

# PINE RIDGE **ELEMENTARY SCHOOL DISTRICT**

45828 Auberry Road, Auberry, CA 93602 • 559.841.2444 • 559.841.2771 (Fax) www.pineridge.k12.ca.us

Christine Skinner Superintendent

### An Equal Opportunity Employer

Notice of Nondiscrimination: The Pine Ridge School District does not discriminate on the basis of race, color, sex, disability, or national origin in admission or access to and treatment of employment in its programs and activities as required by Title VI, Title IX, and Section 504.

CLASS	IFIED EMPLOY	MENT APP	LICATION	
Application for: (exact title as shown on j	ob description)			
INSTRUCTIONS: Print in ink or typ thorough job. If you need additional space				to do a complete and
NAME (Last) (First)	(M	iddle)	(MAIDEN N	IAME – If applicable)
SOCIAL SECURITY NUMBER Use of social security number is voluntary. Social sec	curity numbers are used for ide	entification purposes or	nly	2511
STREET ADDRESS OR P.O. BOX		CITY		ZIP CODE
HOME PHONE NUMBER	CELL/MESSAGE PH	ONE NUMBER	EMAIL AD	DRESS
EMPLOYMENT PREFERENCE		LICENSES/C	FDTIFICATES	
Full Time To Su A.M. Wa P.M. 12	alk-On Coach Months ss than 12 Months	California Driver's License - Class   Number Expires    Other -  Class  Number  Expires  Expires		
EDUCATION: (Circle the highest gra	de completed) 5 7 8 9 10	0 11 12	(GED) 13 14 15	5 16
List all education and training importa	ent to this job.			
Name of College/Training Center Name O		or/Program	Degree/Certificate Received	Dates Attended (start - finish)
T	(4)			
SKILLS: List any foreign languages you speak ( 1. 2. List the office machines you can operate:	other than English):		Read? Write Read? Write	
Typing Speed(wpm)	Shorthand Speed	(wpm	n)	

OTHER SKILLS (please answer the questions which apply to you):						
Have you passed the Instructional Aide Proficiency Test? ☐ Yes ☐ No ☐ Date:						
School District test results are filed with:						
2. What, if any, grounds/custodian/maintenance equipment can you operate?						
3. What, if any, cafeteria equipment can you operate?						
4. a. Do you have any bus driving experience?   Yes  No If Yes, explain:						
b. Has your driver's license ever been revoked or suspended? ☐ Yes ☐ No ☐ If Yes, explain:						
c. List any traffic violations you have incurred in the past year:						
HEALTH DATA:						
1. Date of last physical?						
2. Are you able to perform the essential functions of the job for which you are applying? ☐ Yes ☐ No With ( ) Without ( ) reasonable accommodations.						
If with reasonable accommodations, please explain:						
NICOLO DE LA CONTRACTOR						
<u>LEGAL INFORMATION</u> :						
1. If hired, can you provide proof of U.S. Citizenship or the legal right to work in the United States? ☐ Yes ☐ No						
EMPLOYMENT INFORMATION:						
<ol> <li>Have you ever been discharged by an employer due to a situation involving dishonesty, a crime involving theft, or a drug- related crime? ☐ Yes ☐ No</li> </ol>						
<ol> <li>Have you ever been disciplined or discharged by an employer for sexual harassment? ☐ Yes ☐ No</li> <li>Have you ever been suspended or terminated from employment or suspended from a job as a result of allegations which might</li> </ol>						
render you unfit to associate with children? $\square$ Yes $\square$ No						
4. Are you presently on leave status from any public agency? ☐ Yes ☐ No						
Explain any "yes" answers:						
How did you hear about us?Mountain PressFlyerFriendOther (please specify)						

**BEGIN WITH YOUR CURRENT 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 screening process. If additional space is needed, you may attach supplemental sheets or resume.

Current (or las	t) Employer	Address		City, State, Zip Code	Phone
Job Title		Description of Duties			Supervisor's Name
From	То	Salary		Reason for Leaving	
		/Hour	/Month		
May we cont	tact your curren	t employer?	No		
Previous Empl	loyer	Address		City, State, Zip Code	Phone
Job Title		Description of Duties			Supervisor's Name
From	То	Salary		Reason-for-Leaving	
		/Hour	/Month		
Previous Empl	loyer	Address		City, State, Zip Code	Phone
Job Title		Description of Duties			Supervisor's Name
From	То	Salary /Hour	/Month	Reason for Leaving	
Previous Empl	loyer	Address		City, State, Zip Code	Phone
Job Title		Description of Duties			Supervisor's Name
From	То	Salary /Hour	/Month	Reason for Leaving	
<ol> <li>Be finger</li> <li>Submit a</li> <li>Provide o</li> <li>Abide by</li> </ol>	rprinted?	test or chest X-ray?	es  No ty Office of Ed ng conduct and		
understand th from the eligib	at any misstaten	nent of facts contained in th arge from the Pine Ridge So	his application	will be cause for rejection	rue to the best of my knowledge and of the application, removal of my name rprints and a background check must
Signature				Dat	e

## PINE RIDGE SCHOOL DISTRICT

## **IMPORTANT NOTICE**

THE FOLLOWING WAIVER CONTAINS IMPORTANT LEGAL CONSEQUENCES. THEREFORE, PLEASE READ THE WAIVER COMPLETELY AND CAREFULLY BEFORE SIGNING.

#### WAIVER AGREEMENT

I, the undersigned applicant for employment, hereby certify under penalty of perjury under the laws of the State of California that all statements contained in my application for employment are true and complete. I understand that if employed, false or incomplete statements on this application shall be sufficient cause for dismissal.

I understand that, as part of my application for employment, a routine inquiry will be made to my former employer(s) requesting information concerning my character, general reputation, personal characteristics, and work habits.

I hereby authorize Pine Ridge School District to investigate my employment background and all of the statements contained in my employment application. I agree to defend, indemnify, and hold the District harmless for its reasonable investigation of employability.

I hereby waive any past, present, and future claims, based on any theory or theories of recovery, which I have, or which may later accrue to me, against Pine Ridge School District or its officers, agents or employees, arising by reason of any matter related to the District's provision of information regarding my employment to prospective employers.

I authorize any prior employer to provide my personnel files to Pine Ridge School District.

I waive the right to hold those persons whose names I have listed as references and the former employers listed on my employment application liable with respect to any damages which I might sustain as a result of their responses, whether oral or written, regarding my character, general reputation, personal characteristics and work habits.

rauthorize a copy of this document to be fur	nished to my references and former employers.	
Applicant's Signature	Date	