

SHASTA COUNTY OFFICE OF EDUCATION

Form F

1644 Magnolia Avenue, Redding, CA 96001 (530)225-0200

Classified – Application for Employment

Note: Application and supporting documentation becomes the property of the Shasta County Office of Education and will not be returned to applicant.

Position Applying For _____ Location of Position _____

Name _____ How did you hear about the position? _____
Last First MI

Address _____ Home Phone _____
Street

City State Zip Cell Phone _____

Email _____ Work Phone _____

*This is the email address we will use for communication purposes regarding your employment application.

EDUCATION

Completion of High School Diploma: _____ Yes _____ No Completion of GED: _____ Yes _____ No

University/College (years completed): 1 2 3 4 5 6

Degrees or Certifications, if any: _____

Relevant Courses, Seminars, Night Classes:

SKILLS

List your qualifications and experience for this position, including keyboard speed, machines you operate, personal computers and computer software with which you are proficient:

PARAEDUCATOR OR SITE LIAISON/FACILITATOR OR INTERPRETER POSITIONS ONLY:

HAVE YOU PASSED THE PARAPROFESSIONAL TEST? _____ Yes _____ No

Note: If required for the position you are applying for, please attach a photocopy to this application.

DRIVER'S LICENSE (If required for position)

State _____ Class _____ Number _____ Expires _____

School Bus Driver's Certificate Issued by CA Highway Patrol: _____
Issue Date Expiration Date

ADDITIONAL INFORMATION

Have you ever been dismissed or asked to resign from a position? Yes _____ No _____
If you answered yes, please explain below.

Have you ever been convicted of a felony or misdemeanor, other than a conviction related to marijuana if it is more than two years after the date of conviction, or do you currently have a felony or misdemeanor charge pending? Convictions include a plea guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or a jury.

Yes _____ No _____

If "Yes," list all convictions including, but not limited to convictions for "driving under the influence," and convictions for sex and/or drug offenses listed in California Education Code Sections 44010 and 44011, except for convictions related to marijuana if it is more than two years after the date of the conviction. Include any serious or violent felony conviction in any state or jurisdiction as enumerated in California Penal Code sections 667.6(c) and 1192 (c).

NOTE: State law prohibits school districts or county offices of education from employing individuals convicted of a serious or violent felony. The County Office conducts an extensive criminal background check of candidates prior to making a final offer of employment. Conviction of a misdemeanor will not necessarily disqualify you from consideration.

JOB EXPERIENCE INFORMATION

List most recent or present employer first. Include last 10 years of job history; use additional paper if necessary.

<p>FROM TO _____/_____ Substitute Temporary Full-time Part-time Hours per week _____ Current Employer: Yes No May we contact? Yes No REASON FOR LEAVING: _____</p>	<p>EMPLOYER</p> <p>Name _____ Address _____ _____ _____ Phone # _____ Salary _____ Hourly Monthly Annually Supervisor Name _____ Supervisor Title _____</p>	<p>JOB TITLE AND DUTIES PERFORMED</p> <p>Job Title _____ Duties</p>
<p>FROM TO _____/_____ Substitute Temporary Full-time Part-time Salary _____ Hourly Monthly Annually REASON FOR LEAVING: _____</p>	<p>EMPLOYER</p> <p>Name _____ Address _____ _____ _____ Phone # _____ Supervisor Name _____ Supervisor Title _____</p>	<p>JOB TITLE AND DUTIES PERFORMED</p> <p>Job Title _____ Duties</p>
<p>FROM TO _____/_____ Substitute Temporary Full-time Part-time Salary _____ Hourly Monthly Annually REASON FOR LEAVING: _____</p>	<p>EMPLOYER</p> <p>Name _____ Address _____ _____ _____ Phone # _____ Supervisor Name _____ Supervisor Title _____</p>	<p>JOB TITLE AND DUTIES PERFORMED</p> <p>Job Title _____ Duties</p>
<p>FROM TO _____/_____ Substitute Temporary Full-time Part-time Salary _____ Hourly Monthly Annually REASON FOR LEAVING: _____</p>	<p>EMPLOYER</p> <p>Name _____ Address _____ _____ _____ Phone # _____ Supervisor Name _____ Supervisor Title _____</p>	<p>JOB TITLE AND DUTIES PERFORMED</p> <p>Job Title _____ Duties</p>
<p>FROM TO _____/_____ Substitute Temporary Full-time Part-time Salary _____ Hourly Monthly Annually REASON FOR LEAVING: _____</p>	<p>EMPLOYER</p> <p>Name _____ Address _____ _____ _____ Phone # _____ Supervisor Name _____ Supervisor Title _____</p>	<p>JOB TITLE AND DUTIES PERFORMED</p> <p>Job Title _____ Duties</p>

PROFESSIONAL REFERENCES

May we contact your present/past employer(s) for a reference?

Yes _____ No _____

Name _____ Title _____

Organization/Company _____

Phone _____ Email _____

Name _____ Title _____

Organization/Company _____

Phone _____ Email _____

Name _____ Title _____

Organization/Company _____

Phone _____ Email _____

COMMENTS:

NOTE: State law requires fingerprint clearance, a tuberculin assessment, and employment eligibility verification for all Shasta County Office of Education employees. Also, designated classifications of employees are required to pass substance abuse testing, a pre-employment physical examination, and/or skills testing.

If I am being considered for employment, I authorize the Shasta County Office of Education to contact references (e.g., current and former employers, educational institutions, etc.) I have listed to verify the application information provided. I release from all liability, per the attached, signed authorization, persons and organizations reporting information required by this application.

I certify that all information on this employment 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 Shasta County Office of Education.

Signature of Applicant

Date

NOTE: Meeting minimum requirements does not guarantee an interview.

The Shasta County Office of Education considers applicants for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, political affiliation, marital or veteran status, the presence of non-job-related medical conditions or disabilities or any other legally protected status. The Shasta County Office of Education employee charged with coordinating efforts to comply with this practice and investigate complaints regarding non-compliance is the Director of Human Resources, (530)225-0280. If you need a reasonable accommodation to participate in the hiring process, Shasta County Office of Education will provide you with one upon notice.

AN EQUAL OPPORTUNITY EMPLOYER

SHASTA COUNTY OFFICE OF EDUCATION
1644 Magnolia Avenue, Redding, CA 96001

AUTHORIZATION TO RELEASE INFORMATION

Note: This is intended for external applicants only. Current Shasta County Office of Education employees do not need to complete this form.

As an applicant for a position with Shasta County Office of Education (“District”), I have been requested to furnish information and references for use in determining my qualifications. By signing below, I authorize the District to make any investigation of my personal or employment history, including contacting references provided to the District, either in writing or otherwise.

In this connection, I authorize the release and full disclosure of any information that you have concerning my current and/or previous employment, as allowed by law. I release from all liability or damage persons/organizations reporting information required by this application.

I authorize you to release this employment information to those employees and agents of Shasta County Office of Education who require the information in order to make a decision pertaining to my status as an employee.

This form is one of the required documents for applying for a position with the Shasta County Office of Education. A photocopy of this release will be valid as an original even though the photocopy does not contain an original writing of my signature.

Applicant’s Printed Name

Date

Applicant’s Signature

Position Applied for: _____