

MAPLE SCHOOL DISTRICT

Classified Personnel Application

Date \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_

Last First Middle

Mailing Address \_\_\_\_\_

Street City State Zip Code

Telephone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Would you work part-time?  Yes  No Specify days and hours: \_\_\_\_\_

Are you employed now?  Yes  No When are you available for work? \_\_\_\_\_

Are you bilingual?  Yes  No If yes, specify language(s) spoken \_\_\_\_\_

Do you have a relative currently employed with Maple School District?  Yes  No

If yes, state name(s) and relationship: \_\_\_\_\_

Are you over the age of 18?  Yes  No If no, hire is subject to verification.

Are you legally eligible to work in the United States?  Yes  No

Have you been previously employed with the Maple School District?  Yes  No

If yes, from \_\_\_\_\_ to \_\_\_\_\_

If you have ever worked under a different name, please state name: \_\_\_\_\_

Each prospective employee must undergo a background clearance through the Department of Justice prior to employment. Fingerprint clearance is pursuant to Education Code section 45125(a) as amended by AB 1610, Stats 1997.

For each question answered "yes," an explanation must be attached.

Have you ever been convicted of a misdemeanor?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you ever entered a plea of No Contest or Guilty to a misdemeanor?  Yes  No

Have you ever entered a plea of No Contest or Guilty to a felony?  Yes  No

A conviction will not necessarily disqualify you from employment.

Do you have any physical limitations that would restrict you from performing any specific type of work?  Yes  No If

yes, describe limitations: \_\_\_\_\_

EDUCATION

Please indicate education or training which you believe qualifies you for the position you are seeking.

HIGH SCHOOL: Number of years completed:  1  2  3  4

Diploma:  Yes  No G.E.D.:  Yes  No High School Proficiency Exam:  Yes  No

School Name: School Address From To

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

COLLEGE AND/OR VOCATIONAL SCHOOL: Number of years completed:  1  2  3  4

School Name: School Address From To

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

Major Degree Earned From To

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**EMPLOYMENT HISTORY**

Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment. Attach another sheet if necessary.

Company Name \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Position \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Describe your duties: \_\_\_\_\_

Reason for leaving and explanation: \_\_\_\_\_

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Company Name \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Position \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Describe your duties: \_\_\_\_\_

Reason for leaving and explanation: \_\_\_\_\_

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Company Name \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Position \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Describe your duties: \_\_\_\_\_

Reason for leaving and explanation: \_\_\_\_\_

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Please list other skills and experiences which would qualify you for employment.

When may we contact your current employer?       Immediately     Will Advise

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**PLEASE LIST THREE PERSONAL REFERENCE – NOT RELATIVES**

Name	Address	Phone Number	Relationship/Occupation	Years Known
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I hereby certify that all statements made in this application are true. I authorize the Maple School District to investigate my references, work record, education, and other matters related to my suitability for employment. I also authorize the references and my prior employers to disclose to the Maple School District any and all letters, reports, and other information related to my professional and personal background, without giving me prior notice to such disclosure. I agree and understand that any misstatement of material facts herein will cause (a) rejection of my application and (b) forfeiture on my part to any employment or payment as an employee in the service of the Maple School District. I further agree to be fingerprinted, to submit to a complete medical examination, and upon employment, to furnish such proof of age and citizenship as may be directed.

Signature of Applicant (mandatory) \_\_\_\_\_

Date \_\_\_\_\_

District Use Only:

Interviewed Panel: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Recommend for hire:     Yes     No    Salary Range/Column: \_\_\_\_\_

Applicant contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ Board Approved: \_\_\_\_\_ (Rev 7/17)