

294 Green Valley Rd. • Watsonville, CA 95076  
 Phone (831) 786-2145 • Fax (831) 761-6018  
 e-mail www.pvusd.net



**PERMANENT EMPLOYMENT APPLICATION**

An Equal Opportunity Employer

Position (give exact title of position for which you are applying)

Last Name	First Name	Middle	Social Security Number
Mailing Address	City	State	Zip Code

Home Phone: ( ) Business Phone: ( ) Cell #: ( ) Email:

- ◆ Applicants under 18 years old must provide a valid work permit
- ◆ Non U.S. citizens must present proof of employment eligibility in the U.S.
- ◆ You may be required to take and pass a job-related physical examination
- ◆ Veterans wishing preference points added to test scores must present proof of qualifying service (DD214 Form) with application
- ◆ Possession and maintenance of an appropriate California driver's license, liability insurance, and acceptable driving record is a condition of initial and continued employment for positions requiring vehicle operations
- ◆ Applicants receiving a retirement service from the California Public Retirement System, or the California State Teachers Retirement System may not be eligible for regular employment
- ◆ If you are employed, you will be required to provide additional information for the district's records
- ◆ If employed, you will be fingerprinted and the prints will be processed by the State of California
- ◆ May we contact you at work? YES NO **Initial \_\_\_\_\_ that you have read.**

**Educational & Certificate Information**

To be considered, the following **must** be furnished with the application packet if applicable: Completion of High School Diploma, Certificate or degree(s)/transcripts, academic, and relevant license/permit(s).

**(See certificates, license, and/or permits requirements on the Employment Opportunity Flyer.)**

Check if you possess one or more of the following: High School Diploma: Yes No G.E.D. Certificate: Yes No  
 College Graduate: Yes No  
 Name of College or University: \_\_\_\_\_ Major: \_\_\_\_\_ Units Completed: \_\_\_\_\_  
 List job related required certificates, license number, and/or permits: \_\_\_\_\_  
 If applicable: Typing/Keyboarding: \_\_\_\_ wpm Computer skills Yes No Languages spoken other than English: \_\_\_\_\_

**Other Information**

Are you now, or have you ever been employed by Pajaro Valley Unified School District? Yes No  
 Have you ever been terminated from employment and/or been forced to resign in lieu of termination? Yes No  
 If yes, you must attach an explanation on a separate sheet and include employer's name and dates.  
 Are you related to anyone currently employed by the district? Yes No  
 If yes, please indicate employee's Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Have you been unemployed during the past ten years? Yes No If yes, you must attach an explanation on a separate sheet.

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? Yes No If yes, list all convictions below. **Also attach an explanation sheet to include: offence, date, place of conviction, sentence and date of release from custody and/or probation/parole.**  
*(A conviction will not automatically bar you from consideration for employment. However, if you fail to disclose the fact of a conviction, that failure will result in disqualification from the employment process. Education Code prohibits hiring individuals convicted on narcotics or sex offenses, or serious and violent crimes mandated under AB 1610 and AB 1612. Fingerprint criminal history clearance is required by law of all school employees prior to date of employment.)*

Description	City & State of Conviction	Felony or Misdemeanor	Describe nature of offense

**FOR PERSONNEL OFFICIAL USE ONLY**

Application: Reason for rejection: Reviewer's Initials & Date:  
 Accepted  Education  Late application  Incomplete application Reviewer's comments:  
 Rejected  Experience  Special License or Certificate  Other (specify)

**Instructions:** This application is part of the examination process. Answer all questions. Print in ink or type. Falsification or deceptive omission of requested information may cause application rejection, and/or dismissal. The information you provide below will determine whether you will be invited to the examination. Read the job requirements on the **Employment Opportunity Flyer**. Please include any/all work experience at least the last 10 years. Fill out this form completely. Begin with your most recent position and be sure to explain all gaps in employment. An incomplete application may disqualify the applicant for employment. **RESUMES WILL NOT BE ACCEPTED IN PLACE OF COMPLETED APPLICATION.** However, you may add additional pages as needed by listing each position and/or classification separately. Failure to provide adequate employment references may disqualify you from being eligible for employment.

### QUALIFYING EXPERIENCE

Employer:	Address:	Telephone Number: ( )
Title of Your Most Recent Position:	Hours Per Week:	Dates Employed: From: _____ To: _____ <small>(Mo./Yr.) (Mo./Yr.)</small>
Salary (mo/hr)	Supervisor's Name/Title	Reason for Leaving
Description of Duties: _____ _____ _____		
Employer:	Address:	Telephone Number: ( )
Title of Your Most Recent Position:	Hours Per Week:	Dates Employed: From: _____ To: _____ <small>(Mo./Yr.) (Mo./Yr.)</small>
Salary (mo/hr)	Supervisor's Name/Title	Reason for Leaving
Description of Duties: _____ _____ _____		
Employer:	Address:	Telephone Number: ( )
Title of Your Most Recent Position:	Hours Per Week:	Dates Employed: From: _____ To: _____ <small>(Mo./Yr.) (Mo./Yr.)</small>
Salary (mo/hr)	Supervisor's Name/Title	Reason for Leaving
Description of Duties: _____ _____ _____		

In addition to your paid experience listed above, please list any **Qualifying Volunteer Experience** that relates to the position for which you are applying.

Employer's Name: \_\_\_\_\_ Dates: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### APPLICATION NOT VALID UNLESS SIGNED

I hereby declare that the statements in this application are true and complete to the best of my knowledge. I hereby authorize the School District to conduct work history, personnel reference and/or background investigation and authorize release of information in connection with my application for employment. I hold harmless any individual or firm for any information that it may provide in this investigation. This release includes law enforcement agencies, information pertaining to any findings of child abuse or neglect investigations, criminal or civil convictions, driving records, previous employers, educational institutions, personal references, professional references, and other appropriate sources. I waive right of access to any such information and without limitation hereby release the School District and the reference source from any liability in connection with its release or use.

**Signature of applicant (sign in ink)** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

Pajaro Valley Unified School District  
**EQUAL EMPLOYMENT OPPORTUNITY (EEO)**  
**EMPLOYEE SURVEY**

We are required to obtain the following information from all applicants. The information listed below is needed for statistical purposes and will be kept separate from any application materials. The information is voluntary and will **NOT** be used as a basis for selection. THANK YOU FOR YOUR ASSISTANCE.

Position Applying For: \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

Gender:      Male       Female

Age Group:    Under 18       19-29       30-39       40-49       50-60       61 or Over

Ethnic Category (check only one):

- |  |   |
|--|---|
| <input type="radio"/> Asian-American   | <input type="radio"/> Korean            |
| <input type="radio"/> American Indian  | <input type="radio"/> Samoan            |
| <input type="radio"/> African American | <input type="radio"/> Pacific Islanders |
| <input type="radio"/> Chinese          | <input type="radio"/> Portuguese        |
| <input type="radio"/> Filipino         | <input type="radio"/> Vietnamese        |
| <input type="radio"/> Hawaiian         | <input type="radio"/> Caucasian         |
| <input type="radio"/> Hispanic         | Other _____                             |
| <input type="radio"/> Japanese         |   |



**TESTING REASONABLE ACCOMMODATIONS REQUEST FORM**

This section is to be completed by applicants who feel that they need special arrangements due to an identifiable disability. This form is used only in the administration of the district's program for providing accommodations in the testing process. The applicant is to inform the Human Resources Office prior to the administration of the test so that a reasonable accommodation may be made.

Do you need to have special testing arrangements due to disability?    Yes       No

Description of need for accommodation: List all test-related functions that cannot be performed:

\_\_\_\_\_

\_\_\_\_\_

Applicants may be requested to provide additional documentation of the need for test accommodations. Please list anyone you know who may be of assistance in providing special services for testing accommodations.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_