



ALHAMBRA
UNIFIED SCHOOL DISTRICT

ALHAMBRA UNIFIED SCHOOL DISTRICT CLASSIFIED EMPLOYMENT APPLICATION

RETURN TO:

HUMAN RESOURCES DIVISION
1515 West Mission Road-Marengo Building
Post Office Box 110
Alhambra, California 91803
Telephone: 626/943-3070

POSITION APPLYING FOR:

A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH POSITION

TYPE OR PRINT - ANSWER ALL APPLICABLE QUESTIONS

NAME: LAST	FIRST	MIDDLE	HOME PHONE:
			CELL PHONE:

ADDRESS: Street	Apt.#	City	State	Zip	WORK PHONE:
					E-MAIL:

California Driver's License No.	Social Security No.	Other Name Used:
Expiration Date:	_____	

EDUCATION
Circle Highest Level Completed - 1 2 3 4 5 6 7 8 9 10 11 12 G.E.D. 13 14 15 16 or 16+

Name of School	City and State	Number of Years Attended	Major Course of Study	Units	Degree or Certification

COLLEGE TRANSCRIPTS MAY BE REQUESTED.

SPECIAL SKILLS List other formal training program(s) which may be related to the type of employment you are seeking:

USE OF LANGUAGES OTHER THAN ENGLISH: CANTONESE MANDARIN SPANISH VIETNAMESE OTHER _____

SPEAK _____ READ _____ WRITE _____ HOW WELL? _____

Typing/Keyboarding _____ wpm Computer platform: PC MAC Computer software: _____

List any professional or technical licenses or certification which may be related to the type of employment you are seeking.

PERSONAL INFORMATION

	YES	NO
• Have you ever been employed by the Alhambra Unified School District?	<input type="checkbox"/>	<input type="checkbox"/>
• Are any of your relatives employed by the Alhambra Unified School District?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there reasonable accommodations needed to enable you to perform the essential duties of the position for which you have applied?	<input type="checkbox"/>	<input type="checkbox"/>
• Will you require reasonable accommodations in the examination process? If "yes" please attach certified documentation to application.	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever been convicted of a crime (Misdemeanor or Felony) ? (A conviction will not necessarily disqualify you from the job applied for) (If you have questions, please refer to Human Resources)	<input type="checkbox"/>	<input type="checkbox"/>
If the answer is "yes", please explain on separate sheet.		
• Upon employment can you submit verification of your legal right to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the name, address, and telephone number of someone who should be contacted in the event of an emergency:

Name: _____ Relationship: _____ Home Phone: _____
Address: _____ Work Phone: _____

WHERE DID YOU LEARN OF THIS OPENING?

Friends District Job Flyer Newspaper Internet (Name) Other _____

"The Alhambra Unified School District is an equal opportunity employer and is committed to an active Nondiscrimination Program. It is the stated policy of the Alhambra Unified School District that harassment is prohibited and that all employees and applicants shall receive equal consideration and treatment. All recruitment, hiring, placements, transfers and promotions will be on the basis of qualifications of the individual for the positions being filled regardless of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer related), age (over 40), marital status and denial of family and medical leave."

EMPLOYMENT HISTORY: List your work record below. Begin with your **present job** and list in reverse order. Include volunteer, military or other special experience which applies to the position you are seeking.

May we contact your present and previous employer? YES NO

From: MO. ____ YR. ____	JOB TITLE	NAME OF EMPLOYER OR COMPANY	PHONE NO.	
To: MO. ____ YR. ____	DESCRIBE DUTIES FULLY	ADDRESS		
Total time: _____		TYPE OF BUSINESS OR ORGANIZATION		
FULL TIME:		SUPERVISOR'S NAME AND JOB TITLE		PHONE NO.
PART TIME:		REASON FOR LEAVING		
HOURLY: WEEKLY: MONTHLY:				
From: MO. ____ YR. ____	JOB TITLE	NAME OF EMPLOYER OR COMPANY	PHONE NO.	
To: MO. ____ YR. ____	DESCRIBE DUTIES FULLY	ADDRESS		
Total time: _____		TYPE OF BUSINESS OR ORGANIZATION		
FULL TIME:		SUPERVISOR'S NAME AND JOB TITLE		PHONE NO.
PART TIME:		REASON FOR LEAVING		
HOURLY: WEEKLY: MONTHLY:				
From: MO. ____ YR. ____	JOB TITLE	NAME OF EMPLOYER OR COMPANY	PHONE NO.	
To: MO. ____ YR. ____	DESCRIBE DUTIES FULLY	ADDRESS		
Total time: _____		TYPE OF BUSINESS OR ORGANIZATION		
FULL TIME:		SUPERVISOR'S NAME AND JOB TITLE		PHONE NO.
PART TIME:		REASON FOR LEAVING		
HOURLY: WEEKLY: MONTHLY:				
From: MO. ____ YR. ____	JOB TITLE	NAME OF EMPLOYER OR COMPANY	PHONE NO.	
To: MO. ____ YR. ____	DESCRIBE DUTIES FULLY	ADDRESS		
Total time: _____		TYPE OF BUSINESS OR ORGANIZATION		
FULL TIME:		SUPERVISOR'S NAME AND JOB TITLE		PHONE NO.
PART TIME:		REASON FOR LEAVING		
HOURLY: WEEKLY: MONTHLY:				

- 1) Completeness and neatness of the application will be included in the evaluation of the applicant's qualifications for the position.
- 2) Employment offer will be contingent on applicant passing a job related physical examination, fingerprint clearance and **positive references**.
- 3) All appointments shall be subject to an eight month probationary period. The probationer may be dismissed any time during this period.

Certificate of Applicant: I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements or omissions of material facts will subject me to disqualification or dismissal. My signature below authorizes the release of reference from my current/previous employers to the Alhambra Unified School District.

SIGNATURE _____ DATE _____