



APPLICATION FOR CLASSIFIED EMPLOYMENT

SANTA CRUZ CITY SCHOOL DISTRICT

133 Mission Street Ste. 100, Santa Cruz, CA 95060

PHONE (831) 429-3410 x 238 FAX (831) 429-3433

Website: www.SCCS.net

Position Applying For:	Today's Date:		
Applicant's Full Name	(First)	(M.I.)	(Last)
Address	(Street)	(City)	(State) (Zip)
Contact Information	(Phone)	(Cell Phone)	(Email)

ALL APPLICATION MATERIALS MUST BE RECEIVED IN THE HUMAN RESOURCES OFFICE BY THE POSTED FINAL FILING DATE AND TIME.

INSTRUCTIONS:

1. Applicants failing to complete all sections of this form will be disqualified from consideration for the position.
2. Applications are accepted only for a specific current position.
3. A separate application is required for each position; you may submit photocopies.
4. Please print with ink.
5. A resume and supporting materials may be attached, but will not be accepted in lieu of completion of any section of this form.
6. Applicants with disabilities who may need special accommodation for the testing/evaluation process are requested to inform the Personnel Commission staff of their needs.

GENERAL INFORMATION

Are you now or have you ever been employed by Santa Cruz City Schools before? (If yes, give title and dates employed)

Can you provide legal documentation of your right to remain and work in the U.S.? Yes No

Have you ever been convicted of a felony or misdemeanor that has resulted in incarceration, a fine in excess of \$50, and/or probation? If Yes, explain on an attached sheet. Yes No
(A conviction may not necessarily disqualify an applicant from employment.)

Do you claim Veteran's preference or Veteran's disability? Yes No

(To receive credit, you must have served 30 days during any period between 09/16/40 to 12/31/46; 6/27/50 to 1/31/55; 8/4/64 to 05/07/75; and 08/20/90 to the present.) Applicant's must submit copy of Honorable Discharge when applying to receive credit.

Please show all employment within the last ten years plus other related experience (add additional pages, if necessary). Begin with your current or most recent employer. A resume may be attached, but will not be accepted in lieu of completion of any sections of this form.

May we contact your current employer? Yes No

Employer:	Phone:	Starting Date:	Ending Date:
City, State, Zip Code:		Total Years/Months:	Hours per Week:
Position Title:		Supervisor's Name and Title:	
Description of Duties:			

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EDUCATION AND TRAINING

Name and City/State of Educational Institutions	Major Subject	Minor Subject	Diploma or Degree
High School:			<input type="radio"/> Yes <input type="radio"/> GED <input type="radio"/> No
College:			
Graduate School:			
Other Education/Training:			

SKILLS FOR THIS POSITION - Complete this section where applicable

<p>Computer Skills/Applications:</p> <p>Word-processing: _____</p> <p>Spreadsheet: _____</p> <p>Other: _____</p>	<p>Which Language(s) do you</p> <p>Speak: _____</p> <p>Read: _____</p> <p>Write: _____</p>
<p>Other Job-Related Skills: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

EMPLOYMENT OR OTHER REFERENCES

Name	Position/Organization	Relationship to applicant	Phone Number

YOU MUST SIGN AND DATE APPLICATION BELOW IN ORDER TO BE CONSIDERED FOR EMPLOYMENT:

I hereby certify that all statements and information on this application are true to the best of my knowledge and belief. If employed, I understand that any falsification of the information on this application may be considered cause for termination. I further understand that, if offered a position, I must complete pre-employment processing to include Loyalty Oath, Fingerprinting, current Verification of Tuberculosis Testing, and submission of documents, to include a Social Security Card, which verify my eligibility to work and remain in this country.

As an applicant for a position with the Santa Cruz City School District, (hereinafter "District") I am required to furnish information and references for use in determining my qualifications. I understand that the District may verify all data given in my application for employment, related papers, and/or oral interviews. I further understand that any and all references provided to the District may be contacted, either in writing or otherwise. By signing below, I hereby authorize such investigation. In addition, I authorize any previous employer and/or any other reference to release and fully disclose to any agent of the District any information that such person may have concerning me, including information of a confidential or privileged nature.

I hereby release the District, previous employers, and/or other references from liability or damage which may result from furnishing the information requested.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain my original written signature.

Print Name

Signature

Date

**SANTA CRUZ CITY SCHOOL DISTRICT
IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER**