



CLASSIFIED PERMANENT EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Position (give exact title of position for which you are applying)			
Last Name	First Name	Middle	Last 4 digits of SSN XXX-XX-
Mailing Address	City	State	Zip Code

Home Phone: () ()	Business Phone: () ()	Cell #: () ()	Email:
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◆ May we contact you at work? YES NO

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 certificate, license, and/or permit requirements on the Employment Opportunity Flyer.)

Check if you possess one or more of the following:

High School Diploma or 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

Languages spoken other than English: _____ Read Write Fluent

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.

*****The attached Confidential Background Check Form must be submitted with your application to be further considered.*****

General Information and Instructions

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. This application is part of the Merit System examination process. 2. Answer all questions completely printed in ink or typed. 3. Falsification or deceptive omission of requested information may cause application to be rejected. 4. Read the job requirements on the Employment Opportunity Flyer. 5. Please include any/all work experience <u>which includes a full description of job duties</u>, for at least the last 10 years. 6. Begin with your most recent position and be sure to explain all gaps in employment. | <ol style="list-style-type: none"> 7. Resumes will not be accepted in place of the completed District application; however, you may add additional pages as needed. 8. In addition to your paid experience listed below, please attach on a separate sheet any qualifying volunteer experience that relates to the position for which are you applying. 9. An incomplete application will disqualify your application from being considered further. 10. <u>All sections must be completed thoroughly in order to be further considered in the examination process.</u> |
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EMPLOYMENT HISTORY

Employer:	Address:	Telephone Number: ()
Title of Your Most Recent Position:	Hours Per Week:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary (mo/hr)	Supervisor's Name/Title	Dates Employed: From: _____ To: _____ <small>(Mo./Yr.) (Mo./Yr.)</small>
		Reason for Leaving

Description of Job Duties: _____

Employer:	Address:	Telephone Number: ()
Title of Your Most Recent Position:	Hours Per Week:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary (mo/hr)	Supervisor's Name/Title	Dates Employed: From: _____ To: _____ <small>(Mo./Yr.) (Mo./Yr.)</small>
		Reason for Leaving

Description of Job Duties: _____

Employer:	Address:	Telephone Number: ()
Title of Your Most Recent Position:	Hours Per Week:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary (mo/hr)	Supervisor's Name/Title	Dates Employed: From: _____ To: _____ <small>(Mo./Yr.) (Mo./Yr.)</small>
		Reason for Leaving

Description of Job Duties: _____

Professional Employment References

Name/Title: _____	Organization: _____
Phone: _____	Email: _____
Name/Title: _____	Organization: _____
Phone: _____	Email: _____
Name/Title: _____	Organization: _____
Phone: _____	Email: _____

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

COMPLETE BOTH SECTIONS A AND B BELOW:

A. ETHNICITY (select one) No, not Hispanic or Latino Yes, Hispanic or Latino

B. RACE (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian, Vietnamese |
| <input type="checkbox"/> Asian, Cambodian | <input type="checkbox"/> Black |
| <input type="checkbox"/> Asian, Chinese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Asian, Hmong | <input type="checkbox"/> Pacific Islanders, Guamanian |
| <input type="checkbox"/> Asian, Indian | <input type="checkbox"/> Pacific Islanders, Hawaiian |
| <input type="checkbox"/> Asian, Japanese | <input type="checkbox"/> Pacific Islanders, Other |
| <input type="checkbox"/> Asian, Korean | <input type="checkbox"/> Pacific Islanders, Samoan |
| <input type="checkbox"/> Asian, Laotian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Asian, Other | <input type="checkbox"/> White |

TESTING REASONABLE ACCOMMODATIONS REQUEST

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 Department 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: (_____) _____



P AJARO VALLEY UNIFIED SCHOOL DISTRICT

Human Resources Department
 294 Green Valley Rd. • Watsonville, CA 95076
 Phone (831) 786-2145 • Fax (831) 761-6018 • web site: www.pvusd.net

CONFIDENTIAL BACKGROUND CHECK

Completion of this form is mandatory for all applicants and volunteers with Pajaro Valley Unified School District.

The information disclosed on this form will remain confidential.

*If you were convicted,
 it will show up on your fingerprint report.
 Please be sure to list convictions on this form in order for
 your application to be further considered with the District.*

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

_____ NO

_____ YES, I have. If yes, list all convictions below.

NOTE: You must answer "YES" if you were convicted, whether by plea, jury verdict, or finding of guilt by a court in a trial without a jury. Please note: Even if you had an order under Penal Code section 1203.4 allowing the withdrawal of a plea of guilty and entering a plea of not guilty, or setting aside a verdict of guilty, or dismissing the accusations or information, it will still appear on your fingerprint report. You **MUST** list any conviction(s) which fits the description above. Failure to disclose this information is fraud, and may result in your being removed from consideration for employment.

If your answer is YES, you must complete this form (please attach additional sheets if needed). If your conviction was for a marijuana conviction other than possession for sale, which occurred more than two years ago, you are not required to divulge this conviction. To complete this form, start below and continue on the reverse side if necessary. A criminal record will not automatically disqualify you from employment or volunteer service, but failure to disclose and list all convictions on this form may result in disqualification.

Date/Location of Arrest(s) (list month/year of arrest and city/state where arrested)	Conviction(s) (list the crimes for which you were convicted)	Felony or Misdemeanor

 Signature

 Date