

SALINAS CITY ELEMENTARY SCHOOL DISTRICT
 ADMINISTRATION OFFICES, 840 SOUTH MAIN ST., SALINAS, CA 93901
 • PHONE (831) 753-5600 • FAX (831) 753-5610

**APPLICATION FOR EMPLOYMENT
 CLASSIFIED POSITIONS**

Last Name , First Name

Name _____
 Last First Other

Address _____
 Number/Street City State Zip

Telephone: Home _____ Other _____

Social Security No. _____ Are you 18 years of age or older? _____

Position(s) for which you are applying: _____

Types of office machines able to use: _____

Other than English, I speak read or write : _____

Other qualifications: _____

Employment you wish: Full-Time Part-Time Sex: Female Male

Have you been a previous member of the California Public Employees' Retirement System? Yes No

Start Date, Year _____ Place _____

Have you ever been convicted of any offense other than a minor traffic violation? Yes No If yes, please explain on dates: _____

EDUCATION: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 (Circle highest grade completed)

	Names and Locations of Schools Attended	Major Subject and Degree, if any	No. Years Completed	Graduated Yes No	Dates Attended
High School					
Junior College					
College/University					
Other					

Test Scores: (Employer's use only)

<u>Gross</u>	<u>Errors</u>	<u>WPM</u>		<u>R.S.</u>	<u>Errors</u>	<u>%ile</u>
Typing Test			Punctuation	Alpha- betizing		
Given by			Vocabulary	Numeric Order		
	(Date)			Name Checking		
Hand Test				Number		

EXPERIENCE: Begin with your most recent experience — LIST ALL JOBS SEPARATELY.

Position	Employer/Address	Phone	Dates		Supervisor	Reason for Leaving
			From	To		

CHARACTER REFERENCES: (People who know you well, either personally or in business, who are not related to you.)

Name	Title	Address	City/State/Zip/Telephone No.

EOE/AA/ADA
EQUAL OPPORTUNITY EMPLOYER THROUGH AFFIRMATIVE ACTION

THE APPLICANT CERTIFIES that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements made to be recorded. I release from all liability persons and organizations reporting information required by this application. THIS APPLICATION AND ALL DOCUMENTS SUBMITTED BECOME PROPERTY OF SALINAS CITY ELEMENTARY SCHOOL DISTRICT AND CANNOT BE RETURNED.

Signature: _____ Date: _____

If not employed, this application is kept for 2 years.

PROCESSING INFORMATION — FOR OFFICE USE ONLY

INITIAL SCREENING/INTERVIEW: _____ DATE: _____

RECOMMENDATION: _____

