

KINGS RIVER UNION ELEMENTARY SCHOOL DISTRICT

3961 Avenue 400 • Kingsburg, California 93631
(559) 897-7209

**TESTING/EMPLOYMENT ACCOMMODATIONS FOR DISABLED
VETERAN STATUS/CONVICTIONS REPORT - Form 116**

Submission of this form at the time you submit your Application for Employment is required:

1. If you require reasonable accommodations to perform the work for which you are applying.
2. If you require special test accommodations.
3. If you are requesting veteran's credit (a copy of your form DD214 must accompany this form).
4. If you have been convicted of a crime other than a minor traffic offense.

POSITION APPLIED FOR: _____ DATE: _____

NAME: _____

ADDRESS: _____
(NUMBER) (STREET) (APT. NO.)

(CITY) (STATE) (ZIP)

PHONE: HOME () _____ MESSAGE () _____

CHECK THE BOXES WHICH APPLY

DISABLED means any person who (1) has a physical or mental impairment which substantially limits one or more of the major life functions; (2) has record of impairment; (3) is regarded as having an impairment. Describe the nature of the disability and the reasonable accommodations necessary to perform the job in which you are applying in the space below. If you require more detailed information, please make an appointment with the Director of Classified Personnel.

Please describe any test accommodations you will require during the examination process.

VETERAN means a person who (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than dishonorable discharge or (2) was discharge or released form active duty for a service oriented disability. **(NOTE: A COPY OF YOUR FORM DD214 MUST BE SUBMITTED WITH THIS FORM AND YOUR APPLICATION)**

WORLD WAR II (DECEMBER 7, 1941 TO DECEMBER 31, 1946)

KOREA (JUNE 27, 1950 TO JANUARY 31, 1955)

VIETNAM (AUGUST 5, 1964 TO MAY 7, 1975)

PERSIAN GULF WAR (AUGUST 21, 1990 TO PRESENT)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

SIGNATURE OF APPLICANT

DATE

CONVICTION RECORD

Provide the following information for all convictions. All district employees are fingerprinted and fingerprints will be checked by the State and Federal Bureau of Criminal Investigation. Failure to itemize all convictions may result in disqualification or dismissal.

Date, City and State of Conviction DATE: _____ CITY: _____ STATE: _____	CHARGE Give complete details of charge CHARGE: _____	DISPOSITION (results) How much fined? How much probation? DISPOSITION: _____
GIVE COMPLETE DETAILS OF CONVICTIONS		
Date, City and State of Conviction DATE: _____ CITY: _____ STATE: _____	CHARGE Give complete details of charge CHARGE: _____	DISPOSITION (results) How much fined? How much probation? DISPOSITION: _____
GIVE COMPLETE DETAILS OF CONVICTIONS		
Date, City and State of Conviction DATE: _____ CITY: _____ STATE: _____	CHARGE Give complete details of charge CHARGE: _____	DISPOSITION (results) How much fined? How much probation? DISPOSITION: _____
GIVE COMPLETE DETAILS OF CONVICTIONS		

I have provided the requested information on all of my convictions and understand that this information will not automatically disqualify my application for the position. I further understand that failure to list all information may result in my not being employed, or if detected later, in my discharge if employed.

(SIGNATURE OF APPLICANT)

(DATE)