Jamestown School District

18299 Fifth Ave Jamestown, CA 95327 (209) 984-4058

JOB TITLE APPLYING FOR: _____

IMPORTANT! FOLLOW THESE INSTRUCTIONS! Complete all sections of this application form. Type or print clearly. The information will be used as part of the examination process and, therefore, should represent your **BEST** effort. Information you omit may result in the disqualification of your application. Read the employment bulletin and job description carefully to be sure you meet the examination requirements.

Street Address		City	State	Zip Code	
_()	()	()			
Home Phone Number	Cell/Pager Number	(Business Phone Number)	CA Driver's License/Class S	ocial Security Number	
ANSWER ALL QU	JESTIONS BELOW				
Have vou ever work	ed for the Jamestown	School District? Yes			RS
If yes, last position v	vas:		From: To:		
Have you ever been	separated from the mi	litary service on any basis	other than honorable? Ye	s No	
If yes, explain on a s	eparate sheet of paper				
Are you available an	d willing to substitute	in this classification? (tem	porary work) Yes	No	MIDD
-	-				I.E
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Complete the Supplemental Application(s). Failure to complete and sign each section will result in your application being disqualified. All employees are required to be fingerprinted.

Individuals protected by the Americans with disabilities Act (ADA) may request accommodation, if needed, for the testing process of any job classification. Accommodation must be requested when submitting application(s). Official documentation is required for accommodation to be given.

EDUCATION RECORD	NAME	ADDRESS	LAST GRADE COMPLETED	MAJOR/DEGREE		
School Attended			1 2 3 4 5 6 7 8 9 10 11 12			
Trade School			1234			
Community College,			12			
College or University			1 2 3 4			
Graduate School			1234			
Other Training:						
List any languages, other	than English, you can fluent	y: Language:	Speak: Read:	Write:		
	- •	Language:	Speak: Read:	Write:		

LICENSES AND CERTIFICATES: (Licenses and certificates must be presented before the APPRAISAL INTERVIEW.)

Name of License/Certificate	Number	Date Issued	Expiration Date
It is the policy of the Jamestown School District to m	aintain a tobac	co and drug-free work place.	

PRINT YOUR NAME HERE

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LAST

WORK EXPERIENCE: Read the experience requirements in the job announcement before completing this section. Begin with your most recent job. List ALL jobs for the last 10 years or more. Include ALL experience that may help to qualify you for the job you are seeking. If you need more space, attach separate sheets. <u>A resume will not be accepted in lieu of a completed</u> <u>application</u>. <u>DO NOT</u> put "see resume" where employment information is required.

From: To:	Total: years: months:	Job Title:	
Employer's Name:	Job Duties:		
Address of Employer:			
Phone Number of Employer:			
-			
Supervisor's Name and Title:	Reason for Leaving:		Salary
			\$ per

If you are currently employed by this organization and <u>DO NOT</u> wish us to contact your present employer, put an X here:

From :	To:	Total : years:	months:	Job Title:		
Employer's Name:		Job Duties:				
Address of Employer:						
Phone Number of Employ	/er:					
Supervisor's Name and T	itle:	Reason for Leaving:			Salary \$	per

From: To:	Total: years: months:	Job Title:
Employer's Name:	Job Duties:	
Address of Employer:		
Phone Number of Employer:		
Supervisor's Name and Title:	Reason for Leaving:	Salary
		\$ per

From: To:	Total: years: r	months:	Job Title:		
Employer's Name:	Job Duties:				
Address of Employer:					
Phone Number of Employer:					
Supervisor's Name and Title:	Reason for Leaving:			Salary \$	per

Additional Relevant Experience:

SIGNATURE:

DATE:_____

Your signature affirms that all information on this application is true, to the best of your knowledge.

REFERENCES: (Please list persons who are familiar with your professional success and/or moral character. Do not list relatives.)

JAMESTOWN SCHOOL DISTRICT

SUPPLEMENTARY APPLICATION

COMPLETE ALL SECTIONS

JOB APPLYING FOR NOW:			CIAL SECURITY NUMBE	ER:
NAME:			TELEPHONE NUMB	ER:
Last RESIDENCE ADDRESS:	First	Middle		
	Number, Street	City	State	Zip Code
Have you ever been dismiss	ed or resigned in lieu of	disciplinary action	? Yes No	
Please explain:				
Name of employer:		Whe	n?	
CONVICTION RECOR		er been convicted fo inor traffic violations	r violation of any law, polic ? Yes No	ce regulation, or ordinance
If yes, list all such cases below imposed. Persons with convict have a record of a conviction, f	ion records may be emplo	yed. Each case is de	cided on its individual mer	he disposition of the penalty it and conviction record. If you
Charge:	Date(s):	Place(s):	E	Disposition:
MOTOR VEHICLE RE	CORD			
Complete this section if the job	you are applying for re	quires a valid Califo	rnia Motor Vehicle Operato	or's License.
Do you hold a valid California	Motor Vehicle Operator's	License? Yes	No 🗌	
How many citations for moving	y violations have you recei	ved in the past three	(3) years?	
Have you ever been on probatic	on, or had your license sus	pended for violation	of the motor vehicle code?	Yes No
Have you had any motor vehicle	e accidents in the past thre	ee (3) years? Ye	es No	
Charge:	Date(s):	Place(s):	Disposition:

ANY MISREPRESENTATION OF FACTS CONTAINED IN THIS APPLICATION IS CAUSE FOR REJECTION OF YOUR APPLICATION(S), REMOVAL FROM ELIGIBILITY LIST(S) AND/OR DISMISSAL. ALL EMPLOYEES ARE REQUIRED TO BE FINGERPRINTED.

I certify and declare under penalty of perjury the foregoing is true and correct.

SIGNATURE: _____

DATE: _____

1/03