TORRANCE UNIFIED SCHOOL DISTRICT
PERSONNEL COMMISSION
2335 Plaza del Amo, Torrance, California 90501
(310) 972-6340

PERSONNEL COMMISSION
Terry K. Furey
Terry Ragins
Mark Steffen

DIRECTOR-PERSONNEL COMMISSION
Marion Schugt

APPLICATION FOR EMPLOYMENT - CLASSIFIED SERVICE

READ THESE INSTRUCTIONS CAREFULLY **BEFORE** COMPLETING THE APPLICATION.

- ► **Print clearly in ink or type.** Illegible application may be disqualified.
- ► A separate application must be submitted for each position for which you are applying.
- ► Answer **ALL** questions. Resumes are **NOT** accepted in place of any part of this application.
- ► Make **copies** of any required licenses and/or certificates and attach it to your application. Original documents will not be returned.
- ► **Submit your completed, signed and dated application to the Personnel Commission office**. All applications and required documents must be received by the Personnel Commission **before** 4:30 p.m. on the deadline date (check the Position Announcement).
- ► Only original applications will be accepted by mail or hand-delivery—**NO faxed or emailed applications.**
- ► If the application is mailed, please write "ATTN: Personnel Commission" on the envelope.

POSITION FOR WHICH YOU ARE APPLYING:

NAME: **LAST**	**FIRST**	**MIDDLE INITIAL**
ADDRESS (STREET, CITY, STATE, ZIP):		
PRIMARY PHONE: ( ) -	**ALTERNATE PHONE:** ( ) -	
EMAIL ADDRESS:	**PREFERRED METHOD OF CONTACT FOR RECRUITMENT NOTICES ONLY (CHECK ONE):** ☐ US Mail ☐ Email	

EMPLOYMENT: Are you currently employed or have you ever been employed by the Torrance Unified School District or a State of California Agency? ☐ **YES** ☐ **NO**	Classification(s): Date(s):
EMPLOYMENT: In accordance with Education Code 44051 (as amended by SB 848) applicants for all certificated and classified positions are required by law to provide a complete list of every school district, county office of education, charter school, state special school, diagnostic centers operated by the CA Department of Education, and/or private schools with which they have previously been employed, regardless of the length of service.	By signing my name below, I acknowledge that I must provide a complete list as required during the pre-employment process.
EMPLOYMENT: The Mandatory Employment Disclosure form provided to your previous employer(s) in accordance with Education Code 44051 (as amended by SB 848) will include the last four (4) digits of your Social Security number as your unique identifier.	Please provide ONLY the last four digits of your Social Security number. If you have no agencies to report, enter "N/A" in the space provided. XXX-XX-_____
RETIREMENT SYSTEM: Are you a CALSTRS or CALPERS retiree? Please note that both CalSTRS and CalPERS retirees have restrictions on working after retirement as mandated by their retirement system. ☐ **YES** ☐ **NO**	Retirement System: Agency:
EMPLOYEE RELATION: Are any of your relatives employed by the Torrance Unified School District? If yes, complete the information to the right. ☐ **YES** ☐ **NO**	Name(s): Relationship:
PREVIOUS EMPLOYMENT: Have you ever been dismissed or asked to resign from any position? If yes, complete the information to the right. ☐ **YES** ☐ **NO**	Employer's Name: Position Title: Employment Dates: Reason for Dismissal:
VETERAN'S CREDIT: If you wish to claim Veteran's Credit (applicable for initial employment), you must attach a copy of your DD 214 Form at the time you submit your application. Additionally, if you are a disabled veteran and wish to claim veteran's credit you must provide documentation of your disability rating at the time you submit this application. Are you a U.S. Veteran having served at least 30 days of active duty (PC Rule 5.2.15) If yes, complete the information to the right. ☐ **YES** ☐ **NO**	Date(s) of Service: **PLEASE ATTACH A COPY OF YOUR DD 214.**

EDUCATIONAL RECORD

Graduated: ☐ YES ☐ NO ☐ GED	High School (Name, City, State):			
COLLEGES OR TRADE SCHOOL ATTENDED NAME AND LOCATION	DEGREE OR CERTIFICATE	TOTAL UNITS COMPLETED	UNIT TYPE (SEM OR QTR)	DID YOU GRADUATE? (Y/N)

WORK HISTORY

Read the experience requirements in the position announcement. To be considered for employment, this section must show that you meet the minimum qualifications for the position. Please complete this section listing your **paid and/or volunteer experience**. Be sure to complete ALL sections of this form.

- ► Please begin this section with your **most recent** experience.
- ► You must **provide a description of your duties** on this form. Attach additional sheets of this work experience form if needed.
- ► **DO NOT REFERENCE A RESUME** or attached documents.

START DATE (month/year):	Job Title:	Company/Agency Name:
	Duties:	Address:
END DATE (month/year):		
		Supervisor's Name & Title:
HOURS/WEEK:		
	Reason for Leaving:	Supervisor's Telephone:
START DATE (month/year):	Job Title:	Company/Agency Name:
	Duties:	Address:
END DATE (month/year):		
		Supervisor's Name & Title:
HOURS/WEEK:		
	Reason for Leaving:	Supervisor's Telephone:
START DATE (month/year):	Job Title:	Company/Agency Name:
	Duties:	Address:
END DATE (month/year):		
		Supervisor's Name & Title:
HOURS/WEEK:		
	Reason for Leaving:	Supervisor's Telephone:

REFERENCES

Please list two **PROFESSIONAL** references (not family or friends) who can attest to your work experience:

Name:	Name:
Title:	Title:
Phone Number: ( ) -	Phone Number: ( ) -
Email:	Email:

REFERRAL SOURCE: How did you learn of the position?

☐ TUSD Website ☐ Job Hotline ☐ Bulletin ☐ Government Jobs
☐ EdJoin ☐ Employee ☐ Interest Card ☐ Other:
☐ EDD Agency ☐ Walk In ☐ Friend

CERTIFICATE OF APPLICANT:

I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT(S) OF MATERIAL FACTS OR OMISSIONS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

Signature of Applicant: _____ **Date:**_____

TORRANCE UNIFIED SCHOOL DISTRICT

LEGAL INFORMATION

The following information is **REQUIRED** for your application to be considered. Your answers will not necessarily disqualify you from consideration, except for affirmative responses to certain enumerated sex and/or drug convictions for committing serious and/or violent felonies.

POSITION FOR WHICH YOU ARE APPLYING:

NAME: LAST	FIRST	MIDDLE
ADDRESS (STREET, CITY, STATE, ZIP):		
PREFERRED PHONE: ( ) -	**EMAIL:**	

SECTION 1

Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? If No, skip to Section 3.

Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or a jury, or a conviction that has been judicially dismissed or ordered sealed, including “expungement” granted pursuant to Penal Code section 1203.4. Note: Exclude convictions related to the use of marijuana that are over two years old.

☐ Yes ☐ No

SECTION 2

If "Yes,” list all convictions including, but not limited to convictions for "driving under the influence" and convictions for sex and/or drug offenses listed in California Education Code Sections 44010 and 44011, except for convictions related to marijuana if it is more than two years after the date of the conviction. Include any serious or violent felony conviction in any state or jurisdiction as enumerated in California Penal Code sections 667.6(c) and 1192.7(c).

California Labor Code section 432.8 prohibition on asking about marijuana convictions does not apply to Health and Safety Code section 11359 (possession of marijuana for sale) and Health and Safety Code section 11378 (possession of a specific controlled substance). These convictions must be disclosed.

Explain all “Yes” answers below.

_____

_____

_____

_____

SECTION 3

I certify all statements made on and attached to this conviction supplement are true and complete to the best of my knowledge.

I understand that any false statements or incomplete information will result in disqualification, removal of my name from the eligibility list and/or termination from employment.

Signature of Applicant: _____ **Date:** _____

EQUAL OPPORTUNITY, TITLE IX, AFFIRMATIVE ACTION EMPLOYER

The Torrance Unified School District does not engage in any employment practice that discriminates against an employee or applicant for employment on the basis of actual or perceived race, color, ancestry, national origin, religion, creed, age, disability (mental or physical), sex, gender (including pregnancy and childbirth), sexual orientation, gender identity, gender expression, medical condition, genetic information (including family and medical history), marital status, political affiliation, military and veteran status, or retaliation; or on any other basis as protected by state, federal or local law, ordinance or regulation, in its educational program(s) or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position(s) or program for which application has been made. If you need a reasonable accommodation to participate in the hiring process, Torrance Unified will provide you with one upon notice.

TORRANCE UNIFIED SCHOOL DISTRICT

VOLUNTARY APPLICANT IDENTIFICATION FORM

COMPLETION OF THE FOLLOWING IS VOLUNTARY.

POSITION FOR WHICH YOU ARE APPLYING:

NAME: LAST	FIRST	MIDDLE

Section 1233 of the California Government Code permits school districts to solicit from applicants a voluntary declaration of their sex and racial/ethnic group membership. The following information is requested to help ensure that our selection processes are nondiscriminatory, and will be utilized ONLY for statistical purposes. This information will be kept separate from the application form and at no time will this information be available to any person involved in the hiring process.

Gender: ☐ Male ☐ Female ☐ Decline to State

Age: ☐ 18-21 ☐ 22-39 ☐ 40 and over ☐ Decline to State

Please check all that apply:

☐ American Indian or Alaskan (A)

☐ Black - Black, Afro-American, African Descent, Trinidadian, Jamaican, or West Indian (B)

☐ White - White, Anglo, Pakistani, East Indian, or Indo-European (C)

☐ Hispanic - Spanish, Latino, Chicano, Mexican, Puerto Rican, or Latin American (S)

Pacific Islander:

☐ Guamanian (P1) ☐ Hawaiian (P2) ☐ Samoan (P3) ☐ Tahitian (P4)

☐ Other Pacific Islander (P5)

Asian:

☐ Asian Indian (R1) ☐ Cambodian (R2) ☐ Chinese (R3) ☐ Filipino (R4)

☐ Hmong (R5) ☐ Japanese (R6) ☐ Korean (R7) ☐ Laotian (R8)

☐ Vietnamese (R9) ☐ Other Asian (R10)

☐ Decline to State