



Eureka City Schools

3200 Walford Avenue Eureka, Ca 95503
(707) 441-3379

Date:

Application for Classified Employment

Position Desired

School Site

Name

Address

City/State/Zip

Phone Number

Social Security Number

Employment is desired as:

Full time

Part time

Substitute (position)

If your application is considered favorably, on what date will you be available for work:

Were you previously employed by us?

If yes, when?

Please list any school courses, special skills, training, machines or equipment that you can operate that relate to the requirements of this position. Must attach copies of any licenses or certificates required to be considered for this position.

EDUCATION AND TRAINING

School	Name and Location	Major	Number of years completed	Did you graduate?	Degree/ Diploma
High School					
College					

Other					
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Clerical applicants only, please certify skill levels: Typing _____ wpm Shorthand _____ wpm

Other than routine traffic violations, have you ever been convicted of a crime? Yes ____ No ____
 (Also check "yes" if an outcome is pending).

Have you been a California resident for the past year? Yes ____ No ____

All employee fingerprints will be processed through the Department of Justice.

It is the policy of the Eureka City Schools not to discriminate on the basis of race, religion, color, national origin, ancestry, handicap, medical condition or other protected disability, marital status, sex, age, or any other unlawful basis in its education programs, activities, or employment practices as required by Title IX of the 1972 Education Amendments, Section 504 of the rehabilitation Act of 1973, the California Fair Employment and Housing Act and applicable laws and regulations.

EMPLOYMENT HISTORY:

Please list all present and past employment starting with present or most recent employer first.

Employer:	From: To:	Job Title:
Salary:	Address:	Duties:
Reason For Leaving:		
Supervisor:		
Employer:	From: To:	Job Title:
Salary:	Address:	Duties:
Reason For Leaving:		
Supervisor:		
Employer:	From: To:	Job Title:
Salary:	Address:	Duties:
Reason For Leaving:		
Supervisor:		
Employer:	From: To:	Job Title:
Salary:	Address:	Duties:
Reason For Leaving:		
Supervisor:		

May we contact the employers listed above?

If not, indicate by number which one(s) you do not wish us to contact:

I certify that all statements on this application are true and complete. I understand that any false or incomplete statements will subject me to disqualification and/or dismissal from any future employment with Eureka City Schools.

Signature of Applicant

Date

PERSONAL REFERENCES (Not former employers or relatives)

Name	Address	Phone	Position