

RIVER DELTA UNIFIED SCHOOL DISTRICT CLASSIFIED EMPLOYMENT APPLICATION

Print in Ink or Typewritten
Answer ALL Questions

This application will remain on file for one (1) year ONLY from date of the application

1. Position(s) Desired:	Fill out this application completely and accurately. An incorrect or untrue statement may disqualify or remove you from employment.	Date: _____
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2. Legal Name: _____	3. Your Address: _____
Last First Middle	Number Street Apt.
	City State Zip Code

4. Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list: _____	5. Furnishing Social Security No. is voluntary until employed _____ -- _____ -- _____	6. Phone No. _____ Message Phone: _____ Other (cell): _____ Email: _____
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7. Hire is subject to verification that your age meets legal requirements. Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. If you are not a United States Citizen, have you the legal right to remain permanently in the USA? (Proof may be required after hire.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not Apply	9. Have you ever been employed by River Delta Unified School District? <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No
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10. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a crime under another name: <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, to either question, please fully explain on an additional sheet.	
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11. Have you been a member of a California retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, STRS _____ PERS _____ Other _____ Have retirement contributions been withdrawn? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do you have a valid California Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
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12. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please fully explain on additional sheet.	License Number: _____ Expiration Date: _____
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14. Are you able to perform all job functions required of the position for which you are applying with and/or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain on an additional sheet. Please note, employment may be made contingent upon passing a physical examination and/or drug/alcohol testing.

15-A. EDUCATION AND TRAINING:
Circle last year completed in school: 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Name and location of Business School, College or University Attended	Major Subject	Minor Subject	Units Completed Semester/Quarter	Degree Earned

15-B SPECIAL TRAINING:
(Include Military, CETA, WIN, Trade, Vocational and/or Correspondence Schools, Adult Ed, etc.)

Subject	School or Agency	Length of Training/Certificate Earned

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Please Return to: River Delta Unified School District
445 Montezuma Street
Rio Vista, CA 94571-1651

Personnel Department
(707) 374-1714 or 1700
FAX: (707) 374-2995

E-mail:
bkauz@riverdelta.k12.ca.us

16. May we contact your present employer? Yes No
 NOTE: We will not call your current employer until after you have an interview and are a final applicant.

17. **RELEVANT JOB EXPERIENCE:** List only the job experiences that show you can do the job applied for. You may list full-time, paid and unpaid experiences. *PRESENT OR MOST RECENT JOB FIRST.* By being complete, you may improve your chances for employment. If you need more space, attach additional sheets. *BE SURE THAT ALL QUESTIONS ARE ANSWERED!*

<input type="checkbox"/> Dates of Employment (Month/Year) From: _____ To: _____	Exact Title of Your Position: _____	Salary per Month _____
Name of Firm or Organization: _____	Address of Employer: _____	Phone Number: _____
Name and Title of Supervisor: _____	Reason for Leaving: _____	
Describe your major duties: _____		

<input type="checkbox"/> Dates of Employment (Month/Year) From: _____ To: _____	Exact Title of Your Position: _____	Salary per Month _____
Name of Firm or Organization: _____	Address of Employer: _____	Phone Number: _____
Name and Title of Supervisor: _____	Reason for Leaving: _____	
Describe your major duties: _____		

<input type="checkbox"/> Dates of Employment (Month/Year) From: _____ To: _____	Exact Title of Your Position: _____	Salary per Month _____
Name of Firm or Organization: _____	Address of Employer: _____	Phone Number: _____
Name and Title of Supervisor: _____	Reason for Leaving: _____	
Describe your major duties: _____		

<input type="checkbox"/> Dates of Employment (Month/Year) From: _____ To: _____	Exact Title of Your Position: _____	Salary per Month _____
Name of Firm or Organization: _____	Address of Employer: _____	Phone Number: _____
Name and Title of Supervisor: _____	Reason for Leaving: _____	
Describe your major duties: _____		

REMARKS:

18. **CERTIFICATE OF APPLICANT:** *This application must be signed!*
 I HEREBY CERTIFY, that all statements made in this application are true and complete. I agree and understand that any misstatement of material facts herein may cause forfeiture on my part of all rights to any employment in the service of the River Delta Unified School District.

SIGNATURE: _____ DATE: _____
 Please indicate by check mark the source through which you first learned about this district and vacancy:
 Newspaper or Journal (which one?) _____
 Bulletin listing job opening (where posted?) _____
 School Career Center (name of school) _____
 Other (Specify): _____