

Hermosa Beach City School District

1645 VALLEY BLVD.
HERMOSA BEACH, CA. 90254
(310) 937-5877

AFFIRMATIVE ACTION EMPLOYER CLASSIFIED EMPLOYMENT APPLICATION

IMPORTANT: READ CAREFULLY. THIS FORM MUST BE FILLED OUT IN A COMPLETE AND LEGIBLE MANNER.
PLEASE TYPE OR PRINT WITH PEN.

POSITION(S) APPLYING FOR: _____ DATE: _____

WOULD YOU ACCEPT SUBSTITUTE EMPLOYMENT? YES ___ NO ___ PART TIME WORK ? YES ___ NO ___

PERSONAL INFORMATION:

NAME: _____ SOC. SEC. NO. : _____

ADDRESS: _____ DRIVER'S LICENSE NO. : _____

CITY: _____ ZIP : _____ PHONE NO. : _____

LIST ANY FOREIGN LANGUAGE YOU SPEAK FLUENTLY: _____

DO YOU HAVE ANY PHYSICAL OR MENTAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES WHICH WOULD PREVENT YOU FROM PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR? YES ___ NO ___
_____. If so, please describe what reasonable accommodation may be made that would permit you to successfully perform the job duties. _

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ___ NO ___ This does not constitute an automatic bar from employment.

If yes, please explain: _____

U. S. MILITARY SERVICE: FROM: _____ TO: _____ RANK: _____

Branch of Service: _____ Type of Discharge: _____

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

TYPING SPEED: _____ WPM SHORTHAND SPEED: _____ WPM

OFFICE MACHINES: _____

COMPUTER SKILLS: _____

EXPERIENCES, TALENTS, SKILLS: _____

REFERENCES: (List someone who can tell us about your work.)

	<u>Name and Occupation</u>	<u>Address</u>	<u>Telephone Number</u>
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____

AS A CONDITION OF EMPLOYMENT, YOU WILL BE REQUIRED TO:

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1. BE FINGERPRINTED
 2. PRODUCE EVIDENCE THAT YOU ARE FREE OF ACTIVE TUBERCULOSIS
 3. PRODUCE DOCUMENTATION OF ENTITLEMENT TO BE EMPLOYED IN THE UNITED STATES
 4. PRODUCE ORIGINAL SOCIAL SECURITY CARD AND DRIVER'S LICENSE

EDUCATIONAL BACKGROUND

School	Name/Address	# of Yrs Attended	Graduate?	Course/Major
Elementary				
High School				
College				
Post Graduate				
Business/Trade				
Other				

EMPLOYMENT BACKGROUND

Start with PRESENT or LAST PLACE of employment: If now working, may we call your present supervisor? YES _____ NO _____

From: _____	Firm Name: _____	Position: _____
To: _____	Address: _____	Nature of Duties: _____
Total: _____ yrs/mos	Supervisor: _____	Reason for Leaving: _____
Pay: \$ _____	Phone: () _____	

From: _____	Firm Name: _____	Position: _____
To: _____	Address: _____	Nature of Duties: _____
Total: _____ yrs/mos	Supervisor: _____	Reason for Leaving: _____
Pay: \$ _____	Phone: () _____	

From: _____	Firm Name: _____	Position: _____
To: _____	Address: _____	Nature of Duties: _____
Total: _____ yrs/mos	Supervisor: _____	Reason for Leaving: _____
Pay: \$ _____	Phone: () _____	

In your own handwriting state below the personal qualifications which you believe qualify you for the position for which you are applying.

PLEASE READ CAREFULLY - APPLICANT'S CERTIFICATION:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed falsified statements on this application shall be considered sufficient cause for dismissal. I release from all liability, persons and organizations reporting information required by this application.

SIGNATURE OF APPLICANT: _____ **DATE:** _____
 This application will be submitted only for current job opening. Application is retained for six months. If you are still interested in employment, please renew at that time.

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or natural origin. P.L. 90-292 prohibits discrimination on the basis of age with respect to individuals who are 40 but less than 70 years of age.

Title IX of the Education Amendments of 1972 protects all persons from discrimination on the basis of sex in employment, participation in or receipt of benefits under any education program or activity receiving financial assistance.