TECHNOLOGY APPLICATION

Del Mar Union School District

An Affirmative Action Equal Opportunity Employer

225 Ninth Street, Del Mar, CA 92014-2716 ● (858) 755-9301 ●Fax (858) 523-6114

Name:_____
LAST FIRST MIDDLE

Address:_____
NUMBER AND STREET CITY STATE ZIP CODE

Home Phone:_____ Cell Phone #_____

POSITION FOR WHICH APPLICATION IS MADE

I AM INTERESTED IN THE POSITION OF DIRECTOR OF TECHNOLOGY
WHEN ARE YOU AVAILABLE?_____

CALIFORNIA CREDENTIAL HELD – IF APPLICABLE (see job posting)

TYPE OF CREDENTIAL	SUBJECT AND/OR MAJOR/MINOR	DATE OF EXPIRATION

EDUCATION AND PROFESSIONAL TRAINING

NAME OF INSTITUTION	LOCATION	DEGREE	UNITS – SEMESTER / QUARTER
			/
			/
			/

EMPLOYMENT RECORD

LIST ALL PAST AND PRESENT EMPLOYMENT INCLUDING RELEVANT VOLUNTEER OR UNPAID EXPERIENCE. PLEASE INCLUDE MILITRAY EXPERIENCE. USE ADDITIONAL SHEET, IF NECESSARY.

EMPLOYER NAME_____ DATE EMPLOYED FROM_____ TO_____
ADDRESS_____ CITY, STATE, ZIP CODE_____
SUPERVISOR_____ PHONE_____
TITLE OF POSITION HELD_____ MONTHLY SALARY_____
DUTIES PERFORMED_____
REASON FOR LEAVING_____ HOURS WORKED PER WEEK_____

EMPLOYER NAME_____ DATE EMPLOYED FROM_____ TO_____
ADDRESS_____ CITY, STATE, ZIP CODE_____
SUPERVISOR_____ PHONE_____
TITLE OF POSITION HELD_____ MONTHLY SALARY_____
DUTIES PERFORMED_____
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DUTIES PERFORMED_____
REASON FOR LEAVING_____ HOURS WORKED PER WEEK_____

PROFESSIONAL REFERENCES

PLEASE LIST THREE REFERENCES

REFERENCE NAME_____ PHONE_____

ADDRESS_____
NUMBER AND STREET CITY STATE ZIP CODE

RELATIONSHIP_____ YEARS KNOWN_____

REFERENCE NAME_____ PHONE_____

ADDRESS_____
NUMBER AND STREET CITY STATE ZIP CODE

RELATIONSHIP_____ YEARS KNOWN_____

REFERENCE NAME_____ PHONE_____

ADDRESS_____
NUMBER AND STREET CITY STATE ZIP CODE

RELATIONSHIP_____ YEARS KNOWN_____

SUPPLEMENTARY DATA

ADDITIONAL INFORMATION

HAVE YOU WORKED FOR THE DEL MAR UNION SCHOOL DISTRICT BEFORE? ☐ YES ☐ NO IF YES, WHEN?_____

DO YOU HAVE RELATIVES OR FRIENDS WORKING FOR THE DEL MAR UNION SCHOOL DISTRICT? ☐ YES ☐ NO IF YES, WHAT ARE THEIR NAMES?

ARE YOU A MEMBER OF A PUBLIC AGENCY RETIREMENT SYSTEM IN CALIFORNIA? (P.E.R.S. or S.T.R.S.) ☐ YES ☐ NO

Education Code Section 45123 Prohibits the District from hiring or retaining any person who has been convicted of certain sex offenses or certain controlled substance offenses.

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN_____

(A "YES" ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION.)

HAVE YOU EVER BEEN ARRESTED FOR ANY OFFENSE FOR WHICH YOU ARE NOW OUT ON BAIL OR YOUR OWN RECOGNIZANCE PENDING TRAIL? ☐ YES ☐ NO

California Labor Code, sec. 432.7

Convicted of a crime, as used in this question, does not refer to any conviction such as a juvenile offense for which the record has been judicially order sealed. Nor does it refer to any misdemeanor marijuana-related conviction, which is over two years old, unless it occurred on school grounds.

If offered employment, you will be required to submit verification of your legal right to work in the United States.
Any offer of employment will be contingent on passing medical examination requirements that will include a drug screening. (Education Code 45122)
All employees shall provide proof of having been checked and found free of active tuberculosis before beginning employment. (Education Code 49406)
Any offer of employment will be contingent of criminal backgrounds checks, including a fingerprint check. (Education Code 45125)

I CERTIFY THAT I HAVE REVIEWED THIS APPLICATION FOR EMPLOYMENT AND THAT ALL THE INFORMATION PROVIDED BY ME ON THIS APPLICATION, THE CONTENTS OF DOCUMENTS PROVIDED BY ME, AND ALL STATEMENTS WHICH I HAVE MADE IN ANY INTERVIEW CONNECTED WITH THIS APPLICATION, ARE TRUE AND COMPLETE. I UNDERSTAND THAT GIVING FALSE OR INCOMPLETE INFORMATION MAY BE REASON FOR NON-SELECTION OR NON-EMPLOYMENT OR MAY BE CAUSE FOR DISMISSAL OR SUSPENSION. I AUTHORIZE AGENTS OF THE **DEL MAR UNION SCHOOL DISTRICT** TO INVESTIGATE AND VERIFY ANY AND ALL STATEMENTS MADE ON THIS APPLICATION, INCLUDING CONTACTING ANY PREVIOUS EMPLOYERS AND THE REFERENCES PROVIDED BY ME. I AUTHORIZE THE INDIVIDUALS LISTED AS REFERENCES HEREIN AND THE AGENTS OR EMPLOYEES OF MY FORMER EMPLOYERS TO ANSWER ANY INQUIRY RELEVANT TO MY APPLICATION. I HEREBY RELEASE THE FOREGOING INDIVIDUALS FROM ANY AND ALL LIABILITY FOR RESPONDING TO SUCH INQUIRIES. I UNDERSTAND THAT THIS APPLICATION IS NEITHER A CONTRACT NOR AN OFFER OF EMPLOYMENT. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, I MUST AGREE TO THE STIPLUATIONS STATED ABOVE.

Please complete all portions of this application. Resume must be attached and does not take place of this application. Please do not attach a picture or any additional information other than certificates required for employment of certain positions.

For your application to be complete you must **submit three letters of recommendation**. All qualified applicants will be contacted by phone.

_____ _____
Signature of Applicant Date