

Trinity County Office of Education

201 Memorial Drive, PO Box 1256, Weaverville, CA 96093
Phone (530) 623-2861 * FAX (530) 623-4489

Application for Classified Employment

INSTRUCTIONS: Print in ink or type. Complete all sections. Information on this application will be used to assess your skills and background. You must provide any information you wish to have considered. If you need additional space to answer any questions, you may attach extra sheets. An incomplete or unreadable application may result in disqualification process. You must specify the exact position you are applying for and submit **one application for each position.**

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| Print the exact title of the position you are applying for: |
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|-------------------------------|--|-------------------|------------------------------------|-------------------|
| Name: (Last) (First) (Middle) | | | Social Security Number: (Optional) | |
| Street Address | | City | | State |
| Home Phone Number | | E-Mail Address | | Cell Phone Number |
| | | Work Phone Number | | Zip |

EDUCATION/TRAINING: List training and education important to this job. (Beginning with most recent)

| <i>School/Training</i> | <i>Class Name/Program</i> | <i>Degree/Certificate</i> | <i>Mo./Yr. Attended</i> |
|------------------------|---------------------------|---------------------------|-------------------------|
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|--|--------------|-----------------|
| Are you currently or have you ever been employed by TCOE? If yes, please complete. | | |
| Job Title: _____ | Dates: _____ | Location: _____ |
| Status : _____ Permanent _____ Temporary _____ Other: _____ | | |

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| Additional Information: Please list any of the following that apply. |
| Knowledge of machines or equipment: _____ |
| Computer or software skills: _____ |
| Other skills related to this position: _____ |

Employment Information: Read the MINIMUM QUALIFICATION requirements in the recruitment brochure before completing this section. **Begin with you present or most recent experience.** List any pertinent experience you believe qualifies you for the position. Completion of this section is very important as this may be used as a reference during the examination process.. If additional space is needed, attach supplemental sheets. Please provide an explanation for any gaps in your employment history. **(Do not write "See Resume" in lieu of filling out our form completely. Resumes may be attached to provide additional information not requested below.)**

| | | |
|---|---|--------------------------------------|
| Employment Dates: Month/Year From _____ To _____ | Title of Present or Most Recent Position: | Company Name and Employer/Supervisor |
| Salary History: Starting: _____ Final: _____ Hours Worked per Week: _____ | Describe your duties: | Address: |
| Reason for Leaving: | | City _____ State _____ Zip _____ |
| | | Area Code – Phone Number _____ |
| Employment Dates: Month/Year From _____ To _____ | Title of Present or Most Recent Position: | Company Name and Employer/Supervisor |
| Salary History: Starting: _____ Final: _____ Hours Worked per Week: _____ | Describe your duties: | Address: |
| Reason for Leaving: | | City _____ State _____ Zip _____ |
| | | Area Code – Phone Number _____ |
| Employment Dates: Month/Year From _____ To _____ | Title of Present or Most Recent Position: | Company Name and Employer/Supervisor |
| Salary History: Starting: _____ Final: _____ Hours Worked per Week: _____ | Describe your duties: | Address: |
| Reason for Leaving: | | City _____ State _____ Zip _____ |
| | | Area Code – Phone Number _____ |
| Employment Dates: Month/Year From _____ To _____ | Title of Present or Most Recent Position: | Company Name and Employer/Supervisor |
| Salary History: Starting: _____ Final: _____ Hours Worked per Week: _____ | Describe your duties: | Address: |
| Reason for Leaving: | | City _____ State _____ Zip _____ |
| | | Area Code – Phone Number _____ |

MAY WE CONTACT YOUR PRESENT EMPLOYER: Yes No
 Do you have any physical or mental handicap/disability which may limit your ability to perform the essential functions of the job for which you have applied? Yes No (If yes, please explain on the reverse side and indicate what accommodations you would need to perform these functions.)

PLEASE READ CAREFULLY AND SIGN: I certify the statements herein are true to the best of my knowledge and understand that any misstatements of material facts contained in this application will be cause for rejection of the application, removal of my name from the eligibility list, or discharge from the Trinity County Superintendent of Schools Office. Prior to an offer of employments, I give the Trinity County Superintendent of Schools Office authorization to contact my current and previous employers.

Signature _____ Date _____

Per the immigration Reform and Control Act of 1986, You must provide us with proper documentation of your legal right to work in the United States as a condition of employment.
 Trinity County Office of Education is an Equal Opportunity Employer

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CONVICTION REPORT

All applicants MUST complete this form even if applicant has had no convictions.

As a part of the recruitment process, you will be required to complete a separate form to report any record of conviction other than a minor traffic violation. Such a record does not necessarily exclude you from employment with this office. **Misinformation or failure to provide requested information may result in your being disqualified from consideration for employment.**

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|---|
| Print the exact title of the position you are applying for: |
|---|

| | | | | |
|-------------------------------|--|----------------|------------------------------------|-------|
| Name: (Last) (First) (Middle) | | | Social Security Number: (Optional) | |
| Street Address | | City | | State |
| Home Phone Number | | E-Mail Address | | Zip |
| Work Phone Number | | | Cell Phone Number | |

If you have a record of convictions for any offenses other than minor traffic violations, it is required that you disclose the information at this time. A convictions record is not an automatic bar to employment: persons with convictions records may be employed. Each case is decided on its individual merit and conviction record. Each employee is required to be fingerprinted as a condition of employment. Employees will not be able to begin their assignment until fingerprint clearance has been received by Trinity Co. Office of Education. Falsification of this form or omission of any convictions may result in your application being disqualified.

This information will be kept confidential and separate from your job application.

CONVICTIONS RECORD

Have you ever been convicted of a sex offense or narcotics offense? Yes No If so, when? _____
Offense: _____ Code and Section Number violated (if known): _____

Have you been convicted of any misdemeanor or are you currently out on bail pending trial for an arrest:
 Yes No If yes, please explain. _____

If the answer is "YES" to any question above list all such cases below. Give (1) the charge or nature of offense; (2) the dates offense occurred: (3) the disposition of the penalty imposed.

| Charge(s) | Dates | Disposition |
|-----------|-------|-------------|
| | | |
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I certify and declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE: _____ DATE: _____

ANY MISREPRESENTATION OF FACTS CONTAINED ON THIS APPLICATION IS CAUSE FOR REJECTION OF APPLICATION, REMOVAL FROM THE ELIGIBILITY LIST, OR DISMISSAL.

Authorization for T.C.O.E to Contact References

Please read carefully Initial Each Paragraph and Sign Below

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

I hereby authorize the Trinity County Office of Education 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 Trinity County Office of Education, 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.

Applicant's Signature: _____

Date: _____

Employment references for Trinity County Office of Education

Applicant's Name: _____

Date: _____

References (Please list 3 references and include at least 2 previous supervisors)

1. Name: _____

Address: _____

Phone Number (Work): _____

Phone Number (Home): _____

E-Mail Address: _____

Current or Former Supervisor at _____
Place of Employment

2. Name: _____

Address: _____

Phone Number (Work): _____

Phone Number (Home): _____

E-Mail Address: _____

Current or Former Supervisor at _____
Place of Employment

3. Name: _____

Address: _____

Phone Number (Work): _____

Phone Number (Home): _____

E-Mail Address: _____

Current or Former Supervisor at _____
Place of Employment

Friend or Co-worker