

Mother Lode Union School District
 3783 Forni Road * Placerville, California 95667
 (530) 622-6464

**Application of Employment
 Classified Staff**

Application for the position of: _____ Full-Time Part-Time

PERSONAL DATA

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone No.: _____ Work Phone No.: _____ Cell No.: _____

Email Address: _____

Are you able to perform the job without an accommodation? Yes No

If no, what can be done to accommodate you during tests and on the job? _____

Would you be agreeable to participate in a medical pre-placement evaluation (at no cost to you) if asked? Yes No

Would you be agreeable to participate in a pre-employment Drug/Alcohol testing? Yes No

Have you been previously employed here? Yes No

If yes, give date(s) and positions: _____

Are you related by blood/marriage to anyone currently employed here? Yes No

If yes, give name(s): _____

Have you ever been convicted of a felony or misdemeanor? Yes No (A conviction will not necessarily disqualify an applicant.)

If yes, please explain; i.e., dates, offense, disposition, etc. _____

Date available: _____ Are you seeking: Full Time Part Time Substitute

EDUCATION AND TRAINING

	K THROUGH 12 TH GRADE	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
SCHOOL NAME			
YEARS COMPLETED	8 9 10 11 12	1 2 3 4	
DIPLOMA/DEGREE			
MAJOR COURSE OF STUDY			
SPECIALIZED TRAINING			

REFERENCES

PROVIDE INFORMATION ON THREE REFERENCES NOT RELATED TO YOU AND NOT PREVIOUS EMPLOYERS:

NAME	ADDRESS	PHONE NO.
NAME	ADDRESS	PHONE NO.
NAME	ADDRESS	PHONE NO.

EMPLOYMENT EXPERIENCE/SKILLS

Employer: Address/Phone No. Supervisor:	Position: Duties:	From: To: Salary:
Employer: Address/Phone No. Supervisor:	Position: Duties:	From: To: Salary:
Employer: Address/Phone No. Supervisor:	Position: Duties:	From: To: Salary:

IF YOU NEED ADDITIONAL SPACE, CONTINUE ON A SEPARATE SHEET OF PAPER AND ATTACH.

TYPING: Yes No WPM _____ SIGN LANGUAGE: Yes No
 SHORTHAND: Yes No WPM _____ BRAILLE/SIMILAR SYSTEM: Yes No
 COMPUTERS: Word processing Spreadsheets Web design Database Presentations Other

AGREEMENT (IMPORTANT – READ CAREFULLY BEFORE SIGNING)

SWEAR OR AFFIRM ALLEGIANCE TO THE UNITED STATES AND THE STATE OF CALIFORNIA? Yes No
 PROVIDE A CURRENT X-RAY OR INTRADERMAL TUBERCULIN REPORT? Yes No
 PROVIDE A CURRENT MEDICAL EXAMINATION REPORT (WITHIN THE PAST 90 DAYS)? Yes No
 PROVIDE FINGERPRINTS? Yes No

I UNDERSTAND THIS APPLICATION AND MATERIALS SUBMITTED WITH IT ARE THE PROPERTY OF THE MOTHER LODGE UNION SCHOOL DISTRICT. I UNDERSTAND THAT I WILL BE NOTIFIED OF THE OUTCOME OF MY APPLICATION. THE PURPOSE OF THE APPLICATION IS TO OBTAIN JOB RELATED INFORMATION TO IDENTIFY THE BEST QUALIFIED APPLICANTS. ONLY THE BEST QUALIFIED APPLICANTS WILL BE SELECTED FOR FURTHER EVALUATION. I UNDERSTAND THAT ALL INFORMATION ON THIS APPLICATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND AND AGREE THAT ANY MISSTATEMENTS, OMISSIONS, OR FALSIFICATION OF MATERIAL FACTS HEREIN, WILL CAUSE FORFEITURE OF ALL RIGHTS, TERMS, CONDITIONS AND PRIVILEGES OF EMPLOYMENT WITH THE MOTHER LODGE UNION SCHOOL DISTRICT. I AUTHORIZE THE MOTHER LODGE UNION SCHOOL DISTRICT TO CONTACT PERSONAL REFERENCES, FORMER EMPLOYERS, AND EDUCATIONAL INSTITUTIONS TO VERIFY THE INFORMATION CONTAINED HEREIN.

PLEASE REVIEW YOUR APPLICATION! YOU WILL NOT BE ALLOWED TO MAKE CORRECTIONS AFTER THE FILING DEADLINE. AN OMISSION OR MISSTATEMENT MAY RESULT IN THE DISQUALIFICATION OF YOUR APPLICATION.

Signature of Applicant _____

Date _____