESSES AND PHONE NUMBERS MUST BE FURNISHED FOR ALL JOBS HELD.
- 5. If you require additional space, please submit as an attachment.

Employer:	Job Title:	Dates Employed
Address:	Work Performed:	From: Mo / Day / Yr
Phone:		
Reason for Leaving:	Supervisor's Name:	-
Employer:	Job Title:	Dates Employed
Address:	· · · · · · · · · · · · · · · · · · ·	
Phone:		
Reason for Leaving:		-
Employer:	Job Title:	Dates Employed
Address:		
		To: Mo / Day / Yr
Phone:		
Reason for Leaving:		1
Employer:	Job Title:	
Address:	Work Performed:	From: Mo / Day / Yr
		To: Mo / Day / Yr
Phone:		
Reason for Leaving:		1
For reference numeros movements	I toot your ourrant or most recent ownlover?	
	act your current or most recent employer?	
	loyment, hereby certify under penalty of perjury under the or employment are true and complete. I understand, if employment	

The Selma Unified School District is committed to equal employment opportunities for all individuals. District practices shall be free from unlawful discrimination, harassment, intimidation, and bullying against an individual or group based on actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sex, sexual orientation, or association with a person or a group with one or more of these actual or perceived characteristics. If any applicant or employee believes he/she has been discriminated against, harassee, intimidated based on any of the aforementioned categories, contact the compliance officer: Asst. Superintendent, Human Resources, 3036 Thompson Ave., Selma, CA 93662, (559) 898-6500, ext. 46507.

Date

SELMA UNIFIED SCHOOL DISTRICT

CLASSIFIED EMPLOYMENT APPLICATION

THE FOLLOWING WAIVER CONTAINS IMPORTANT LEGAL CONSEQUENCES. THEREFORE, PLEASE READ THE WAIVER COMPLETELY AND CAREFULLY BEFORE SIGNING.

Waiver Agreement

I understand that, as part of my application for employment, a routine inquiry will be made of my former employer(s) requesting information concerning my character, general reputation, personal characteristics, and work habits.

I hereby authorize Selma Unified School District to investigate my employment background and all of the statements contained in my employment application. I agree to defend, indemnify, and hold the District harmless for its reasonable investigation of my employability.

I waive the right to hold those persons whose names I have listed as references and the former employers listed on my employment application liable with respect to any damages which I might sustain as a result of their responses, whether oral or written, regarding my character, general reputation, personal characteristics and work habits

I understand if employed I must be fingerprinted; pass required tests; verify a negative TB test, pass a physical exam, if requested, and verify ability to work legally in the United States.

I understand, I must serve a one-year probationary period and may be released at any time during that period without further explanation.

I authorize a copy of this document to be furnished to my references and former employers.

Applicant:	Dated:

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