



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

2930 Gay Avenue, San José, CA 95127 · Phone: 408-928-6800 · Fax: 408-928-6401 · [www.arusd.org](http://www.arusd.org)

## APPLICATION FOR EMPLOYMENT-CLASSIFIED

**IMPORTANT INSTRUCTIONS: Please print in Ink or Type. Answer all questions completely.**

**NOTE: APPLICATION MUST BE SIGNED.**

Name \_\_\_\_\_  
FIRST MIDDLE LAST

Current Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Permanent Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home Phone ( ) - Message Phone ( ) -  
AREA CODE AREA CODE

Work Phone ( ) - Social Security # - -  
AREA CODE

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

Title of position for which applying: \_\_\_\_\_ Part-Time ☐ Full-Time ☐

Posting #: \_\_\_\_\_ School/Department: \_\_\_\_\_

**Please answer all the following questions.**

- Do you have a valid California Driver's License? Yes ☐ No ☐  
If you are under 18 years of age, can you submit a work permit? Yes ☐ No ☐
- Can you, upon employment, submit verification of your legal right to work in the United States?  
(Proof of citizenship or immigration status will be required upon employment) Yes ☐ No ☐
- Have you been employed with Alum Rock before? Yes ☐ No ☐  
If yes, give title and date, or if currently employed with Alum Rock indicate title and work hours.  
Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Work Hours: \_\_\_\_\_
- Do you have any family members who currently work in Alum Rock? Yes ☐ No ☐  
If yes, who are you related to? \_\_\_\_\_
- Have you ever been convicted of a crime, other than a minor traffic violation? Yes ☐ No ☐  
If yes, please use the space below (#9) to explain the nature of the crime(s), when and where convicted, and disposition of the case(s).
- Have you ever been dismissed from employment due to misconduct or unsatisfactory service or resigned to avoid dismissal? Yes ☐ No ☐  
If yes, please give details in the space provided in #9 to explain.
- Are you able to perform the essential functions of the job for which you are applying? Yes ☐ No ☐  
If no, use the space provided in #9 to describe the functions that cannot be performed and what can be done to accommodate the limitation(s).

Yes ☐ No ☐

8. Do you speak, read and write a language other than English? If yes, please rate yourself.

Language: \_\_\_\_\_

1 2 3 4 5  
NON-PROFICIENT PROFICIENT

9. Please use this space for explanation to questions 5-7. (Use additional sheets of paper, if necessary.)

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**Computer** Macintosh ☐ Personal Computer ☐

List software package(s) in which you are proficient:

|    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

**Professional Experience**

Please provide below details regarding your experience as listed on your application.

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**Extra-Curricular Interest And Related Information**

Please provide below information that may be directly or indirectly related to your professional background. Suggestions: athletics, art, drama, musical ability, newspaper, bilingualism, reading skills, experiences, etc.

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**Employment Experience**

Begin with your present or most recent job and account for ALL time during the past ten years. Verifiable voluntary experience will be considered if job related. If additional space is needed, please duplicate this sheet. **NOTE: A RESUME WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION**

| Employer Name and Address |  | Dates               |  | Position Held & Description of Job |  |  |  |  |
|---------------------------|--|---------------------|--|------------------------------------|--|--|--|--|
| Name                      |  | From                |  |                                    |  |  |  |  |
| Address                   |  | To                  |  |                                    |  |  |  |  |
| City/State/Zip            |  |                     |  |                                    |  |  |  |  |
| Supervisor/Title          |  |                     |  |                                    |  |  |  |  |
| Phone#                    |  | Reason for Leaving: |  |                                    |  |  |  |  |
| Name                      |  | From                |  |                                    |  |  |  |  |
| Address                   |  | To                  |  |                                    |  |  |  |  |
| City/State/Zip            |  |                     |  |                                    |  |  |  |  |
| Supervisor/Title          |  |                     |  |                                    |  |  |  |  |
| Phone#                    |  | Reason for Leaving: |  |                                    |  |  |  |  |
| Name                      |  | From                |  |                                    |  |  |  |  |
| Address                   |  | To                  |  |                                    |  |  |  |  |
| City/State/Zip            |  |                     |  |                                    |  |  |  |  |
| Supervisor/Title          |  |                     |  |                                    |  |  |  |  |
| Phone#                    |  | Reason for Leaving: |  |                                    |  |  |  |  |
| Name                      |  | From                |  |                                    |  |  |  |  |
| Address                   |  | To                  |  |                                    |  |  |  |  |
| City/State/Zip            |  |                     |  |                                    |  |  |  |  |
| Supervisor/Title          |  |                     |  |                                    |  |  |  |  |
| Phone#                    |  | Reason for Leaving: |  |                                    |  |  |  |  |
| Name                      |  | From                |  |                                    |  |  |  |  |
| Address                   |  | To                  |  |                                    |  |  |  |  |
| City/State/Zip            |  |                     |  |                                    |  |  |  |  |
| Supervisor/Title          |  |                     |  |                                    |  |  |  |  |
| Phone#                    |  | Reason for Leaving: |  |                                    |  |  |  |  |

Education

| Name of Colleges, Universities, and other Schools attended | Semester | Quarter | Type of Degree Program | Degree Awarded |    | Date |
|------------------------------------------------------------|----------|---------|------------------------|----------------|----|------|
|                                                            |          |         |                        | Yes            | No |      |
|                                                            |          |         |                        |                |    |      |
|                                                            |          |         |                        |                |    |      |
|                                                            |          |         |                        |                |    |      |
|                                                            |          |         |                        |                |    |      |
|                                                            |          |         |                        |                |    |      |

Number of semester units of graduate work beyond BA/BS degree: \_\_\_\_\_

Employment References (Include only those who have knowledge of your work experience such as your immediate supervisors.)

| Name | Position | Address | Work Phone | Home Phone |
|------|----------|---------|------------|------------|
|      |          |         |            |            |
|      |          |         |            |            |
|      |          |         |            |            |

I HEREBY CERTIFY that all statements herein are true and correct to the best of my knowledge. I understand that false statements shall be sufficient cause for dismissal or disqualification from employment consideration. I release from all liability persons and organizations reporting information required by this application.

I hereby authorize representatives of Alum Rock Union Elementary School District to contact (unless otherwise noted) organizations (including employers and schools) and individuals listed for the purpose of establishing or verifying my qualifications, work history, and work habits in connection with this application for Alum Rock Union Elementary School District. I understand and acknowledge that such information will be used confidentially for the purpose of employment decisions only. It will not become part of my personnel record once I am employed and will not be available for review by me.

Please return to: Human Resources Division  
Alum Rock Union Elementary School District  
2930 Gay Avenue  
San Jose, CA 95127  
(408) 928-6507

For District Use Only:

|            |                          |              |                          |                     |           |                          |            |                          |             |                          |       |                          |       |       |
|------------|--------------------------|--------------|--------------------------|---------------------|-----------|--------------------------|------------|--------------------------|-------------|--------------------------|-------|--------------------------|-------|-------|
| Received   | <input type="checkbox"/> | Accepted     | <input type="checkbox"/> | Reason for Denial:  | Education | <input type="checkbox"/> | Experience | <input type="checkbox"/> | Late Filing | <input type="checkbox"/> | Other | <input type="checkbox"/> | Date: | _____ |
| Postmarked | <input type="checkbox"/> | Not Accepted | <input type="checkbox"/> | Credential Analyst: | _____     |                          |            |                          |             |                          |       |                          |       | _____ |

AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER