

**SIERRA SANDS UNIFIED SCHOOL DISTRICT  
CLASSIFIED PERSONNEL  
APPLICATION FOR EMPLOYMENT**

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**Position:**

**Date:**

**EMPLOYEE INFORMATION**

Name (Last)	(First)	Social Security Number (last four digits)
		XXX-XX-
Address (Number & Street)	(Apt. Number)	(City) (State) (Zip)
Home Phone	Work Phone	
Cell	E-mail Address	
Have you ever been employed by Sierra Sands Unified School District? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Under what name? _____ Employment Dates: From _____ To _____		
Position _____ Classification: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Substitute		
Reason for leaving? _____		
Have you ever been discharged or forced to resign from an organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Organization Name _____ Employment Dates: From _____ To _____		
Position _____		
Reason for discharge? _____		
Are you related to any employee of this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, list name and relationship to you _____		
Have you ever been convicted of a misdemeanor or a felony <input type="checkbox"/> Yes <input type="checkbox"/> No If offered employment you will be fingerprinted.		
(If Yes, Please indicate year and explain) _____		
If hired, can you provide verification of your right to legally work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Drivers License (if position requires)		
Number _____ Class _____		
Expiration Date _____ State _____		
Is it suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Language _____		
<input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Translate		
Employment availability <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Non-Teaching Substitute		
Hours preferred _____		
Hours available _____		
Please list other skills and experiences which would qualify you for employment. _____		
_____		
_____		

# PROFESSIONAL EXPERIENCE

List all paid experience in chronological order, most recent first. Account for all gaps in employment. Please attach another sheet if necessary.

(1) Employer _____ Title _____
Address _____ (Street Number/City/State/Zip)
Duties _____
Employment Dates: From _____ To _____ Name of Immediate Supervisor _____ (mm/dd/yy) (mm/dd/yy)
OK to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Work phone # (_____) _____ Other phone # (_____) _____
Hours per Week _____ Salary Per Month _____
Reason for Leaving Position _____
_____
(2) Employer _____ Title _____
Address _____ (Street Number/City/State/Zip)
Duties _____
Employment Dates: From _____ To _____ Name of Immediate Supervisor _____ (mm/dd/yy) (mm/dd/yy)
OK to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Work phone # (_____) _____ Other phone # (_____) _____
Hours per Week _____ Salary Per Month _____
Reason for Leaving Position _____
_____
(3) Employer _____ Title _____
Address _____ (Street Number/City/State/Zip)
Duties _____
Employment Dates: From _____ To _____ Name of Immediate Supervisor _____ (mm/dd/yy) (mm/dd/yy)
OK to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Work phone # (_____) _____ Other phone # (_____) _____
Hours per Week _____ Salary Per Month _____
Reason for Leaving Position _____
_____

## EMPLOYMENT REFERENCES

(1) Position _____	Reference _____	Ph. Number _____
(2) Position _____	Reference _____	Ph. Number _____
(3) Position _____	Reference _____	Ph. Number _____

\*Your present employer may be contacted for a reference upon offer of employment.

## EDUCATIONAL RECORD

List most recent first.

Name of College/University/Trade School	Major/Area of Study	Total Units	Sem. Qtr.	Degree	Dates Attended

Name of High School \_\_\_\_\_ Graduate  Yes  No  GED

Name of Training/Certificated Program	Area of Study/Certificate	Dates Attended

## SOFTWARE PROGRAM PROFICIENCY

Name of Software Programs	Used for the Following Tasks

**A post-offer pre-employment medical examination may be required. Also, if employed, you will be fingerprinted. A record of conviction may not disqualify you from employment, but failure to disclose felony convictions, may result in dismissal.**

### REQUIRED APPLICANT STATEMENT

*I hereby certify that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements made herein. I authorize all employers and institutions to release information concerning my employment or education to Sierra Sands Unified School District. I understand that applicants may be disqualified or dismissed for any false statement. I release from all liability persons and organizations providing information required by the process. Sierra Sands Unified School District reserves the right to disregard any application, which is not fully complete and signed by the applicant.*

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

**Equal Opportunity Employer**