

THERMALITO UNION ELEMENTARY SCHOOL DISTRICT
400 GRAND AVENUE
OROVILLE, CA 95965
(530) 538-2900

CLASSIFIED EMPLOYMENT APPLICATION

(An Equal Opportunity Employer)

Thermalito Union Elementary School District does not discriminate on the basis of ancestry, color, ethnic group identification, national origin, physical and/or mental disability, race, religion, sex, gender, sexual orientation.

Please type or print in black ink.

Name: _____
Last First Middle

Home Telephone: (____) _____ Cell Telephone: (____) _____ Work Telephone: (____) _____

Present Address: _____
Street City State Zip

Permanent Address
(if different from above): _____
Street City State Zip

Email Address: _____

Employment Desired

Position applying for: _____

Are you applying for:

Full-time work? Yes ☐ No ☐ Part-time work? Yes ☐ No ☐ Substitute work? Yes ☐ No ☐

What days and hours are you available for work? _____

If applying for substitute work, during what period of time will you be available?

If hired, on what date can you start work? _____

Personal Information

Have you ever applied to or worked for the Thermalito Union School District? Yes ☐ No ☐
If yes, when? _____

Do you have any relatives or friends working for the district? Yes ☐ No ☐
If yes, please state their name(s) and relationship to you.

Are you, or will you be, at least 18 years old? Yes ☐ No ☐

(Note: if under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes ☐ No ☐

Personal Information Continued . . .

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?

Yes ☐ No ☐

If no, describe the functions that you cannot perform.

(Note: we comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

Yes ☐ No ☐

(Note: convictions for marijuana-related offenses that are more than two years old need not be listed)

If yes, state the nature of the crime(s), when and where convicted, and the disposition of your case.

(Note: no applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes ☐ No ☐

If yes, may we contact your current employer? Yes ☐ No ☐

Do you have any other experience, training, qualifications or skills (e.g., clerical, custodial, food service, or transportation) that you feel make you especially suited for working with the school district?

Education, Training, and Experience

School	Name & Address	Years Completed	Did you graduate?	Degree or Diploma
High School:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College / University:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational / Business:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other training:			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Some people in our community speak little or no English.

Do you speak, write, or understand any language other than English?

Yes ☐ No ☐

If yes, which language(s), and at what level, do you communicate?

Military Service

Have you obtained any special skills or abilities as the result of service in the military?

Yes ☐ No ☐

If yes, please describe.

Employment History

List below your present and past employers, starting with your most recent employer (the last five years is sufficient). Account for all periods of unemployment. **You must complete this section, even if attaching a résumé.**

Name of Employer					
Address:					
	No.	Street	City	State	Zip
Phone:	()				
Type of business:			Your supervisor's name:		
Your position and duties:					
Date of employment:	From _____ To _____		May we contact this employer for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving:					

Name of Employer					
Address:					
	No.	Street	City	State	Zip
Phone:	()				
Type of business:			Your supervisor's name:		
Your position and duties:					
Date of employment:	From _____ To _____		May we contact this employer for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving:					

Employment History Continued . . .

Name of Employer					
Address:					
Phone:	No.	Street	City	State	Zip
	()				
Type of business:			Your supervisor's name:		
Your position and duties:					
Date of employment:	From _____ To _____		May we contact this employer for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving:					

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: _____ **Telephone:** () _____

Address: _____
No. Street City State Zip

Occupation: _____ **Number of Years Acquainted:** _____

Name: _____ **Telephone:** () _____

Address: _____
No. Street City State Zip

Occupation: _____ **Number of Years Acquainted:** _____

Name: _____ **Telephone:** () _____

Address: _____
No. Street City State Zip

Occupation: _____ **Number of Years Acquainted:** _____

Please Read Carefully - Notice to All Applicants of Toxicology Testing and Complete the Race/Ethnicity Information

NOTICE OF TOXICOLOGY

Persons applying for employment in the Thermalito Union School District, who receive a conditional offer of employment, will be asked to have a urine drug screen which is used to detect the presence of drugs as described in Board Policy and Administrative Regulations 4112.41, 4212.41, and 4312.41. All initial screening tests shall be conducted at the district's expense. If an applicant's initial test is positive, a second test, at the district's expense, shall be administered as soon as possible to confirm the results. Upon obtaining a second positive result, the applicant may seek an independent drug and alcohol screening from a recognized medical laboratory at his/her own expense. Any applicant who fails to provide the district with a negative drug and alcohol screening report within five working days of a confirmed positive result shall be determined to have failed the screening and shall not be employed. Verification of prescription drugs may be required. I acknowledge with my signature below that I have and understand this information above.

EMPLOYEE RACE/ETHNICITY INFORMATION

New federal guidelines require that we gather race/ethnicity information on all new employees in a two part question. Please complete the information listed below:

WHAT IS YOUR ETHNICITY? (Please check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ Not Hispanic or Latino

WHAT IS YOUR RACE? (Please check up to five racial categories)

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(s) to be.

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native(100)
(Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | |
| | <input type="checkbox"/> Samoan (303) | |

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Thermalito Union School District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the district any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the district, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. My signature below acknowledges that I have read and understand this policy and agree to the above statement.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Thermalito Union School District. In addition, I understand that employment with the Thermalito Union School District is contingent upon me providing all required documents in a timely manner.

Applicant's Signature: _____

Date: _____