



# Hawthorne School District

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The Hawthorne School District recognizes its obligation to make reasonable accommodation for qualified disabled persons for employment testing and employment conditions. Should you need assistance in the application process, please contact the Human Resource Office.

## APPLICATION FOR MANAGEMENT EMPLOYMENT

Title of Position(s) for Which You Are Applying: \_\_\_\_\_

Date Available for Employment \_\_\_\_\_

NAME \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle (Optional)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Number Street Apt. No.

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail \_\_\_\_\_

**EMPLOYMENT HISTORY:** List your work record for the last 10 years only as it relates to the position for which you are making application. Begin with your present or most recent experience. List each promotion separately. If more space is needed, please use separate sheet(s) prepared in the same format and attach them to this application.

Title of Present or Most Recent Position		Employer (Business or Agency Name)		
Name of Supervisor	Supervisor's Telephone	Address	City	State/Zip
From (Mo.Yr.) _____	To (Mo.Yr.) _____	Are you under contract? _____		
Reason for Leaving: _____				

Title of Prior Position		Employer (Business or Agency Name)		
Name of Supervisor	Supervisor's Telephone	Address	City	State/Zip
From (Mo.Yr.) _____	To (Mo.Yr.) _____	Are you under contract? _____		
Reason for Leaving: _____				

Title of Prior Position		Employer (Business or Agency Name)		
Name of Supervisor	Supervisor's Telephone	Address	City	State/Zip
From (Mo.Yr.) _____	To (Mo.Yr.) _____	Are you under contract? _____		
Reason for Leaving: _____				

Total number of years of full-time contractual experience with all employers: \_\_\_\_\_

List any particular skills or activities related to the position for which you are applying: \_\_\_\_\_

Describe any experience you have had working with bilingual program: \_\_\_\_\_

Were you ever dismissed or asked to resign from any position? Yes  No  If yes, please explain on a separate page.

TITLE(S) OF CREDENTIAL(S) AND /OR CERTIFICATES: (Attach Photocopies)

Expiration Date

Area(s) of Authorization

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title of California Credential or License for which you have applied: \_\_\_\_\_ Date of Application \_\_\_\_\_

Have you passed CBEST? Yes  No  Not Applicable  Date test was taken: \_\_\_\_\_

Have you ever had your credential or license suspended or revoked? Yes  No  If yes, please attach an explanation.

Please provide the following information as it relates to the position(s) for which you are making application:

COLLEGES/ UNIVERSITIES ATTENDED	Course of Study or Major/Minor	Units Completed	Type of Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total number of lower and upper division and graduate semester units earned (1 Quarter Unit = 2/3 Semester Unit): \_\_\_\_\_

Upon employment, you will be required to provide official transcripts affirming courses taken and degree(s) earned.

List any language(s) other than English in which you are fluent: \_\_\_\_\_ Read  Write  Speak

Have you ever been convicted of a felony or a misdemeanor? Yes  No  Disclosure of a conviction will not necessarily disqualify you from employment. If your answer is "yes", please attach an explanation so that it can be assessed for job relatedness. Failure to disclose a conviction will result in disqualification from consideration for employment or dismissal from employment.

If you are not a citizen of the United States, can you, prior to or as a condition of employment, submit verification of your legal right to work and/or remain permanently in the United States Yes  No

If you are now or have been previously employed by the Hawthorne School District, please indicate:

Exact Job Title \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Do you have any relatives working for the Hawthorne School District? Yes  No

If previously employed under a different name, please state that name: \_\_\_\_\_

Can you perform the essential duties as listed in the vacancy announcement with or without a reasonable accommodation? Yes  No

Comment: \_\_\_\_\_

Are you currently, or have you been a member of the Public Employees or State Teachers Retirement System? Yes  No  If yes, check appropriate system: PERS  STRS  Name of current/last district deducting contributions: \_\_\_\_\_

Have you withdrawn your retirement funds? Yes  No  If yes, please list date: \_\_\_\_\_

Inquiry may be made of your present and former employers regarding your performance and attendance record. May we contact your employers?

Yes  No  If no, please explain \_\_\_\_\_

PLEASE NOTE: The District must be able to contact your present employer should you become a finalist for a position in the District.

REFERENCES: Reference checks will be made from placement files and of present or prior supervisors, unless so indicated above. You may list three (3) additional professional references (no relatives) from who confidential recommendations concerning your recent service or training can be obtained.

FULL NAME	POSITION AND DISTRICT or COMPANY	COMPLETE ADDRESS	TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DISCLOSURE STATEMENT**

I hereby agree to the conditions of this application, certify that all statements made herein are true and complete, and agree and understand that any misstatement or omission of material facts herein will subject me to disqualification, dismissal from employment, or withholding of payment as an employee of the Hawthorne School District. I further understand that any term of employment is subject to a decision of the District and that no employment has been contracted for by my completion and filing of this application. Upon employment, I agree to sign an oath of loyalty or affirmation and furnish my Social Security card, official transcripts, and other documents as may be required. I understand that employment will require a valid certificate indicating freedom from tuberculosis.

I hereby authorize investigation of all information herein provided and release from any and all liability persons and organizations securing and reporting information related to and/or required by my filing of this application. If selected as a finalist for a position in the District, I hereby give full release to and waive the District and my present and former employers and their authorized agents from any and all liability which may otherwise be incurred by the securing and reporting of information required by the District's application and/or employment process(es).

Signature (Present Legal Name) \_\_\_\_\_ Date \_\_\_\_\_

**HAWTHORNE SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY – AFFIRMATIVE ACTION – TITLE IX EMPLOYER**

The Hawthorne School District desires to provide a positive work environment where employees and job applicants are assured of equal access and opportunities and are free from harassment in accordance with law. The Hawthorne School District prohibits employees from discriminating against or harassing any other employee or job applicant on the basis of the person's actual or perceived race, religious creed, color, national origin, ancestry, age, marital status, pregnancy, physical or mental disability, medical condition, genetic information, veteran status, gender, gender identity, gender expression, sex, or sexual orientation.

***WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER***