

Trinity Alps Unified School District

P.O. Box 1227, 321 Victory Way, Weaverville, CA 96093 530-623-6104 fax: 530-623-3418

APPLICATION FOR CLASSIFIED EMPLOYMENT

(Please print or type)

Position applied for: _____ Date: _____

(LAST NAME)

(FIRST)

(MIDDLE)

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Social Security #: _____ Drivers License #: _____ Class: _____
School Bus Driver's Certificate Yes _____ No _____ Expiration _____

In case of emergency, please notify: _____

(NAME & PHONE NUMBER)

Education:

From	To	High School/College/University	Location	Major	Sem. Units**	Degree
------	----	--------------------------------	----------	-------	--------------	--------

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

** 1 QUARTER UNIT = 2/3 SEMESTER UNIT

Have you passed the Instructional Aide Proficiency Test (CODESP)? Yes _____ No _____ (If yes, please attach a copy of certificate)

Answer the following questions if you are applying for a Professional Position:

If required, are you licensed/certified for the job applied for? Yes _____ No _____

Name of your license/certification: _____

Issuing State _____ License/Cert. #: _____

Why do you want to work in this position? _____

What kind of work do you do best? _____

Typing/keyboard speed: _____

Are you a citizen? Yes _____ No _____

If you are not a U.S. Citizen, have you the legal right to remain permanently in the United State? Yes _____ No _____

Are you over 18 years of age? Yes _____ No _____ (If employed, you may be asked to submit proof of age)

Have you ever been convicted of a crime? Include felonies or misdemeanors? Do not include minor traffic violations.
Yes _____ No _____

A conviction may not necessarily disqualify you from the job for which you have applied. Convictions include diversionary offenses, or other offenses that have been plea-bargained or for which you have plead no contest. Failure to reveal convictions is grounds for immediate termination.

If you answered "Yes," please attach a statement that includes the nature, penal code number, disposition, and the date to the conviction.

Do you have any physical conditions which may limit your ability to perform the job applied for? Yes _____ No _____

If yes, explain: _____
(EMPLOYER WILL REQUIRE A PHYSICAL EXAMINATION UPON OFFER OF EMPLOYMENT)

Were you in the U.S. Armed Forces? Yes _____ No _____ Dates: _____

(from) (to)
What branch? Army _____ Navy _____ Air Force _____ Marines _____ Coast Guard _____ National Guard _____

Are you bondable? Yes _____ No _____

List organizations, clubs, professional societies or other associations of which you are a member: _____

PERSONAL INFORMATION

Have you ever applied to or worked for Trinity Alps Unified School District? Yes _____ No _____

If yes, when? _____

Do you have any friends or relatives working for Trinity Alps Unified School District? Yes _____ No _____ If yes, state

Names and relationship: _____

EMPLOYMENT DESIRED

Are you available to work: _____ Full Time _____ Part Time _____ Temporary _____ Substitute

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

Would you be available to work overtime, if necessary? Yes _____ No _____

If hired, on what date can you start? _____

SPECIAL SKILLS AND QUALIFICATIONS

List skills, abilities or other job related data that would qualify you for this position _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Have you ever had any professional license, degree, or privilege revoked or suspended? Yes ____ No ____

If you answered "Yes" please attach a statement that includes the reason for the revocation, the date of the revocation, and the name and address of the agency revoking the privilege or license.

Have you ever been discharged or asked to resign from a position? Yes ____ No ____

If you answered "Yes" please attach a statement that includes the reason for the discharge or resignation, the date of the discharge or resignation, and the name and address of the employer organization.

I have reviewed the job description(s) for the position(s) for which I have applied and I would be capable of performing the essential functions of the position(s) with or without reasonable accommodation. Yes ____ No ____

I understand that, if selected, I must pass a tuberculosis examination or provide certification that I am free of communicable tuberculosis in accordance with Education Code 49406. Yes ____ No ____

I understand that, upon selection, some position may require the successful completion of a static strength test. Successful completion of the test is correlated with the ability to perform the essential physical tasks identified for the position. Yes ____ No ____

I understand that I will be required to be fingerprinted and, in accordance with Assembly Bill 1610 and Education Code 45125, I will not be able to begin work until after my fingerprints have been cleared by the Department of Justice. Yes ____ No ____

I understand that my appointment to a position with the Trinity Alps Unified School District is subject to the approval of the Board of Education. Yes ____ No ____

Describe any honors you have received: _____

Do you speak, write, or understand any foreign languages? Yes ____ No ____

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Trinity Alps Unified School District? If so, please explain _____

Prior work history (list last/current employer first)

From	To	Name of Employer – Address – Phone Number	Supervisor	Reason for leaving	Your position
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list three personal references (name, address, phone) DO NOT list prior employers.

1. _____
2. _____
3. _____

PROOF OF CITIZENSHIP, T.B. CLEARANCE, DRUG TESTING, PHYSICAL EXAM, CLEAR DMV PRINT OUT, OATH OF ALLEGIANCE AND FINGERPRINTING WILL BE REQUIRED IF EMPLOYEED

PLEASE READ AND SIGN BELOW

I HEREBY CERTIFY that the answers given by me are true and correct to the best of my knowledge. I understand that any conscious omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I become employed with Trinity Alps Unified School district.

I understand that TAUSD is a drug and alcohol free work place and any offer of employment is contingent on a pre-employment physical and drug test. Failure to report to the test site at the time assigned will be considered to TAUSD as a positive test result. I hereby authorize TAUSD to thoroughly investigate my references, work record & education related to my suitability for employment and, further, authorize my former employers to disclose to TAUSD any information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release my former employers from any claims, demands or liabilities arising out of such disclosures.

(Signature)

(Date)

Please attach resume (optional)

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.