

# KINGS RIVER UNION ELEMENTARY SCHOOL DISTRICT

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

## CERTIFICATED 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.**

TITLE OF POSITION APPLYING FOR:

NAME: (LAST)			(FIRST)			(MIDDLE)			
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.			<input type="checkbox"/> YES	<input type="checkbox"/> NO	Names:		Relationship		
Have you ever been discharged or forced to resign from any position? If yes, complete the information to the right.			<input type="checkbox"/> YES	<input type="checkbox"/> 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. <b>Drunk or reckless driving is not minor.</b> (The existence of a criminal record does not automatically bar you from employment. However, failure to admit is cause for disqualification or dismissal.)			<b>WRITE:</b>  <b>YES OR NO</b>  _____		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 _____  <b>If test accommodations are required, please complete and submit Form 116 along with the application.</b>				
<b>FOR ENTRY LEVEL POSITIONS ONLY:</b>					<b>DRIVER'S LICENSE (If Position Requires It)</b>				
If you claim Veteran's Credit, you must provide your Form #DD214 at the time you submit your application. Do you claim Veterans Credit?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	Number		Expiration Date MO / YR	State	
License, Registration, Certificates of Professional competence relative to position for which you are applying:							<b>FOREIGN LANGUAGE (specify):</b>		
							Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>
<b>Employment Availability</b>									
Will you accept:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary	<input type="checkbox"/> On-call	If you are offered employment, can you provide proof of your right to legally work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> 12 Months	<input type="checkbox"/> 11 Months	<input type="checkbox"/> 10 Months						
<b>PLEASE DO NOT WRITE IN SPACE BELOW</b>									
Qualified <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Incomplete:			Screened by:			
Comments:					Application rejected: _____ Exp. <input type="checkbox"/> Ed. <input type="checkbox"/> Record				
<input type="checkbox"/> Interview:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____						
Exam Dates:			Notification Dates:						
	<b>Written</b>		<b>DNA - W</b>		<b>DNP - W</b>				
	<b>Performance</b>		<b>DNA - P</b>		<b>DNP - P</b>				
	<b>Oral</b>		<b>DNA - O</b>		<b>DNP - O</b>				



Number of semester units of graduate work beyond BA or BS degree		Number beyond MA or MS	<b>NOTE: 1 Quarter unit = 2/3 Semester Unit</b>
Number: _____		Number: _____	
<b>California Credentials now held or applied for</b>			
	Type:	Expires:	
	Type:	Expires:	
Has your credential ever been suspended or revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
My placement papers are on file with the following placement office:			
Address:		City/State/Zip Code:	

**WORK EXPERIENCE OTHER THAN TEACHING**

Read the experience requirements in the job announcement before completing this section. **Begin with your most recent job.** List all jobs, and any periods of unemployment in the past ten years. Include any military service. Also, list any jobs you held more than ten years ago which relate to the duties or qualifications of the job for which you are applying. Be sure to include the number of hours per week that you worked. You may also list any volunteer experiences which relate to the job for which you are applying. You may attach additional pages if necessary. Resumes may be attached, but are **not** a substitute for completely filling out the application.

From:	Mo.	Yr.	Your Title:	Name of Employer:
To:	Mo.	Yr.	Your Duties:	Address:
Salary Per Month				City/State/Zip Code:
				Supervisor's Name & Title:
Hours Per Week				Telephone: (    )
			Reason For Leaving:	
From:	Mo.	Yr.	Your Title:	Name of Employer:
To:	Mo.	Yr.	Your Duties:	Address:
Salary Per Month				City/State/Zip Code:
				Supervisor's Name & Title:
Hours Per Week				Telephone: (    )
			Reason For Leaving:	

**CERTIFICATE OF APPLICANT**

I certify that the statements contained herein are true to the best of my knowledge and belief. And understand that any misstatement of material facts contained in this application will be cause for rejection of the application, removal of my name from eligibility list or discharge from the school district service. I have read the job bulletin for this classification and understand the work to be done and the conditions of employment.

I authorize the District to make such investigations and inquiries of my personal references, previous employers, and other legally related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries in connection with my employment.

<b>Date</b>		<b>Signature of Applicant</b>
-------------	--	-------------------------------