



BOLINAS-STINSON UNION SCHOOL DISTRICT

125 Olema-Bolinas Road
Bolinas, CA 94924

John Carroll
Superintendent

(415) 868-1603
FAX (415) 868-9406

APPLICATION FOR CLASSIFIED EMPLOYMENT

Name:	Position applied for:
Are you willing to accept temporary or substitute employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to accept part-time employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Education: Name and location of school	Major	Graduate?	Units	Degree
High School:				
Junior College:				
College or University:				
Business, Correspondence, Trade or Graduate School:				

From	To	Hours worked each	Name of Supervisor

Name of Employer: _____

Reason for leaving: _____

From	To	Hours worked each	Name of Supervisor

Name of Employer: _____

Reason for leaving: _____

From	To	Hours worked each	Name of Supervisor

Name of Employer: _____

Reason for leaving: _____

Please complete the following sections pertinent to the position for which you are applying

Professional license or registration you hold related to this position:	
Maintenance/Service Equipment you can operate:	
Office machines you can operate:	
Computer skills and Proficiency:	PC? MAC?
Word Processing Programs:	
Spread Sheet/Data Base Programs:	
Typing: _____ wpm Keyboarding: _____ wpm Shorthand/Speedwriting: _____ wpm	

Have you ever been convicted of any felony or misdemeanor, fined, or placed on probation? (Exclude minor traffic violations)	Yes	No
Are you currently using controlled substances without a prescription and/or are you an active alcoholic?	Yes	No
Do you have any relatives working for the Bolinas-Stinson Union School District?	Yes	No
Are you currently, or have you ever been a member of PERS or STRS?	Yes	No
If the job for which you have applied requires a driver's license, indicate whether you have a valid one.	Yes	No
If you worked for the district under a different name, What was your former name? _____		
<i>(For each question answered yes, explain in writing the circumstances and attach the statement to this form or write below)</i>		

REFERENCES: *Please list the names and current phone numbers of four people who have directly supervised your work in the positions listed on this application. You may also submit additional references.*

Name	Employer/Company	Home Phone	Work Phone

Please list any training skills, experiences, or special qualifications not shown on this form that you have gained through volunteer, community, or other activities; list qualifications which especially equip you to work with diverse environments and/or multi-ethnic communities. Include a brief explanation; use this space for any other item you wish to explain in further detail.

I hereby authorize the Bolinas-Stinson Union School District to fully investigate my record and work qualifications either before or after my employment and to facilitate such investigation I also hereby authorize any persons having knowledge thereof to give such information to the Bolinas-Stinson Union School District upon request. Notwithstanding any agreement I may have made with any previous employer this authorization includes any information or documents contained in my personnel file with any previous employer. I release from all liability persons and organizations reporting information required by this application. I certify that all statements made by me on this application for employment are true and correct to the best of my knowledge and belief and agree that if employed, any misrepresentation, falsification, or omission of facts thereon shall justify my dismissal. I further agree that as a condition of employment, I shall submit to an Oath of Office, fingerprinting, and an examination to determine freedom from tuberculosis. I shall abide with the provisions of Penal Code Section 11166 (Child Abuse Reporting) and Welfare and Institution Code, Section 15630. Please note that smoking is not permitted in any Bolinas-Stinson Union School District building or grounds. I also acknowledge that in compliance with the Immigration Act of 1986, I must submit prior to employment my Social Security card and valid driver's license or State Identification Card.

Signature: _____ Date: _____

How did you learn about this job? _____ Name (please print): _____

School employee _____ Phone: _____
 Internet/Job Hotline _____ Home _____ Work _____
 State Employment Office _____ Mailing Address: _____
 Newspaper _____
 Other _____ City _____ State _____ Zip _____

Email address: _____