

Jamestown School District

18299 5th Ave
Jamestown, CA 95327
(209) 984-4058

JOB TITLE APPLYING FOR: _____

PRINT YOUR NAME HERE



IMPORTANT! FOLLOW THESE INSTRUCTIONS! Complete all sections of this application form. Type or print clearly. The information will be used as part of the examination process and, therefore, should represent your BEST effort. Information you omit may result in the disqualification of your application. Read the employment bulletin and description carefully to be sure you meet the examination requirements. Official applications must be received by 4:00 p.m. on the filing deadline. Postmarks will not be accepted.

LAST

FIRST

Street Address _____ City _____ State _____ Zip Code _____

() () ()
Home Phone Number Cell/Pager Number (Business Phone Number) CA Driver's License/Class Social Security Number

E-mail Address _____

ANSWER ALL QUESTIONS BELOW:

Have you ever worked for the Jamestown School District? Yes No

If yes, last position was: _____ From: _____ To: _____

Have you ever been separated from the military service on any basis other than honorable? Yes No

If yes, explain on a separate sheet of paper.

Are you available and willing to substitute in this classification? (temporary work) Yes No

Complete the Supplemental Application(s). Failure to complete and sign each section will result in your application being disqualified. All employees are required to be fingerprinted.

Individuals protected by the Americans with disabilities Act (ADA) may request accommodation, if needed, for the testing process of any job classification.

Accommodation must be requested when submitting application(s). Official documentation is required for accommodation to be given.

EDUCATION RECORD	NAME	ADDRESS	LAST GRADE COMPLETED	MAJOR/DEGREE
School Attended			1 2 3 4 5 6 7 8 9 10 11 12	
Trade School			1 2 3 4	
Community College, College or University			1 2 1 2 3 4	
Graduate School			1 2 3 4	

Other Training: _____

List any languages, other than English, you can fluently: Language: _____ Speak: _____ Read: _____ Write: _____
Language: _____ Speak: _____ Read: _____ Write: _____

LICENSES AND CERTIFICATES: (Licenses and certificates must be presented before the APPRAISAL INTERVIEW.)

Name of License/Certificate Number Date Issued Expiration Date

It is the policy of the Jamestown School District to maintain a tobacco and drug-free work place.

WORK EXPERIENCE: Read the experience requirements in the job announcement before completing this section. Begin with your most recent job. List ALL jobs for the last 10 years or more. Include ALL experience that may help to qualify you for the job you are seeking. If you need more space, attach separate sheets. A resume will not be accepted in lieu of a completed application.
DO NOT put "see resume" where employment information is required.

From: _____ To: _____	Total: years: _____ months: _____	Job Title: _____
Employer's Name: _____ Address of Employer: _____ Phone Number of Employer: _____	Job Duties: _____	
Supervisor's Name and Title: _____	Reason for Leaving: _____	Salary \$ _____ per _____

If you are currently employed by this organization and DO NOT wish us to contact your present employer, put an X here

From : _____ To: _____	Total : years: _____ months: _____	Job Title: _____
Employer's Name: _____ Address of Employer: _____ Phone Number of Employer: _____	Job Duties: _____	
Supervisor's Name and Title: _____	Reason for Leaving: _____	Salary \$ _____ per _____

From: _____ To: _____	Total: years: _____ months: _____	Job Title: _____
Employer's Name: _____ Address of Employer: _____ Phone Number of Employer: _____	Job Duties: _____	
Supervisor's Name and Title: _____	Reason for Leaving: _____	Salary \$ _____ per _____

Additional Relevant Experience: _____

SIGNATURE: _____ DATE: _____
 Your signature affirms that all information on this application is true, to the best of your knowledge.

REFERENCES: (Please list persons who are familiar with your professional success and/or moral character. Do not list relatives.)

SUPPLEMENTARY APPLICATION

COMPLETE ALL SECTIONS

JOB APPLYING FOR NOW: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____ TELEPHONE NUMBER: _____
Last First Middle

RESIDENCE ADDRESS: _____
Number, Street City State Zip Code

Have you ever been dismissed or resigned in lieu of disciplinary action? Yes No

Please explain: _____

Name of employer: _____ When? _____

CONVICTION RECORD

Have you ever been convicted for violation of any law, police regulation, or ordinance excluding minor traffic violations? Yes No

If yes, list all such cases below. Give the charge or nature of each offense; date each offense occurred; the disposition of the penalty imposed. Persons with conviction records may be employed. Each case is decided on its individual merit and conviction record. If you have a record of a conviction, failure to complete this form may BAR you from employment.

Charge:	Date(s):	Place(s):	Disposition:

MOTOR VEHICLE RECORD

Complete this section if the job you are applying for requires a valid California Motor Vehicle Operator's License.

Do you hold a valid California Motor Vehicle Operator's License? Yes No

How many citations for moving violations have you received in the past three (3) years? _____

Have you ever been on probation, or had your license suspended for violation of the motor vehicle code? Yes No

Have you had any motor vehicle accidents in the past three (3) years? Yes No

Charge:	Date(s):	Place(s):	Disposition:

ANY MISREPRESENTATION OF FACTS CONTAINED IN THIS APPLICATION IS CAUSE FOR REJECTION OF YOUR APPLICATION(S), REMOVAL FROM ELIGIBILITY LIST(S) AND/OR DISMISSAL. ALL EMPLOYEES ARE REQUIRED TO BE FINGERPRINTED.

I certify and declare under penalty of perjury the foregoing is true and correct.

SIGNATURE: _____ DATE: _____

APPLICANT FLOW RECORD

The information requested below is kept for statistical purposes only. Survey information is confidential, is separated from your application prior to review, and does not affect the selection process. Statistics are kept for compliance with federal employment standards. Please complete this form and return it with your application.

Title of Position applied for:

Date:

PLEASE CHECK THE ANSWER BLANK THAT BEST APPLIES TO YOU. PLEASE CHECK ONE ANSWER IN EACH SECTION.

<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Black, not of Hispanic Origin	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> White, not of Hispanic Origin	

I have lived in:

<input type="checkbox"/> Tuolumne County	<input type="checkbox"/> Stanislaus County
<input type="checkbox"/> Calaveras County	<input type="checkbox"/> Other County: _____
<input type="checkbox"/> Mariposa County	<input type="checkbox"/> Out of State: _____
<input type="checkbox"/> Amador County	
<input type="checkbox"/> San Joaquin County	

Education:

Less than 12th grade

12th grade/high school graduate or GED

College, no degree

AA, AS, or other 2 year degree

Bachelor Degree

Graduate Degree (i.e. Master's, Ph.D.)

How did you hear about the position?

Online Advertising

Job Bulletin

Contacted Personnel Office

Job Hotline

Word of Mouth

State Employment Office

Newspaper _____

Private Employment Agency

Website of Classified Pers.

Special Flyer Received

State Advertising

Other (please explain:)

You are: Male Female

THANK YOU!