

# WESTMINSTER SCHOOL DISTRICT PERSONNEL COMMISSION

14121 Cedarwood Avenue / Westminster, California 92683 / (714) 894-7311 x1170

## APPLICATION FOR EMPLOYMENT

THE WESTMINSTER SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

PRINT EXACT TITLE OF THE POSITION YOU ARE APPLYING FOR: \_\_\_\_\_

**INSTRUCTIONS:** This application is part of the selection process and is a part of your total qualifications evaluation. Answer all questions completely and accurately. All statements are subject to verification. Make sure you sign **both** the application and conviction supplement forms.

Name: \_\_\_\_\_  
Last First Middle SOCIAL SECURITY NUMBER

ADDRESS: (NUMBER) (STREET) (APT.#) HOME PHONE CELL PHONE

(CITY) (STATE) (ZIP CODE) EMAIL ADDRESS

**DRIVER'S LICENSE** (If you possess one)

IF YOU CLAIM VETERAN'S CREDIT, YOU MUST PROVIDE YOUR FORM #DD214 AT THE TIME YOU SUBMIT YOUR APPLICATION.  
DO YOU CLAIM VETERAN'S CREDIT?  YES  NO

(NUMBER) (EXPIRATION DATE) (STATE)

ARE ANY OF YOUR RELATIVES EMPLOYED BY THE WESTMINSTER SCHOOL DISTRICT? IF YES, COMPLETE INFORMATION TO THE RIGHT.  YES  NO

**NAMES:**  **RELATIONSHIP:**

HAVE YOU EVER BEEN EMPLOYED BY THE WESTMINSTER SCHOOL. IF YES, COMPLETE INFORMATION TO THE RIGHT.  YES  NO

Classification: \_\_\_\_\_  
Status:  Regular  Temporary  
Employment date: From \_\_\_\_\_ To: \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY POSITION BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE.  YES  NO

Employer's Name: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Employment Date: From \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Discharge:

INFORMATION ON ANY LICENSE REGISTRATION, CERTIFICATES OF PROFESSIONAL COMPETENCE RELATIVE TO THE POSITION YOU ARE APPLYING FOR:

**CLERICAL SKILLS HELD:**

Typing (WPM) \_\_\_\_\_ Computer: (Software used) \_\_\_\_\_ Shorthand (WPM) \_\_\_\_\_

INFORMATION ON EQUIPMENT OR MACHINES YOU ARE ABLE TO OPERATE RELATIVE TO POSITION FOR WHICH YOU ARE APPLYING:

**FOREIGN LANGUAGE ABILITIES:**

Language \_\_\_\_\_  Speak  Read  Write  
Language \_\_\_\_\_  Speak  Read  Write  
Language \_\_\_\_\_  Speak  Read  Write

EMPLOYMENT AVAILABILITY: (check all that apply)

- Will you accept:
- 12 month  full time (8 hrs./day)
  - 11 month  part time (4-6 hrs./day)
  - 10 Month (school Year)  part time (less than 4 hrs./day)
  - substitute assignment(s)

**IF YOU ARE OFFERED EMPLOYMENT, CAN YOU PROVIDE PROOF OF YOUR RIGHT TO LEGALLY WORK IN THIS COUNTRY?**  YES  NO

**EDUCATIONAL RECORD:** Highest grade Completed

NAME / LOCATION OF SCHOOL:

NAME AND LOCATION OF COLLEGES OR TRADE SCHOOLS ATTENDED:	DATES ATTENDED FROM - TO	MAJOR	TOTAL UNITS SEM. - QTR.	DEGREE OR CERTIFICATE	DATES GRANTED

### WORK HISTORY

Read the experience requirements in the job announcement before completing this section. Begin with your most recent job. List all jobs, and any periods of unemployment in the past ten years. Include any military service. Also, list any jobs you held more than ten years ago which relate to the duties or qualification of the job for which you are applying. Be sure to include the number of hours per week that you worked. You may also list any volunteer experience which relates to the job for which you are applying. You may attach additional pages if necessary. Resumes may be attached, but are not a substitute for completely filling out the application.

Your Title: _____ Your Duties: _____ Name of present or last Employer: _____ Address: _____ City / State / Zip Code _____ Supervisor's Name & Title _____ Telephone No. _____	<table border="1"> <thead> <tr> <th></th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>From:</td> <td></td> <td></td> </tr> <tr> <td>To:</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Salary per Month:</td> <td></td> </tr> <tr> <td colspan="2">Hours per Week:</td> <td></td> </tr> </tbody> </table>		Month	Year	From:			To:			Salary per Month:			Hours per Week:		
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MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE?  YES  NO      PREVIOUS EMPLOYERS?  YES  NO

**CERTIFICATION OF APPLICANT:** I hereby certify that all statements made in this application are true and complete, and that any misstatement of material facts will subject me to disqualification or dismissal. I hereby authorize the Westminster School District to perform a preemployment review of the information on my application. I release from all liability any persons or organizations furnishing information.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# CLASSIFIED SERVICE CONFIDENTIAL DATA FORM

OFFICE OF HUMAN RESOURCES CLASSIFIED  
PERSONNEL COMMISSION  
WESTMINSTER SCHOOL DISTRICT

THE INFORMATION ON THIS FORM WILL ENSURE THAT OUR SELECTION PROCESSES ARE NON-DISCRIMINATORY, AND WILL BE UTILIZED ONLY FOR STATISTICAL PURPOSES. THIS FORM WILL BE KEPT SEPARATE FROM THE APPLICATION AND AT NO TIME WILL THE INFORMATION BE AVAILABLE TO ANY PERSONS INVOLVED IN THE HIRING PROCESS. YOUR COOPERATION IN COMPLETING THIS FORM IS APPRECIATED.

PRINT EXACT TITLE OF THE POSITION  
YOU ARE APPLYING FOR: \_\_\_\_\_

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last SOCIAL SECURITY NUMBER

Birth Date: \_\_\_\_\_

Address (NUMBER) (STREET) (APT.#) (CITY) (STATE) (ZIP CODE)

Sex:

- Male  
 Female

U. S. Citizenship:

- Citizen  
 Non U. S. Citizen

Veteran Status:

- Veteran  
 Vietnam Era Veteran  
 Desert Storm Veteran  
 Disabled Veteran (Disability Rating) \_\_\_\_\_  
 Non-Veteran

Service Dates:

From: \_\_\_\_\_ To: \_\_\_\_\_

Do you have any physical or other impairments which need to be accommodated?  Yes  No

Describe any impairments which requires special education or other related services below. This would include, but not be limited to, impairment of sight, hearing, speech, or impairment of physical ability because of amputation, loss of function or coordination. Please describe the nature of the impairment, any uncorrected limitations, and accommodations needed.

Description:

Ethnic Identification:

Referral Source:

# CONVICTION SUPPLEMENT

IT IS IMPORTANT THAT YOU BE TRUTHFUL. A FALSIFIED APPLICATION MAY RESULT IN DISQUALIFICATION, REMOVAL OF NAME FROM AN ELIGIBILITY LIST, AND / OR TERMINATION FROM EMPLOYMENT. ( Personnel Commission Rule 4.2.1.E is pertinent)

PRINT EXACT TITLE OF THE POSITION YOU ARE APPLYING FOR: \_\_\_\_\_

Name: \_\_\_\_\_

First

Middle

Last

Telephone: \_\_\_\_\_

Address (NUMBER) (STREET) (APT.#) (CITY) (STATE) (ZIP CODE)

Are you currently a Westminster School District employee?  Yes  No

Have you ever been convicted of any crime?  Yes  No

This **includes** driving under the influence of intoxicating liquor (DUI), reckless driving, possession of marijuana, etc...  
This **does not include** comparatively minor traffic violations.

Misdemeanor  Felony

TYPE OF CRIME: \_\_\_\_\_

Date \_\_\_\_\_ PLACE: \_\_\_\_\_

DISPOSITION:

You **must** give a complete report of all offenses.

If necessary, request another sheet to list additional crimes.

**I hereby certify that, to the best of my knowledge, the forgoing statements or assertions are complete and accurate.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**\*\*FOR PERSONNEL COMMISSION OFFICE USE ONLY\*\***

ACTION: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_