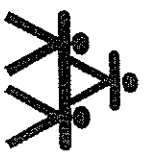


EQUAL EMPLOYMENT OPPORTUNITY
AFFIRMATIVE ACTION EMPLOYER
* AMERICANS WITH DISABILITIES ACT
DRUG AND ALCOHOL FREE WORKPLACE



Escorrido Education COMPACT

220 SOUTH BROADWAY ■ ESCORRIDO, CA 92025
760-839-4515 FAX 760-738-6076

APPLICATION FOR EMPLOYMENT

*NOTE: APPLICANTS REQUIRING ALTERNATE MEANS OF TESTING MUST CONTACT PERSONNEL STAFF BY THE FILING DATE FOR ANY ACCOMMODATIONS REQUIRED.

IMPORTANT: Please follow these instructions exactly.
A. ANSWER ALL QUESTIONS IN BLACK INK OR BY TYPEWRITER.
B. False statements or omissions are cause for rejection, removal from eligibility list, or dismissal.
C. Avoid any reference to age, religion, politics, race or membership in fraternal order.
D. Education and experience must reflect qualifications for position.
E. Notify this department promptly in case of change of address.

NAME _____ Last Name _____ First Name _____ Middle Initial _____
RESIDENCE ADDRESS _____ HOME PHONE _____
MAILING ADDRESS _____ BUSINESS PHONE _____
City _____ County _____ State _____ Zip _____
California Driver's License (Class & Number) _____ License Expiration Date _____

PRE-EMPLOYMENT INQUIRIES: (Please answer all questions Yes or No)
 Yes No Do you meet the minimum age requirements as stated on the job announcement?
 Yes No Are you a U.S. Citizen? If no, please answer next question:
 Yes No Do you have the legal right to work in the U.S.?

IF YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN IN THE SPACE PROVIDED BELOW.

Yes No Were you ever discharged or forced to resign from any position?
 Yes No Would you object to having your present employer contacted in regard to your work record, qualifications, character?
 Yes No Do you fluently speak a language other than English? If so, specify.

APPLICANTS MAY BE SUBJECT TO PRE-EMPLOYMENT DRUG TESTING.

Position Title _____ ID Number (for office use only) _____

EDUCATION & TRAINING
High School Graduate or Possess G.E.D.? Yes No
Circle Highest Grade Completed: 9 10 11 12 Location: _____
High School Attended: _____

NAME OF SCHOOLS ATTENDED	MAJOR (Do not abbreviate)	*Credit Units Completed	Degree or Cert. Received	Year	Did You Graduate?
Trade/Vocational			Type		<input type="checkbox"/> Yes <input type="checkbox"/> No
Junior College					<input type="checkbox"/> Yes <input type="checkbox"/> No
College/Universities					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

*IF DEGREE OR CERTIFICATE IS REQUIRED FOR THIS POSITION, A COPY MUST BE ATTACHED TO THE APPLICATION.
Please indicate whether units are Semester units Quarter units

SOCIAL SECURITY NUMBER (VOLUNTARY INFORMATION TO BE USED FOR TRACKING PURPOSES ONLY.)

Other training you received: (For example, special courses, work training program, military training. Please estimate the number of hours of training you received.)

Certificates or Licenses of Professional or Vocational competence.

CONVICTIONS
Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, list below all incidents except minor traffic violations (drunk driving, hit and run, reckless driving, and failure to appear convictions are NOT minor traffic violations.)
Unless stated on the examination announcement, conviction is not an automatic bar to employment - each case is considered on its merits. ALL APPLICANTS WILL BE SUBJECT TO FINGERPRINT INVESTIGATION BEFORE EMPLOYMENT.
LIST OF ALL CONVICTIONS APPROX DATE CITY & STATE SENTENCE OR PENALTY

EXPERIENCE - Begin with your most recent job. List all jobs and any periods of unemployment in the last 10 years. Also list jobs past 10 years if the experience helps to qualify you for the position. Include paid or unpaid, full or part-time, military, summer jobs, etc. Please attach an extra sheet if necessary. This section must be fully completed. A resume may be attached, but may not be substituted for completion of this section.

DATES		EMPLOYER		POSITION	
Starting Date (Mo. & Yr.)	Name of Present or Last Employer	Address		Your Title:	Duties
Ending Date (Mo. & Yr.)	City and State		Reason for leaving or wanting to leave:		
Total Time Worked	Supervisor's Name		Your Title:		
Hours Per Week	Supervisor's Phone No.		Reason for leaving or wanting to leave:		
Mo. Salary Start \$	End \$		Duties		
Starting Date (Mo. & Yr.)	Name of Present or Last Employer	Address		Your Title:	Duties
Ending Date (Mo. & Yr.)	City and State		Reason for leaving or wanting to leave:		
Total Time Worked	Supervisor's Name		Your Title:		
Hours Per Week	Supervisor's Phone No.		Reason for leaving or wanting to leave:		
Mo. Salary Start \$	End \$		Duties		
Starting Date (Mo. & Yr.)	Name of Present or Last Employer	Address		Your Title:	Duties
Ending Date (Mo. & Yr.)	City and State		Reason for leaving or wanting to leave:		
Total Time Worked	Supervisor's Name		Your Title:		
Hours Per Week	Supervisor's Phone No.		Reason for leaving or wanting to leave:		
Mo. Salary Start \$	End \$		Duties		
Starting Date (Mo. & Yr.)	Name of Present or Last Employer	Address		Your Title:	Duties
Ending Date (Mo. & Yr.)	City and State		Reason for leaving or wanting to leave:		
Total Time Worked	Supervisor's Name		Your Title:		
Hours Per Week	Supervisor's Phone No.		Reason for leaving or wanting to leave:		
Mo. Salary Start \$	End \$		Duties		

PERSONAL REFERENCES - Give the names, home and business address of three persons who have knowledge of your character, experience and ability. Do not give names of relatives or supervisors listed above. Please list any other names by which references would know you: _____

Full Name	Home Address Street Number, City, State	Business Address Street Number, City, State	Business or Occupation	Phone Numbers HOME WORK HOME WORK HOME WORK

Certificate of Applicant: All answers and statements in this document are true and complete to the best of my knowledge and belief. I understand that untruthful or misleading answers are cause for rejection of my application, removal of name from an eligibility list or dismissal from employment.

Signature: _____ Date: _____