



**Santa Paula Union High School District**  
**500 E. Santa Barbara Street**  
**Santa Paula, CA 93060**

**Application for Classified Employment**

**INSTRUCTIONS:** Print in ink or type. Complete all sections. Information on this application will be used to assess your skills and background. You must provide any information you wish to have considered. If you need additional space to answer any questions, you may attach extra sheets. An incomplete or unreadable application may result in disqualification for each position. *ANY MISREPRESENTATION OF FACTS CONTAINED ON THIS APPLICATION IS CAUSE FOR REJECTION OF APPLICATION, REMOVAL FROM THE ELIGIBILITY LIST OR DISMISSAL.*

|   |
|---|
| Print the exact title of the position you are applying for: |
|---|

|                            |                |                   |                                    |          |
|----------------------------|----------------|-------------------|------------------------------------|----------|
| Name: (Last)               | (First)        | (Middle)          | Social Security Number: (optional) |          |
| Street Address or P.O. Box |                | City              | State                              | Zip Code |
| Home Phone Number          | E-Mail Address | Work Phone Number | Cell Phone Number                  |          |

**ADDITIONAL INFORMATION:** Please indicate any that may apply.

| <u>Languages</u> | <u>Speak</u>             | <u>Read</u>              | <u>Write</u>             |
|------------------|--------------------------|--------------------------|--------------------------|
| SPANISH          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SIGN LANGUAGE    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Licenses/Certificates |                |                 |
|-----------------------|----------------|-----------------|
| CDL                   | License Number | Expiration Date |
| Other                 |                |                 |
| Please Specify:       |                |                 |

Are you interested in temporary work?       YES       NO

Do you have a relative(s) working for the District?

If yes, list name and location \_\_\_\_\_

|  |              |                 |
|--|--------------|-----------------|
| Are you currently or have you ever been employed by the District? If yes, please complete:                         |              |                 |
| Job Title: _____   | Dates: _____ | Location: _____ |
| Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____ |              |                 |

|   |  |
|---|--|
| <b>Additional information:</b> Please list any of the following that apply. |  |
| Knowledge of machines or equipment: _____                                   |  |
| Computer or software skills: _____  |  |
| Other skills related to this position: _____                                |  |

|  |
|--|
| The governing Board is committed to equal opportunities for all individuals in education. District programs, activities, and employment shall be free from discrimination based on sex, race, color, religion, national origin, ethnic group, sexual orientation, marital or parental status, physical or mental disability. |
|--|

**Employment Information:** Read the *MINIMUM QUALIFICATION* requirements in the recruitment brochure before completing this section. **Begin with your present or most recent experience.** List any pertinent experience you believe qualifies you for the position. Completion of this section is very important as this may be used as a reference during the examination process. If additional space is needed, attach supplemental sheets. Please provide an explanation for any gaps in your employment history. (**Do not write "See Resume" in lieu of filling out our form completely. Resumes may be attached to provide additional information not requested below.**)

|  |   |  |
|--|---|--|
| Employment Dates: Month/Year<br>From                      To | Title of Present or Most Recent Position: | Company Name and Employer/Supervisor:                    |
| Salary History:<br>Starting:                      Final:     | Describe your duties:                     | Address:   |
| Hours Worked per Week:                                       |   | City                      State                      Zip |
| Reason for Leaving:  |   | Area Code - Phone Number                                 |
|  |   |  |
| Employment Dates: Month/Year<br>From                      To | Title of Present or Most Recent Position: | Employer/Supervisor:                                     |
| Salary History:<br>Starting:                      Final:     | Describe your duties:                     | Address:   |
| Hours Worked per Week:                                       |   | City                      State                      Zip |
| Reason for Leaving:  |   | Area Code - Phone Number                                 |
|  |   |  |
| Employment Dates: Month/Year<br>From                      To | Title of Present or Most Recent Position: | Employer/Supervisor:                                     |
| Salary History:<br>Starting:                      Final:     | Describe your duties:                     | Address:   |
| Hours Worked per Week:                                       |   | City                      State                      Zip |
| Reason for Leaving:  |   | Area Code - Phone Number                                 |
|  |   |  |
| Employment Dates: Month/Year<br>From                      To | Title of Present or Most Recent Position: | Employer/Supervisor:                                     |
| Salary History:<br>Starting:                      Final:     | Describe your duties:                     | Address:   |
| Hours Worked per Week:                                       |   | City                      State                      Zip |
| Reason for Leaving:  |   | Area Code - Phone Number                                 |
|  |   |  |

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME?                       Yes                       No

Do you have any physical or mental handicap/disability which may limit your ability to perform the essential functions of the job for which you have applied?     Yes     No (If yes, please explain on the reverse side and indicate what accommodations you would need to perform these functions.)

PLEASE READ CAREFULLY AND SIGN: I certify the statements herein are true to the best of my knowledge and understand that any misstatements of material facts contained in this application will be cause for rejection of the application, removal of my name from the eligibility list, or discharge from the Santa Paula Union High School District. Prior to an offer of employment, I give the SPUHSD authorization to contact my current and previous employers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Per the immigration Reform and Control Act of 1986, you must provide us with proper documentation of your legal right to work in the United States as a condition of employment.  
**SPUHSD is an Equal Opportunity Employer**

## CONVICTION REPORT

**All applicants MUST complete this form even if applicant has had no convictions.**

If you have a record of **convictions** for any offenses other than minor traffic violations, it is required that you disclose the information at this time. A conviction record is not an automatic bar to employment; persons with conviction records may be employed. Each case is decided on its individual merit and conviction record. Each employee is required to be fingerprinted as a condition of employment. Employees **will not** be able to begin their assignment until fingerprint clearance has been received by the District. Misinformation or failure to provide requested information may result in your being disqualified from consideration for employment.

**This information will be kept confidential and separate from your job application.**

### CONVICTION RECORD

Have you ever been convicted of a sex offense or narcotics offense:                      Yes                      No

If so, when? \_\_\_\_\_ Offense? \_\_\_\_\_ Code & Section Number violated

(if known): \_\_\_\_\_

Have you been convicted of any misdemeanor or felony that resulted in imprisonment, or are you currently out of bail pending trial for an arrest:    Yes    No    If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If the answer is "YES" list all such cases below. Give (1) the charge or nature of offense; (2) the dates offense occurred; (3) the disposition of the penalty imposed.

| Charge(s) | Dates | Disposition |
|-----------|-------|-------------|
|           |       |             |
|           |       |             |
|           |       |             |

**PLEASE READ CAREFULLY AND SIGN:** I certify the statements herein are true to the best of my knowledge and understand that any misstatements of material facts contained in this application will be cause for rejection of the application, removal of my name from the eligibility list, or discharge from the Santa Paula Union High School District. Prior to an offer of employment, I give the Santa Paula Union High School District authorization to contact my current and previous employers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CLASSIFIED APPLICANT INFORMATION**

The optional information requested is kept for statistical purposes only. This information will not affect the selection process. For prompt processing of your application, please complete this form and return it with your application.

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**CHECK THE ONE BOX THAT BEST DESCRIBES YOUR ANSWER FOR EACH GROUP.**

|  |  |
|--|--|
| <b>How did you hear about this position?</b><br><input type="checkbox"/> Job Notice<br><input type="checkbox"/> CASBO Job Finder<br><input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Web Site<br><input type="checkbox"/> Newspaper Ad: _____<br><input type="checkbox"/> Visit to the District Office<br><input type="checkbox"/> Other _____ |
|--|--|

|  |  |
|--|--|
| <b>Please check one:</b><br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> White<br><input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian or Pacific Islander<br><input type="checkbox"/> Filipino-American<br><input type="checkbox"/> Black<br><input type="checkbox"/> Other _____ |
|--|--|

|  |   |
|--|---|
| <b>Education:</b><br><input type="checkbox"/> Less than 12 <sup>th</sup> grade<br><input type="checkbox"/> High School Diploma or Equivalent | <input type="checkbox"/> Years of college – no degree<br><input type="checkbox"/> Bachelor Degree<br><input type="checkbox"/> Graduate Degree |
|--|---|

|  |  |
|--|--|
| <b>Other Information:</b><br>Relevant Experience _____ # of years: _____<br><br>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female<br><br>Date of Birth: _____ | <b>Physically Handicapped:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

I understand that this information is to be used for statistical purposes only and will not affect the selection process. I certify that the above information is true to the best of my knowledge.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_