

**GILROY UNIFIED SCHOOL DISTRICT**

Human Resources Department  
 7810 Arroyo Circle  
 Gilroy, CA 95020 (408) 848-7131

**CLASSIFIED JOB APPLICATION****PERSONAL INFORMATION**

Name: Last First Middle Social Security Number

Address: Number and Street City State Zip

Telephone: Home Cell E-mail address:

**POSITION APPLYING FOR** (list position):

I have worked for GUSD before:

Yes  No *If yes*, indicate dates of employment, department/school and positions:

I am fluent in languages other than English:  Yes  No *If yes*, list languages:

**Have you ever been convicted for a violation of the law?** This includes a conviction based on a plea of no contest, of any felony or misdemeanor in California or any other places and includes any set aside and dismissed per 1203.4. Conviction is not an automatic bar to employment in all cases. Each case is treated individually.

Yes  No *If yes*, please explain:

**Do you have relatives employed at GUSD?**

Yes  No *If yes*, give name, department/school and relationship:

**Public Employees' Retirement System or State Teacher's Retirement System:**

Retired PERS/STRS

Current member of PERS/STRS

Yes  No

Yes  No

**Do you have a valid Driver's License?**

Yes  No If yes, State \_\_\_\_\_ License No. \_\_\_\_\_ Class A B C M Expiration Date: \_\_\_\_\_

**Are you seeking full-time or part-time employment?**

Full-time only  I will accept part-time employment  Hourly employment  On-call substitute

2 Hrs/day  3 Hrs/day  4 Hrs/day  5 Hrs/day  6+Hrs/day (Check all options that you would accept)

**List computer applications that you use:**

MS Word:  N/A  Basic  Advanced

Excel:  N/A  Basic  Advanced

Name/Location of last high school attended: Graduate:  Yes  No  Obtained GED

Name/Location of college(s) or university(ies) attended:  Units Only  AA Degree  BA/BS Degree

**List business, trade or special training you have had and list any experience you have had in working with children if applicable (give location and dates):**

**Employment History:** List most recent employment first, include periods of unemployment  
**Please note: The following information is required. Submission of a résumé only is not sufficient.**

<b>Employer</b>	Start Date / End Date	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City State Zip	Area Code + Phone
Supervisor's name	Present or final position	Initial position
Position description	Reason for leaving	

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Supervisor's name	Present or final position	Initial position
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Have you ever been released, or resigned in lieu of release, from a position?  Yes  No *If yes, please explain:*

List three persons, other than relatives, who are well-acquainted with you and serve as professional or personal references:

Name	Address	Area Code + Current Phone

**Certificate of Applicant (Read carefully before signing)**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment. In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the District.

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