

Please return this form to:

Human Resources

Oroville Union High School District

2211 Washington Ave, Oroville, CA 95966

Telephone: (530) 538-2300, xt. 1117

# OROVILLE UNION HIGH SCHOOL DISTRICT



## Application for Classified Position

POSITION APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Work: \_\_\_\_\_

OPTIONAL –

\_\_\_\_\_ Zip Code

Social Security Number: \_\_\_\_\_

(Failure to submit Social Security number on this form will not prohibit employment consideration. Social Security number may be required on other forms after an offer of employment.)

### EDUCATION:

Have you graduated from high school?  Yes  No High School/Location: \_\_\_\_\_

Have you passed the GED in lieu of high school?  Yes  No

Colleges/Universities/Vocational Schools	Address	Major/Degrees/Certificate	Dates

### RECORD OF EXPERIENCE: (List last position first) May we contact your employer Yes No

Employer & Address	Dates Employed	Job Title & Work Performed
Supervisor:		
Phone No.:		Reason for Leaving:
Supervisor:		
Phone No.:		Reason for Leaving:
Supervisor:		
Phone No.:		Reason for Leaving:
Supervisor:		
Phone No.:		Reason for Leaving:

**MILITARY SERVICE:**

Have you obtained **any** special skills or abilities as a result of service in the military?  Yes  No

If yes, describe: \_\_\_\_\_

**INDICATE:**

<p><b>PROFESSIONAL LICENSE OR CERTIFICATION:</b></p> <p><input type="checkbox"/> License _____</p> <p><input type="checkbox"/> Certification _____</p> <p><input type="checkbox"/> Languages (Other than English)        _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write  <input type="checkbox"/> _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write</p> <p><input type="checkbox"/> Sign Language <input type="checkbox"/> Proficiency Test</p>	<p><b>OTHER SKILLS:</b></p> <p><input type="checkbox"/> Calculator</p> <p><input type="checkbox"/> Computer/Programs:</p> <p><input type="checkbox"/> Typewriter (Speed) _____ WPM</p>
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**REFERENCES:** [Give names, titles, addresses and telephone numbers of three references familiar with your work history who may be contacted.]

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**GENERAL INFORMATION:**

- ◆ Date available for employment: \_\_\_\_\_
- ◆ Are any criminal charges or proceedings pending against you? (If yes, explain on attachment)  Yes  No  
**NOTE: A criminal charge or proceeding may not necessarily disqualify you from the job for which you have applied.**
- ◆ Have you been convicted of any offense involving the sexual molestation, physical or sexual molestation, physical or sexual abuse or rape of a child? (If yes, explain on attachment)  Yes  No
- ◆ Have you ever been convicted of any felony or misdemeanor? (If yes, explain when, where & disposition)  Yes  No  
**NOTE: A conviction may not necessarily disqualify you from the job for which you have applied.**

 **FINGERPRINTING FOR CONDUCTING A BACKGROUND INVESTIGATION IS REQUIRED**

**OTHER INFORMATION:**

Do you have any relatives currently employed by this school district? If yes, please list name(s): \_\_\_\_\_

Are you able to perform the essential functions required of the position for which you are making application with or without a reasonable accommodation?  Yes  No

How did you find out about this position:  Newspaper ad  EdJoin  Job Posting  OUHSD Employee  Other

*My signature below authorizes Oroville Union High School District to conduct a background investigation and authorizes release of information in connection with my application for employment. Further, I hold harmless any individual or firm for any information that it may provide in this investigation which may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release Oroville Union High School District and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: law enforcement agencies and information for any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.*

*Furthermore, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or false statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with Oroville Union High School District.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

# OROVILLE UNION HIGH SCHOOL DISTRICT

## QUESTIONNAIRE REGARDING ETHNIC ORIGIN

The completion of this questionnaire is completely voluntary on your part. It is intended to assist us in evaluating our recruitment program.

Because of Fair Employment Practices Commission regulations we cannot request information on our application forms regarding ethnic origin. Thus, we have no way of determining whether or not we are attracting the numbers of minority applicants which will enable us to implement our affirmative action policy. It will be helpful to us if you will provide the following information and return it with your application.

JOB APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_

Part A. Ethnic

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

Part B. Race:	Male	Female
<input type="checkbox"/> American Indian or Alaska Native	_____	_____
Asian:		
<input type="checkbox"/> Chinese	_____	_____
<input type="checkbox"/> Japanese		
<input type="checkbox"/> Korean		
<input type="checkbox"/> Vietnamese		
<input type="checkbox"/> Asian Indian		
<input type="checkbox"/> Laotian		
<input type="checkbox"/> Cambodian		
<input type="checkbox"/> Filipino		
<input type="checkbox"/> Hmong		
<input type="checkbox"/> Other Asian		
Native Hawaiian or Other Pacific Islander:		
<input type="checkbox"/> Hawaiian	_____	_____
<input type="checkbox"/> Guamanian		
<input type="checkbox"/> Samoan		
<input type="checkbox"/> Tahitian		
<input type="checkbox"/> Other Pacific Islander		
<input type="checkbox"/> Black or African American	_____	_____
<input type="checkbox"/> White	_____	_____