

DURHAM UNIFIED SCHOOL DISTRICT

9420 Putney Drive ● P. O. Box 300 ● Durham, CA 95938
 (530) 895-4675 FAX (530) 895-4692

APPLICATION FOR CLASSIFIED EMPLOYMENT

Name _____ (Last) (First) (M.I.)			Position Applying For:		
Address _____ _____ (City) (State) (Zip)					
Home Phone: _____		Work Phone: _____		Social Security Number: _____	
EDUCATION: Circle the highest grade completed: 10 11 12 13 14 15 16					
Name of High School Attended:		From: _____ To: _____			
Location:					
Colleges or Universities attended:		From: _____ To: _____			
Location:		Major: _____ Degree: _____			
Vocational, business, trade, or correspondence schools:		From: _____ To: _____			
Location:		Subject: _____ Certificate: _____			
Areas of special skills or experience:					
<input type="checkbox"/> Typewriter _____ W.P.M. <input type="checkbox"/> Calculator <input type="checkbox"/> Word Processing <input type="checkbox"/> Mimeograph <input type="checkbox"/> Transcriber	<input type="checkbox"/> Shorthand _____ W.P.M. <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Accounting <input type="checkbox"/> Personnel <input type="checkbox"/> Office Clerk	<input type="checkbox"/> Keypunch <input type="checkbox"/> Payroll <input type="checkbox"/> HVAC <input type="checkbox"/> Cafeteria <input type="checkbox"/> Carpenter <input type="checkbox"/> Maintenance	<input type="checkbox"/> Bus Driver <input type="checkbox"/> Electrical <input type="checkbox"/> Custodial <input type="checkbox"/> Painter <input type="checkbox"/> Plumber <input type="checkbox"/> Welding	<input type="checkbox"/> Grounds	
Answer the following by placing an "X" in the "Yes" or "No" Column. Give additional information on the next page if necessary				Yes	No
a. Have you an injury, any physical handicap, or other disability at the present time or in your past medical history which limits your performance and should be considered when you are assigned work? (If yes, give details on the following page.)					
b. Have you ever been discharged or forced to resign from any previous position? (If yes, give details on the following page.)					
c. Have you ever been convicted of a felony? (A conviction will not necessarily disqualify an applicant from employment.)					
d. Have you ever advised, advocated or taught or been a member of or affiliated with any group, society, association, organization, or party which advises, advocates, or teaches the overthrow or violence of the Government of the United States of America or of the State of California? (If yes, give details on the following page.)					
e. Would you object to having your present employer contacted in regard to your work? (If yes, give details on the following page.)					

Please give detailed explanation if answering “yes” to any preceding questions:

EXPERIENCE:

IMPORTANT: By being complete and specific, you can increase your chances for employment. Starting with the most recent position, account for all employment and unemployment as far back as is necessary to give an adequate picture of your qualifications.

DATES (Month & Year)	WAGES OR SALARY	YOUR POSITION, TITLE, AND DUTIES	EMPLOYER'S NAME, ADDRESS AND PHONE	REASON FOR LEAVING OR FOR UNEMPLOYMENT
From: To:			Kind of business:	
From: To:			Kind of business:	
From: To:			Kind of business:	
From: To:			Kind of business:	

Give any further information which you think qualifies you for this position.

I CERTIFY the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Date

Signature of Applicant