

Position Applied For: _____

Please Print

Last Name		First Name		Middle	Former Name
Mailing Address				City	State/Zip
Home Phone	Message Phone		Social Security Number		

Experience *Please list your last four (4) paid jobs starting with the most recent*

1	Total Years/Mos.	Employer Name/Address	Phone
	Dates From/To		Supervisor
Job Title		Reason for Leaving	
Duties			
2	Total Years/Mos.	Employer Name/Address	Phone
	Dates From/To		Supervisor
Job Title		Reason for Leaving	
Duties			
3	Total Years/Mos.	Employer Name/Address	Phone
	Dates From/To		Supervisor
Job Title		Reason for Leaving	
Duties			
4	Total Years/Mos.	Employer Name/Address	Phone
	Dates From/To		Supervisor
Job Title		Reason for Leaving	
Duties			

Education *Check highest year completed or appropriate certificate.*

	HIGH SCHOOL	COLLEGE/UNIVERSITY	CURRENT CERTIFICATES
School Name			<input type="checkbox"/> Instructional Aide Competency
Years Completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Bus Driver Certificate/Drivers License
Diploma/Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> First Aid / CPR
Course of Study			<input type="checkbox"/> Other:
		Computer Skills: <input type="checkbox"/> Yes <input type="checkbox"/> No	Typing Speed:

- Yes No Do you have additional education or experience related to this position?
- Yes No Do you have volunteer experience?
- Yes No Do you have bilingual skills?



Please list additional information inside application where appropriate. Although information may be on your resume, it MUST also be listed on your application to be considered for the position.

For Personnel Office Use Only

Typing WPM	Dictation WPM	High School Competency	Education	In	Out	Experience	In	Out
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Please use this space for additional remarks, special skills, etc., and for other courses, training, or education equivalencies specifically required for the position, and for explanation of other items.

Additional Experience Related to This Position			
A	Total Years/Mos.	Employer Name/Address	Phone
	Dates From/To		Supervisor
Job Title			
Duties			Reason for Leaving
B	Total Years/Mos.	Employer Name/Address	Phone
	Dates From/To		Supervisor
Job Title			
Duties			Reason for Leaving

Additional Related Education (Colleges, Vocational, or other Special Schools Attended)		
Name/Location	From	To
		Field of Study

Instructional Aide Volunteer Experience			
From	To	Name/Location	Duties

Bilingual Skills (Check appropriate ability)			
Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write

References (Please list):
In the event that you are one of our final candidates, references will be required.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Please, in your own handwriting, answer the following questions:

1. What makes you uniquely qualified for this position? _____

2. Why are you seeking employment with the Yosemite Unified School District? _____

If you answer "yes" to questions 5 through 8 in this section, explain below. A "yes" answer does not disqualify you from consideration, but may be discussed with you by the personnel administration.

- | | | |
|------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 1. Were you ever employed by us before? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 2. Have you ever applied for work with us before? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 3. Do you have any friends or relatives working for us? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 4. Are you presently on leave status and subject to recall? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 5. Have you ever, under your name or another name, been convicted of (or pleaded guilty or nolo contendere to) a felony which has not been judicially ordered sealed, expunged or statutorily expunged? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 6. Have you ever been convicted of a misdemeanor that resulted in imprisonment? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 7. Have you ever been released or terminated from employment or suspended from a job as a result of any allegations that might render you unfit to instruct or associate with children? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 8. Have you ever been discharged or forced to resign for misconduct or other reason? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 9. If you are applying for a safety-sensitive position (e.g., bus driver, mechanic, etc.), do you consent to post-employment drug screening as required by law? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 10. Are you currently employed? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 11. May we contact your present employer? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 12. If employed, could you furnish proof of citizenship? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 13. If employed by us are you willing to: |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | a. Swear/affirm allegiance to the USA and the State of California? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | b. Be fingerprinted? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | c. Submit a current chest x-ray or TB skin test? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | d. Abide by all District policies and procedures governing conduct and safety? |

Reference explanation to above questions by number 1, 2, 5-8, 13a, etc. _____

Waiver Agreement Please read before signing

I, the undersigned applicant for employment, hereby certify under penalty of perjury under the laws of the State of California that all statements contained in my application for employment are true and complete. I understand that if employed, false or incomplete statements on this application shall be sufficient cause for dismissal.

I understand that, as part of my application for employment, a routine inquiry will be made of my former employer(s) requesting information concerning my character, general reputation, personal characteristics, and work habits.

I hereby authorize the School District to investigate my employment background and all of the statements contained in my employment application including: (1) the procurement of consumer reports or investigative consumer reports in accordance with the Consumer Credit Report Reform Act.; and (2) inquiry regarding controlled substance and alcohol test results from my former employer(s) pursuant to 49 CFR SS 82.413.

I agree to defend, indemnify, and hold the District harmless for its reasonable investigation of my employability. I waive the right to hold those persons whose names I have listed as references and the former employers listed on my employment application liable with respect to any damages which I might sustain as a result of their responses, whether oral or written, regarding my character, general reputation, personal characteristics and work habits.

If I am granted an interview, I authorize the last employer listed on my application to release my personnel file to the District as part of the District's background investigation regarding my employment.

I understand any offer of employment from the District will be conditional upon satisfactory results in any pre-employment screening (including a credit report), any pre-employment post offer drug and/or any post-offer medical screening process authorized by law.

I authorize a copy of this document to be furnished to my references and former employers.

Not valid unless signature appears here:

Signature _____

Date _____