CLASSIFIED EMPLOYMENT APPLICATION
LONE PINE UNIFIED SCHOOL DISTRICT

P. O. Box 159 – 301 S. Hay Street
Phone: (760) 876-5579 **Lone Pine, CA 93545** **FAX: (760) 876-5438**

AN EQUAL OPPORTUNITY EMPLOYER

Instructions: Please type or print in black ink. Answer all questions. Complete both sides and sign. Attach a resume or additional sheets if needed.

POSITION(S) APPLIED FOR:_____

NAME:_____
LAST FIRST MIDDLE Email

ADDRESS:_____
MAILING ADDRESS CITY STATE ZIP

TELEPH0NE:_____ **SOC. SECURITY NO.**_____
HOME PHONE BUSINESS OR MESSAGE

Have you ever been discharged or forced to resign from any position?
☐Yes ☐No If Yes, state all details.

_____
_____
_____

Have you had <u>any convictions</u> other than minor traffic violations (including misdemeanor)?☐Yes ☐No
Failure to reveal convictions is grounds for immediate termination. If yes, give details:

_____
_____
_____
_____

Were you ever a member of the Public Employee's Retirement System (PERS)? ☐Yes ☐No
If Yes, what agency?_____
Were funds withdrawn? ☐Yes ☐No

Driver's License #_____ **Type**_____ **Expiration Date**_____

Would you accept: Substitute work ☐Yes ☐No
Part-time work ☐Yes ☐No
Full-time work ☐Yes ☐No

Please list special skills, abilities, hobbies, interests or any information you believe is pertinent to the position for which you are applying:

_____
_____
_____

DISTRICT USE ONLY:

DATE RECEIVED:_____

COMMENTS:_____

_____

EDUCATION				
NAME AND LOCATION OF LAST SCHOOL ATTENDED	**COURSE OF STUDY OR MAJOR**	**YEARS or UNITS COMPLETED**	**DEGREE/ DIPLOMA**	**DATE DEGREE AWARDED**
Grammar School:			☐Yes ☐No	
High School:			☐Yes ☐No	
Jr. College:			☐Yes ☐No	
College or University:			☐Yes ☐No	
University Graduate Study:			☐Yes ☐No	
Business, Trade, Correspondence, or Other:			☐Yes ☐No	

Licenses, Registrations, Certificates of Professional or Vocational Competence:

Typing Speed: ________ **WPM** **Shorthand Speed:** ________**WPM**	**Equipment or Machines Operated (describe fully):**____ ____ ____ ________________

EXPERIENCE: **Begin with your PRESENT or most recent position. List all jobs separately for the past ten years. Indicate any periods of unemployment. Attached additional sheets if necessary.**

Dates of Employment and Salaries Received	**Occupations and Descriptions of Duties Performed**	**Employers' Names and Addresses**
From:____________________ Mo. Year **To:**______________________ Mo. Year **Salary:**___________________	**Title:**____ **Duties:**____ ____ ____ _____________ **No. Supervised:**________________________________	____ ____ ____ ________ **Supervisor's Name:**____________________________ **Reason for Leaving:**____________________________
From:____________________ Mo. Year **To:**______________________ Mo. Year **Salary:**___________________	**Title:**____ **Duties:**____ ____ ____ _____________ **No. Supervised:**________________________________	____ ____ ____ ________ **Supervisor's Name:**____________________________ **Reason for Leaving:**____________________________
From:____________________ Mo. Year **To:**______________________ Mo. Year **Salary:**___________________	**Title:**____ **Duties:**____ ____ ____ _____________ **No. Supervised:**________________________________	____ ____ ____ ________ **Supervisor's Name:**____________________________ **Reason for Leaving:**____________________________
From:____________________ Mo. Year **To:**______________________ Mo. Year **Salary:**___________________	**Title:**____ **Duties:**____ ____ ____ _____________ **No. Supervised:**________________________________	____ ____ ____ ________ **Supervisor's Name:**____________________________

		Reason for Leaving:_____

If you are presently employed, may we contact your employer for a reference? ☐Yes ☐No If answer is no, explain:_____

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements will subject me to disqualification or dismissal, and that I will be required by law to be fingerprinted and to sign a loyalty oath. Please be advised that fingerprints will be submitted to local, state and federal authorities.

Signature of Applicant_____ **Date**_____