

APPLICATION FOR EMPLOYMENT

Classified Positions

Return to Human Resources

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Santa Rosa, CA 95403-8246
(707) 524-2600 | scoe.org

Position for which you are applying: _____ **Date:** _____

PERSONAL INFORMATION

Applicant Name: _____
First Middle Last

Mailing Address: _____
Address City State Zip

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Email: _____ **Fax:** _____

EDUCATION

High School: _____ **Highest Grade Completed:** _____ Graduated
 GED

1. Name of College / University / School: _____

Major/Field of Study: _____

Degree Awarded: _____ Total Units: _____ Semester
 Quarter

2. Name of College / University / School: _____

Major/Field of Study: _____

Degree Awarded: _____ Total Units: _____ Semester
 Quarter

3. Name of College / University / School: _____

Major/Field of Study: _____

Degree Awarded: _____ Total Units: _____ Semester
 Quarter

4. Name of College / University / School: _____

Major/Field of Study: _____

Degree Awarded: _____ Total Units: _____ Semester
 Quarter

WORK EXPERIENCE

List Most Current Employment First

1. Employer: _____ Current Employer
Address _____ Please Don't Contact
Your Job Title: _____ Date From _____ To _____
Immediate Supervisor: _____ Job Title: _____
Supervisor Phone Number: _____ Hours/Week: _____
Job Duties: _____
Reason For Leaving: _____

2. Employer: _____ Current Employer
Address _____ Please Don't Contact
Your Job Title: _____ Date From _____ To _____
Immediate Supervisor: _____ Job Title: _____
Supervisor Phone Number: _____ Hours/Week: _____
Job Duties: _____
Reason For Leaving: _____

3. Employer: _____ Current Employer
Address _____ Please Don't Contact
Your Job Title: _____ Date From _____ To _____
Immediate Supervisor: _____ Job Title: _____
Supervisor Phone Number: _____ Hours/Week: _____
Job Duties: _____
Reason For Leaving: _____

LANGUAGES

Please list languages other than English you are familiar with:

1. _____ Fluent Speak Read Write
2. _____ Fluent Speak Read Write

PROFESSIONAL REFERENCES

1. Name: _____ Title: _____

Organization / Company: _____

Phone: _____ Email: _____

2. Name: _____ Title: _____

Organization / Company: _____

Phone: _____ Email: _____

3. Name: _____ Title: _____

Organization / Company: _____

Phone: _____ Email: _____

LEGAL INFORMATION

The following information is REQUIRED for your application to be considered. Your answers will not necessarily disqualify you from consideration, except for affirmative responses to certain enumerated sex and/or drug convictions and/or convictions for committing serious and/or violent felonies.

PLEASE EXPLAIN ALL "YES" ANSWERS IN THE SPACE BELOW THE QUESTION.

1. Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or a jury, or a conviction that has been judicially dismissed or ordered sealed, including 'expungement' granted pursuant to Penal Code section 1203.4. (Note: Exclude convictions related to the use of marijuana that are over two years old).

YES NO

If "Yes," list all convictions including, but not limited to convictions for "driving under the influence," and convictions for sex and/or drug offenses listed in California Education Code Sections 44010 and 44011, except for convictions related to marijuana if it is more than two years after the date of the conviction. Include any serious or violent felony conviction in any state or jurisdiction as enumerated in California Penal Code sections 667.6(c) and 1192.7(c).

2. Have you ever been dismissed or asked to resign from any position?

YES NO

If "Yes", please explain below.

This County Office does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, gender, mental or physical disability, sex orientation, or any other basis protected by federal, state or local law, ordinance or regulation, in its educational program(s) or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position(s) or program for which application been made.

If you need reasonable accommodations to participate in the hiring process, the County Office will provide you with the accommodations upon notice.

APPLICANT SIGNATURE

My submission of this application authorizes the County Office to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the County Office and reference source from any liability in connection with its release or use. I waive my right of access to any such information, and without limitation hereby release the County Office and reference source (except in relation to prior contractual agreements, public policy, legal/labor/education code, former employers and their agents or employees, as provided by law) from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local law enforcement agencies, information from the Central Criminal Records Exchange or either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the California or other State Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the County Office.

SIGNATURE: _____