## UPPER LAKE UNIFIED SCHOOL DISTRICT 675 Clover Valley Road Upper Lake, CA 95485 707-275-2655

## **Classified Employee Application for Employment**

First Name:			Last Name:				
Mailing Address:							
City:	State	ə:		Zip:			
Home Phone:			Cell Phone:				
Other Phone:		Email:					
Position(s) applied for							
Do you possess a valid Driver's License? yes □ no □				nse Number: State:			
s there any additional ir the district to check your Are you under 18 years For applicants under 18	r work and education re s of age? Yes No	cord? Please	state names	used:	name necessary to enable  No		
Do you have any relat	ives working at Upper L	ake Unified S	chool Distric	t: yes □ no □			
If yes, give name, dep	artment and relationshi	p:					
1. Employer (most curre	ent first):	ECORD OF W					
from/yr:	to/yr:	_ (	□ Current Employer □ Please Do Not Contact				
Address:				Phone Number:			
Name of Immediate Supervisor:				Supervisor Job Title:			
Your Job Title:				Hours/Week:	Salary		
Job Duties							
Reason for Leaving:							
2. Employer:							
from/yr:	to/yr:	_ (	Current Emplo	Employer   □ Please Do Not Contact			
Address:				Phone Number:			
Name of Immediate Supervisor:				Supervisor Job Title:			
Your Job Title:	Your Job Title:				Salary		
Job Duties							
Reason for Leaving:							
3. Employer:	<u> </u>						
from/yr:	to/yr:	to/yr:   Current Emp			oloyer   □ Please Do Not Contact		
Address:				Phone Number:			
Name of Immediate Supervisor:				Supervisor Job Title:			
Your Job Title:				Hours/Week:	Salary		
Job Duties							
Reason for Leaving:							
· · · · · · · · · · · · · · · · · · ·	nvoluntarily terminated on name of the employer		•	•	l no □ or request for resignation:		

## **EDUCATION**

High School Name & Address:								
High School Diploma?	Highest Grade Completed:							
Further education which would qualify you to perfo	orm the job	for which yo	u are applying:					
Name & Address of School:		T						
Course/Major:	Hours/Unit	s:	Graduate: yes □ no □					
Degree Received:	Date of Co	mpletion:						
Proficiency Certificates Held:	1							
Typing: Rate (words per min.) Issuing Agency:				Date:				
List any language, other than English, you can spe	eak:							
Are you able to perform the essential duties of the	position fo	r which you	are applying with reaso	nable accommodation?				
yes □ no □ If no, please explain:								
Have you ever been convicted of anything other the lf "yes", please explain in detail (include date of of disqualify an applicant from employment.			•	stion will not necessarily				
PROFESSIONAL REFERENCES:								
1. Name:		Title						
Organization/Company:			<del>,</del>					
Phone:			Email:					
2. Name:		Title						
Organization/Company:			<del>,</del>					
Phone:		1	Email:					
3. Name:		Title						
Organization/Company:			ı					
Phone:		Email:						
How did you learn about the position for whic	h you are a	applying?						
AGREEMENT:								
I hereby certify that the above information is, to the misrepresentations or willful omissions of fact shall employment. Furthermore, it is understood that the reserves the right to accept or reject it. I further agand effect or as they may change during my employed authorize the district to conduct work acceptability for employment. I understand that er and fingerprinting. I understand that if employed, United States.	Il be sufficie is application gree to obse oyment, if I history, per mployment	ent cause for on and record erve all rules am employersonal refere is subject to	disqualification of this a ds become the property, regulations, and policied by the district.  ence or police record a loyalty oath, a negati	application or termination of of the district which es of the district now in force inquiries to determine my ive tuberculin test or x-ray,				
Applicant's Signature				 Date				

Upper Lake Unified School District is an equal opportunity employer and educator who does not engage in unlawful discrimination. Unlawful discrimination is discrimination on the basis of religion, race, color, ancestry, ethnicity, national origin, nationality, ethnic group identification, age, sex, gender, gender identity, gender expression, sexual orientation, physical or mental disability, pregnancy, childbirth or related medical conditions, marital status, or veteran status.