

KINGS RIVER UNION ELEMENTARY SCHOOL DISTRICT

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

CLASSIFIED EMPLOYMENT APPLICATION FORM

INSTRUCTIONS:

This application is part of the selection process and is part of your total evaluation. Answer all questions completely and accurately. All statements are subject to verification. Please fill out legibly. Make sure you sign and date the form on the reverse side.

TITLE OF POSITION APPLYING FOR:

NAME: (LAST)	(FIRST)	(MIDDLE)
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SOCIAL SECURITY NUMBER:

PRESENT ADDRESS:	(NUMBER)	(STREET)	(APT. #)	HOME TELEPHONE	BUSINESS TELEPHONE
				()	()
	(CITY)	(STATE)	(ZIP CODE)	MESSAGE TELEPHONE	()

Are any of your relatives employed by the Kings River Union Elementary School District? If yes, complete information to the right.

YES NO

Names:	Relationship
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Have you ever been discharged or forced to resign from any position? If yes, complete the information to the right.

YES NO

Employer's Name: _____

Position Title: _____

Employment Dates: From: _____ To: _____

Reason for discharge: _____

Have you ever been convicted for any offense against the law? If yes, complete Form 116 and submit with application. You may omit minor traffic violations. **Drunk or reckless driving is not minor.** (The existence of a criminal record does not automatically bar you from employment. However, failure to admit is cause for disqualification or dismissal.)

WRITE:
YES OR NO

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? Yes ___ No ___

Do you require special test accommodations? Yes ___ No ___

If test accommodations are required, please complete and submit Form 116 along with the application.

FOR ENTRY LEVEL POSITIONS ONLY:

If you claim Veteran's Credit, you must provide your Form #DD214 at the time you submit your application. Do you claim Veterans Credit?

YES NO

DRIVER'S LICENSE (If Position Requires It)

Number	Expiration Date MO / YR	State
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License, Registration, Certificates of Professional competence relative to position for which you are applying:

FOREIGN LANGUAGE (specify):

Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>
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Equipment and/or machines you are able to operate relative to position for which you are applying?

Employment Availability

Will you accept: Full-time Part-time Temporary On-call

12 Months 11 Months 10 Months

If you are offered employment, can you provide proof of your right to legally work in this country? Yes No

PLEASE DO NOT WRITE IN SPACE BELOW

Qualified Yes No Incomplete:

Screened by: _____

Comments: _____

Application rejected: _____ Exp. Ed.

Record Interview: Yes No Date: _____

Exam Dates:	Notification Dates:	DNA - W	DNP - W
_____	_____	_____	_____
Written		DNA - P	DNP - P
Performance		_____	_____
Oral		DNA - O	DNP - O
		_____	_____

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**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)