

CLASSIFIED
Application
Please type or use ink

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
555 Sinex Avenue, Pacific Grove, CA 93950
Tel: 831-646-6507 Fax: 831-646-6500
E-mail: personnel@pgusd.org Website: www.pgusd.org

rev: 4/2000

Date: _____

Application for the position of: _____

NOTE: Complete both sides of this form fully and accurately. This information will be used to determine your eligibility for employment, and to evaluate your education and experience as part of any examination you may take. If you are hired, this application will become a part of your personnel file.

The Civil Rights Act of 1964 prohibits discrimination in employment practices because of race, color, religion, sex, or national origin. P.O. 90-202 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

Name: _____
Last First Middle Other

Address: _____
Street number or P.O. Box City State Zip

Phone: _____
Home Business Message

How long at the above address: _____ email: _____

Social Security #: _____

Are you, or have you ever been a member of the California State Employees' Retirement System? Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____ **If Yes**, from what state? _____ Number: _____

Could you work: Full-Time: _____ Part-Time: _____ Specify days/hours: _____

Were you previously employed by us? Yes _____ No _____ **If Yes**, when: _____ Position: _____

If hired, when are you available to start? _____

Have you ever been convicted for anything other than a minor traffic violation? YES _____ NO _____
(**If YES**, explain in writing the circumstances and attach the statement to this application.)

OFFICE USE ONLY

Test: _____ Date: _____ Score: _____ WPM: _____

Eligibility: _____

Interviewed: _____ By: _____

Date: _____ Activity Notes: _____

RECORD OF EDUCATION

rev: 4/2000

Name & Address of High School, and any College or University Education	Course of Study	Years Completed	Graduation Date	Diploma or Degree
		1 2 3 4		
		1 2 3 4		
		1 2 3 4		

Please list other experiences, skills, or qualifications which you feel would especially fit you for work with the District:

Typing Speed: _____ wpm	Computer Skills: _____ Word Processing _____ Other (specify): _____ Spreadsheet _____ DataBase _____ E-mail
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LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH THE MOST RECENT

Period of employment	Job title and most important duties performed	Name, address and telephone of previous employer and Supervisor's Name
1) From: _____ To: _____ ___/___/___ ___/___/___ Total: _____ Yrs. & _____ Mos. Full-time: _____ Part-time: _____ Hours per week: _____	Title: _____ Weekly Salary: \$ _____ Duties: _____	Reason for leaving: _____
2) From: _____ To: _____ ___/___/___ ___/___/___ Total: _____ Yrs. & _____ Mos. Full-time: _____ Part-time: _____ Hours per week: _____	Title: _____ Weekly Salary: \$ _____ Duties: _____	Reason for leaving: _____
3) From: _____ To: _____ ___/___/___ ___/___/___ Total: _____ Yrs. & _____ Mos. Full-time: _____ Part-time: _____ Hours per week: _____	Title: _____ Weekly Salary: \$ _____ Duties: _____	Reason for leaving: _____
4) From: _____ To: _____ ___/___/___ ___/___/___ Total: _____ Yrs. & _____ Mos. Full-time: _____ Part-time: _____ Hours per week: _____	Title: _____ Weekly Salary: \$ _____ Duties: _____	Reason for leaving: _____

May we contact the employers listed above? Yes _____ No _____

If NO, indicate by number which one(s) you do not want contacted: _____

I hereby declare that the statements in this application are true and complete to the best of my knowledge and I authorize investigations of all statements contained herein. I hereby release from any liability all persons and organizations furnishing such information. I agree to submit to physical examination and to conform to District regulations concerning TB examinations. I understand that I will be subject to dismissal if any statement in this application is found to be untrue.

Applicant's Signature: _____ Date: _____