

Trinity Alps Unified School District

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

EXTRA DUTY SERVICE ASSIGNMENT APPLICATION

(Please print or type)

Position applied for: _____ Date: _____

(LAST NAME)

(FIRST)

(MIDDLE)

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Social Security #: _____ Drivers License #: _____ Class: _____
Expiration _____

In case of emergency, please notify: _____

(NAME & PHONE NUMBER)

Education:

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

** 1 QUARTER UNIT = 2/3 SEMESTER UNIT

Give a summary of qualifications and experience that you feel qualifies you for this assignment. _____

Why do you want to work in this position? _____

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 desired assignment? Yes _____ No _____

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

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: _____

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)? _____

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

1. _____
2. _____
3. _____

PROOF OF CITIZENSHIP, T.B. CLEARANCE, CIF COACHES CERTIFICATION, FIRST AIDE AND CPR, DRUG TESTING, PHYSICAL EXAM, CLEAR DMV PRINT OUT, OATH OF ALLEGIANCE AND FINGERPRINTING WILL BE REQUIRED IF EMPLOYEEED

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.