

APPLICATION FOR EMPLOYMENT – Classified Employee Position

Return to: Sonoma County Office of Education – Human Resources
 5340 Skylane Boulevard, Santa Rosa, CA 95403
 Phone: 707-524-2679 ♦ www.scoe.org



We Support Sonoma County Work Ready Certification

DIRECTIONS: Use Ink (Please Print) or Typewriter ♦ Answer All Questions ♦ Complete All Sections
 Please submit this application with all of the information requested as completely as possible. You may attach additional sheets where the space provided is not sufficient. Please do not write in any space "see attached resume."

Position for which you are applying: _____

Applicant's Name _____ Date _____
First Middle Last

Mailing Address _____
Address City Zip

Home Phone (____) _____ Business Phone (____) _____ Cell (____) _____

Email _____ Have you lived in California for the past 12 months? Yes No

Do you wish to claim Veteran's Preference? Yes No If yes, please submit Report of DD-214.

Are you over the age of 18? Yes No (If no, hire is subject to verification.)

Do you have a valid California Driver License? Yes No State _____ Type _____ Expiration Date _____

Have you been convicted of a crime in the past ten (10) years, other than minor traffic infractions? Yes No

If yes, please describe in full: _____

Conviction does not necessarily disqualify you from employment. You need not disclose convictions that have been judicially sealed, expunged, or statutorily eradicated.

Would you work? Full-Time Part-Time Temporary (Substitute)
 Specify number of hours per day your are available if you are applying for Part-Time or Temporary _____

Were you previously employed in Sonoma County Schools? Yes No (If yes, when? _____)

If you worked under a different name, please state name _____

Are any members of your immediate family employees of the Sonoma County Office of Education? Yes No

EDUCATION

Check Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

| Name and Location of School | Course Major | Hours or Units Completed | Did you Graduate? | Degree Received |
|--|--------------|--------------------------|-------------------|-----------------|
| High School | | | | |
| Junior College | | | | |
| College or University | | | | |
| Business, Correspondence, Trade or Graduate School | | | | |

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|--|--|
| <p>Certificates:</p> <p>A. Typing Speed _____ Do you have a certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Do you have a work-ready certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. If yes to A or B, please attach proof/certificate.</p> | <p>Have you passed?:</p> <p>1. Teaching Assistant Proficiency Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. CBEST? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. If yes to 1 or 2, please attach proof.</p> |
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EMPLOYMENT RECORD
(List LAST position FIRST)

Show complete record, including periods between jobs, for at least ten (10) years.
Applications not showing **REQUIRED EXPERIENCE** may be rejected.

| From Month/Year | To Month/Year | Occupations and Descriptions Of the Duties Performed | Salary | Employers Full Names and Addresses | Reasons for Leaving (if dismissed, explain below) |
|-----------------|---------------|--|--------|------------------------------------|---|
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| OTHER LANGUAGE SKILLS: <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"/> Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | COMPUTER SOFTWARE SKILLS: Word Processing <input type="checkbox"/> Other: _____ Database <input type="checkbox"/> _____ Spreadsheet <input type="checkbox"/> _____ | | |
|--|--|--|--|--|--|

Use the space below for explanation or additional information. Include any other information that may help us find the job for which you are best qualified; and any special skills, qualifications, training, or experience not specified above.

PROFESSIONAL REFERENCES: THREE (3) REFERENCES REQUIRED

Give the name, title, and telephone numbers of at least three (3) people who have supervised you (current and former positions). **DO NOT LIST RELATIVES.**

| Name and Title | Address | Phone |
|----------------|---------|-------|
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The Sonoma County Office of Education 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, Section 504 disability or an other unlawful consideration.

Any personal documents that you enclose will not be returned, unless accompanied by a self-addressed envelope bearing sufficient postage. **Please do not include high school or college graduation dates on any resume you may attach to this application.**

I hereby certify that the above information is true, accurate, and complete; and authorize investigation of all statement on this application. Any misrepresentation or willful omissions of fact shall be sufficient cause for disqualification of this application or termination of employment. It is understood that this application and records become the property of the Sonoma County Office of Education (SCOE), which reserves the right to accept or reject it. If selected for employment, I agree to observe all rules, regulations, and policies of SCOE now in force and in effect, or as they may change during my employment. I agree to be fingerprinted and, if required for the classification, to submit to a complete medical examination upon employment. If hired, I agree to furnish proof of age and citizenship. I hereby authorize SCOE to conduct a work history, reference check, and police record inquiries. I release from all liability persons and organizations reporting information required in order to determine my acceptability for employment. I understand that employment is subject to verification of my lawful status.

Applicant's Signature _____

Date _____