

LOST HILLS UNION SCHOOL DISTRICT

Application for Classified Employment
(Please complete all blanks even if attaching a resume)

Date _____ Position Applying For _____

Name _____
Last Name First Name Middle

Mailing Address _____
Street City Zip Code

Telephone Number _____ Social Security Number _____

Type of employment desired: Full time _____ Part Time _____ Sub _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

If yes, please explain the circumstances: _____

Do you have any physical limitations that would restrict you from performing any specific type of work? _____

If yes, please describe limitations: _____

EDUCATION – High School and College/University

Name of School	City & State	Graduate or Degree

LIST ALL EXPERIENCE FOR THE LAST 5 YEARS. ATTACH PAPER IF NEEDED.

Employer	From	To	Position Held	Reason for Leaving

LIST OTHER SKILLS AND EXPERIENCES WHICH WOULD QUALIFY YOU FOR THIS POSITION:

LIST THREE REFERENCES – NOT RELATIVES

Name	Telephone Number	Years Known

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge. I understand that any false statements made on this application may be cause for non-employment or dismissal if employed. I hereby authorize any investigation to obtain information required by this application.

Date

Signature of Applicant