

Full time work \_\_\_\_\_ (check)  
Part time work \_\_\_\_\_  
Substitute \_\_\_\_\_

## PIEDMONT UNIFIED SCHOOL DISTRICT

Personnel Office  
760 Magnolia Avenue  
Piedmont, California 94611  
Phone (510) 594-2611 Fax (510) 654-7374

### APPLICATION FOR CLASSIFIED EMPLOYMENT

Position \_\_\_\_\_ School \_\_\_\_\_  
Applying for \_\_\_\_\_ Applying for \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Zip \_\_\_\_\_  
Number Street City

Social Security Number \_\_\_\_\_ (Disclosure of your Social Security number on this form is voluntary.)

Are you, or have you been, a member of the California State Retirement System? Yes \_\_\_\_\_  
No \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY
High School		
College		
Other (Business or Trade School)		

Have you ever been convicted of a felony or of a misdemeanor other than minor traffic offenses?

Yes  No

If yes, please explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What training or experience have you had which would be particularly valuable to you in this position?  
\_\_\_\_\_  
\_\_\_\_\_

For those applying for clerical work only: Typing Rate \_\_\_\_\_ Shorthand Rate \_\_\_\_\_

What office machines and appliances can you operate successfully? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please complete other side.)

Company Name/Address/Phone # Name of Immediate Supervisor	Dates of Employment	Titles and Duties of Position	Reason for Leaving	Monthly Salary
1.	From _____ / _____ mo. yr. To _____ / _____ mo. yr.			
2.	From _____ / _____ mo. yr. To _____ / _____ mo. yr.			
3.	From _____ / _____ mo. yr. To _____ / _____ mo. yr.			
4.	From _____ / _____ mo. yr. To _____ / _____ mo. yr.			
5.	From _____ / _____ mo. yr. To _____ / _____ mo. yr.			

### REFERENCES

(List names of three people, *not* related to you, whom you have known at least one year.)

Name	Address	Phone Number	Your Contact with Each

I hereby certify that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. If the information herein is false, it is reason for dismissal.

My signature below authorizes the Piedmont Unified School District to conduct a background investigation and authorizes release of information in connection with my application for employment. Further, I hold harmless any individual or firm for any information that it may provide in this investigation which may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right to access to any such information, and without limitation hereby release Piedmont Unified School District and the reference source from any liability in connection with its release or use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date