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1. Present Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Your title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Month/year Month/Year  
Total \_\_\_\_\_  
Years/Months  
Full-time  Part-time   
Last Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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2. Present Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Your title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Month/year Month/Year  
Total \_\_\_\_\_  
Years/Months  
Full-time  Part-time   
Last Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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3. Present Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Your title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Month/year Month/Year  
Total \_\_\_\_\_  
Years/Months  
Full-time  Part-time   
Last Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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4. Present Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Your title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Month/year Month/Year  
Total \_\_\_\_\_  
Years/Months  
Full-time  Part-time   
Last Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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5. Present Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Your title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Month/year Month/Year  
Total \_\_\_\_\_  
Years/Months  
Full-time  Part-time   
Last Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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6. Present Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Your title \_\_\_\_\_  
 Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
 Month/year Month/Year  
 Total \_\_\_\_\_  
 Years/Months  
 Full-time  Part-time   
 Last Salary \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

7. Present Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Your title \_\_\_\_\_  
 Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
 Month/year Month/Year  
 Total \_\_\_\_\_  
 Years/Months  
 Full-time  Part-time   
 Last Salary \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

8. Present Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Your title \_\_\_\_\_  
 Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
 Month/year Month/Year  
 Total \_\_\_\_\_  
 Years/Months  
 Full-time  Part-time   
 Last Salary \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Can you type? Yes  No  WPM \_\_\_\_\_ List office machines you have operated:

Take shorthand? Yes  No  WPM \_\_\_\_\_

**REFERENCES:** (Other than relatives or former employers)

NAME	ADDRESS	PROFESSION & PHONE NUMBER

**ADDITIONAL REMARKS:** (Details to above items and/or any further information you believe is pertinent.)

I hereby certify that all statements made herein are true and correct to the best of my knowledge and belief. Any misstatements, omissions, or false statements are a cause for rejection, removal from eligibility or dismissal. I release from all liability persons and organizations reporting information required by this application.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

Snowline Joint Unified School District  
*Conviction Report*

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

**Please read carefully:**

The California Education Code (Section 45123) requires that we request the following information:

1. Have you ever been convicted of a criminal charge? (You are not required to report any convictions for violations of California Health and Safety Code Sections 11357 (b) or (c) or a statutory predecessor thereof, Section 11360 (c); or Sections 11364, 11365, or 11550 as they relate to marijuana prior to January 1, 1976, or a statutory predecessor thereof, which occurred more than two years from the date of this application.)

Yes

No

2. Have you ever been cited or convicted of any felony offense?  
(This would include dismissed or expunged offenses)

Yes

No

3. Are there any criminal charges pending against you as of this date? (other than minor traffic violations)

Yes

No

If answer is "Yes", please explain below and include the following information: Date, Charge, Code Section, Disposition (results), and any remarks you feel pertinent to this conviction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A conviction record does not automatically prevent you from applying to the Snowline Joint Unified School District and may not necessarily disqualify you from the job applied for. However, failure to complete this form or to provide the requested information may disqualify you for an examination or cause your dismissal from employment. You may request an interview with personnel prior to completing this form.

I certify that the above information is true and further understand it will be subject to proper investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SNOWLINE JOINT UNIFIED SCHOOL DISTRICT  
*Applicant Release and Authorization Form*

In accordance with my right to privacy, I have been advised by the Snowline Joint Unified School District that the information described below is required to assist the same in making an employment determination concerning me and that execution of this form is voluntary.

I hereby authorize any qualified agent bearing this document or a copy thereof, to obtain information from governmental or law enforcement agencies relating to my past activities, to supply any and all information concerning my background, and release same from any liability resulting from providing such information. The initial background check will include the following: (1) a criminal check which includes a seven (7) year felony/misdemeanor search; (2) a Child Sex Offender check; (3) a DMV report including driving history for a three to five year listing of tickets and accidents; and (4) a Social Security trace identifying the user/s and which provides current and additional address information to assist in further verifications. Some job classifications may require workers compensation history. This will only be done for post-employment due to state laws.

I understand that the information released is for consideration of my employment application, resume and possibly for the purpose of determining my qualifications for future assignments.

I further hereby release any individual associated with the compilation of such information to include record custodians, directors, officers, agents, employees, if authorized representatives of the same, from any and all liability for damages of whatever kind of nature which may at any time accrue to me on account of (1) reliance by such persons on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with or any attempt to comply with this authorization, and (4) termination of my employment based on information obtained after commencement thereof pursuant to validity of this authorization.

I hereby certify that all the statements and answers set forth on the application form and documents signed are true and complete to the best of my knowledge and I understand that if, subsequent to my employment, any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for terminations of my employment.

Signature of Applicant	/	Date	Print Full Name (As shown on Drivers License)
Current Address			City                      State                      Zip Code

For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Social Security #	Drivers License #	State
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Other Names Used (maiden, etc.) \_\_\_\_\_

List states and cities/counties of residence for the past seven years (attach separate sheet if needed).

State _____	City/County _____	From _____	To _____
State _____	City/County _____	From _____	To _____
State _____	City/County _____	From _____	To _____

If the District from the above investigation receives any information which may have an influence on your eligibility for employment with the district, the employee will be provided with this information and given the opportunity to discuss the information obtained in the background check. It is understood that further investigation then be required which may include personal interviews with family members, business associated, financial sources, friends, neighbors, educational institution, or other third parties with whom you may be acquainted. This information may include inquiries as to your character, general reputation, and personal characteristics. The applicant/employee has the right to withdraw their application if the preliminary investigation as stated above is not acceptable.

***Applicant Data Record***  
INFORMATION IS VOLUNTARY

Applicants are considered for all positions, and employees are trained equally during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government and record keeping, reporting and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

**PLEASE PRINT**

Date \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-in  Other

**AFFIRMATIVE ACTION SURVEY**

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

**Check one:**            Male                       Female   
                         Under 18                       18-25                       26-40                       Over 40   
                         White                       Black                       Hispanic                       American Indian/Alaskan Native   
                         Asian/Pacific Islander                       Filipino                       Other                       Undecided

**Check if any of the following are applicable:**

Disabled Veteran       Handicapped Veteran

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**FOR PERSONNEL DEPARTMENT USE ONLY**

**POSITION(S) APPLIED FOR IS OPEN**                      YES                       NO

**POSITION(S) CONSIDERED FOR:** \_\_\_\_\_

\_\_\_\_\_  
**DATE**

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