

# JUNCTION ELEMENTARY SCHOOL DISTRICT APPLICATION FOR CLASSIFIED EMPLOYMENT

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 (Last Name) (First) (Middle)  
 Address: \_\_\_\_\_ Res. Phone: \_\_\_\_\_  
 (Street) \_\_\_\_\_  
 \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
 (City) (Zip)

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
 In case of emergency, please notify:

\_\_\_\_\_  
 (Name and Phone Number)

**Education**

Circle highest grade completed:

(Grade School) 1 2 3 4 5 6 7 8 (High School) 9 10 11 12  
 (College) 1 2 3 4 5 6 7 Highest Degree \_\_\_\_\_  
 (Other)

Name and address of high school attended: \_\_\_\_\_  
 \_\_\_\_\_

From	To	College or University	Location	Major	Sem. Units	Degree

Have you passed the Aide Proficiency Test? Yes \_\_\_ No \_\_\_

Why do you want to work in this position? \_\_\_\_\_

What kind of work do you do best? \_\_\_\_\_

Typing Speed \_\_\_\_\_ Shorthand Speed \_\_\_\_\_ Certificates Attached? Yes \_\_\_ No \_\_\_

If you are not a U.S. Citizen, have you the legal right to remain permanently in the United States? Yes \_\_\_ No \_\_\_

Are you over 18 years of age? Yes \_\_\_ No \_\_\_ (If employed, you may be asked to submit proof of age).

**EMPLOYEE RACE/ETHNICITY INFORMATION:**

New federal guidelines require that we gather race./ethnicity information on all new employees in a two part question. Please complete the information listed below:

**WHAT IS YOUR ETHNICITY? (Please check one):**     Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)     Not Hispanic or Latino

**WHAT IS YOUR RACE? (Please check up to five racial categories)**  
*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race(s) to be.*

<input type="checkbox"/> American Indian or Alaskan Native (100)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Tahitian (304)
(Persons have origins in any of the original people of North, Central or South America)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Filipino./Filipino American (400)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Guamanian (302)	
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Samoan (303)	

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what for \_\_\_\_\_ when \_\_\_\_\_

Comments \_\_\_\_\_

Do you have any physical conditions which may limit your ability to perform the job applied for? Yes \_\_\_\_ No \_\_\_\_

(If yes, explain) \_\_\_\_\_

(Employer may require a physical examination upon offer of employment)

Were you in the U.S. Armed Forces? \_\_\_\_\_ Dates: \_\_\_\_\_

What branch? Army \_\_\_\_\_ Navy \_\_\_\_\_ Coast Guard \_\_\_\_\_ Marine \_\_\_\_\_ USAF \_\_\_\_\_

Are you bondable? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you any relatives employed by Junction School? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, list names and relationship)

List organizations, clubs, professional societies or other associations of which you are a member:  
\_\_\_\_\_

Prior work history (List last employer first):

Dates Employed

From	To	Name of Employer	Address	Phone No.	Supervisor	Reason for Leaving	Position

Comment: \_\_\_\_\_

Please list three personal references, not previous employers. (Name, address & phone)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PROOF OF CITIZENSHIP, T.B. CLEARANCE, OATH OF ALLEGIANCE, FINGERPRINTING & DRIVER'S RECORD MAY BE REQUIRED IF EMPLOYED.**

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

