



Los Olivos School District

2540 Alamo Pintado Avenue
PO Box 208 · Los Olivos · Ca 93441
Phone: (805) 688-4025
Fax: (805) 688-4885

APPLICATION FOR CLASSIFIED EMPLOYMENT

Equal Opportunity/Affirmative Action Employer

In compliance with State and Federal laws, the Los Olivos School District does not discriminate on the basis of sex, sexual orientation, age, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability in the education programs or activities which it operates, in its employment practices, nor in the admission policies to its programs.

**Los Olivos School District
is a tobacco-free environment.**

INSTRUCTIONS: Fill out both sides of this form completely. **TYPE OR PRINT.** Sign the form on the reverse side. This application and any attachments become the property of the Los Olivos School District.

POSITION: _____ **DATE:** _____

How did you hear about this position? _____

Social Security Number: _____ (In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The Social Security Number will be used for identification purposes to ensure that proper records are maintained.)

NAME _____
Last First Middle

ADDRESS: _____
Number Street City State Zip

TELEPHONE: _____
Home Cell Business/Message

Email: _____

1. Have you the legal right to work in the United States?
(Identification will be required for employment eligibility verification, if hired.) _____ Yes No _____
2. If applicable to position, do you possess a valid California Driver's License? _____ Yes No _____
3. Were you ever previously employed by the Los Olivos School District? _____ Yes No _____
4. Have you ever been a member of the Public Employees Retirement System? _____ Yes No _____
5. Have you ever served in any branch of the military _____ Yes No _____
6. Have you ever been convicted of a crime other than a minor traffic violation? _____ Yes No _____

If you answer yes to questions 3, 4, 5, or 6 above, please explain. _____

7. Are you related to any board member or employee of Los Olivos School District?
If yes, name and relationship to you: _____

LANGUAGES YOU SPEAK AND WRITE: _____

EDUCATION:
List high school, colleges, licenses, certificates or other special training below:
Name of School Course of Study Diploma/Degree/Certificate

EXPERIENCE: List your last five jobs. Begin with the most recent. Also list relevant volunteer work. If necessary, use an additional sheet to describe your duties or other significant jobs. **A resume is not sufficient. A resume is considered a supplement to your application.**

FROM MO: YR:	JOB TITLE:	EMPLOYER
TO: MO: YR:	YOUR DUTIES:	ADDRESS:
TOTAL TIME: MO: YR:		CITY/STATE/ZIP
PAY:		SUPERVISOR PHONE: :
		REASON FOR LEAVING:
FROM MO: YR:	JOB TITLE:	EMPLOYER
TO: MO: YR:	YOUR DUTIES:	ADDRESS:
TOTAL TIME: MO: YR:		CITY/STATE/ZIP
PAY:		SUPERVISOR PHONE: :
		REASON FOR LEAVING:
FROM MO: YR:	JOB TITLE:	EMPLOYER
TO: MO: YR:	YOUR DUTIES:	ADDRESS:
TOTAL TIME: MO: YR:		CITY/STATE/ZIP
PAY:		SUPERVISOR PHONE: :
		REASON FOR LEAVING:
FROM MO: YR:	JOB TITLE:	EMPLOYER
TO: MO: YR:	YOUR DUTIES:	ADDRESS:
TOTAL TIME: MO: YR:		CITY/STATE/ZIP
PAY:		SUPERVISOR PHONE: :
		REASON FOR LEAVING:
FROM MO: YR:	JOB TITLE:	EMPLOYER
TO: MO: YR:	YOUR DUTIES:	ADDRESS:
TOTAL TIME: MO: YR:		CITY/STATE/ZIP
PAY:		SUPERVISOR PHONE: :
		REASON FOR LEAVING:

USE THIS SPACE TO IDENTIFY ANY SPECIAL TRAINING OR EXPERIENCE THAT INDICATES QUALIFICATION FOR THE POSITION APPLIED FOR: _____

What equipment or machines can you operate? _____

Name address and telephone number of person to notify in case of emergency: _____

List names, addresses and telephone number of two references other than relatives: _____

Employment is contingent upon completing requirements for Fingerprints (EC Section 45125), Verification of Freedom from Tuberculosis (EC Section 49406), Employment Eligibility Verification, and passing a job-related physical examination, if required.

CERTIFICATE OF APPLICANT: I certify that all statements made in the application are true and correct to the best of my knowledge. I understand that any false statements of material facts may subject me to disqualification or dismissal.

DATE: _____ SIGNATURE: _____