

**LA CAÑADA UNIFIED SCHOOL DISTRICT**  
 4490 Cornishon Avenue, La Cañada, CA 91011  
 (818) 952-8300 Fax (818) 952-8309

**APPLICATION FOR CLASSIFIED EMPLOYMENT**

**PERSONAL INFORMATION**

<b>POSITION DESIRED</b> _____			<b>SSN:</b> _____
<b>NAME</b> _____			( ) _____
Last	First	Middle	<b>Phone Number</b>
<b>ADDRESS</b> _____			( ) _____
Number and Street			<b>Cell Number</b>
_____	_____	_____	_____
City	State	Zip Code	<b>E-Mail</b>

**EDUCATION, GENERAL**

School Level	School Name	City/State	Grade Completed
Elem./Middle	_____	_____	_____
High School	_____	_____	_____

**ADVANCED EDUCATION/JOB PREPARATION**  
 (List any Business, Trade, Correspondence of College Training)

Name of School	Types of Courses, Degrees or Certificates
_____	_____
_____	_____

**Special Skills: (such as typing, computers, mechanical knowledge, etc.)**

\_\_\_\_\_

\_\_\_\_\_

**Certificates, licenses, or other proof of technical or professional competence:**

\_\_\_\_\_

Have you ever been a member of PERS ( Public Employee’s Retirement System?) Yes \_\_\_ No\_\_\_

Are you legally eligible for work in the United States? Yes \_\_\_ No\_\_\_

It is the policy of the La Cañada Unified School District not to discriminate on the basis of race, religion, color, national origin, ancestry, disability, medical condition, marital status, sex, age, sexual orientation or any other unlawful basis in its educational programs, activities, or employment policies as required by Title IX of the 1972 Education amendments, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, the California Fair Employment and Housing Act, and other applicable laws and regulations.

Individuals with disabilities who require assistance or special arrangements to participate in a program or activity sponsored by the personnel office of La Cañada Unified School District, please contact Human Resources at (818) 952-8395. We request that you provide a 48-hour notice so that the proper arrangements can be made.

**EMPLOYMENT INFORMATION**

**Beginning with your present employment and working back, list all present and former employers. You may include relevant unpaid or volunteer work experience. Account for all time during the past ten (10) years, including periods of unemployment. Additional pages may be used if necessary.**

Employer \_\_\_\_\_ From \_\_\_\_\_  
Address \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
Full Time [ ] Part Time [ ]  
Supervisor's Name and Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Your Title/Position \_\_\_\_\_  
Duties \_\_\_\_\_

---

Employer \_\_\_\_\_ From \_\_\_\_\_  
Address \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
Full Time [ ] Part Time [ ]  
Supervisor's Name and Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Your Title/Position \_\_\_\_\_  
Duties \_\_\_\_\_

---

Employer \_\_\_\_\_ From \_\_\_\_\_  
Address \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
Full Time [ ] Part Time [ ]  
Supervisor's Name and Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Your Title/Position \_\_\_\_\_  
Duties \_\_\_\_\_

---

I understand the finalists for this position will undergo extensive reference and unit verification. I certify that the answers given by me in this application are true and correct without omissions of any kind. I agree that the District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. **I authorize the La Cañada Unified School District to make any investigation of my personal and employment history and authorize any former employer, person, firm, agency or corporation to disclose to the La Cañada Unified School District any information they may have regarding me. Upon possible offer of employment I authorize any governmental agency to release my personal conviction history through the voluntary processing of my fingerprints. In consideration of the School District's review of this application, I hereby release the District, as well as all providers of information, from any liability and any damage which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such. NOTE: Any misstatements or omissions of material fact in this application may be cause for dismissal.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



LA CAÑADA UNIFIED SCHOOL DISTRICT  
4490 Cornishon Avenue, La Cañada, CA 91011  
(818) 952-8300 Fax (818) 952-8309

CONFIDENTIAL DATA FORM

**Completion of this form is strictly voluntary.** Therefore, a decision not to complete the form will have no effect upon the consideration of your application. To comply with federal, state and district guidelines for affirmative action in equal employment practices, the La Cañada Unified School District must gather information and maintain records on applicant flow (*number of minorities, women and persons with disabilities applying for employment*) and recruitment sources. Neither this form nor the information you provide will be used for any other purpose not required by federal, state, and district guidelines.

**Position Applying For:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Age: 40 and over** \_\_\_\_\_ **Veteran** \_\_\_\_\_ **Disabled** \_\_\_\_\_

**Disability Identification:** Anyone who has a physical or mental impairment substantially limiting one or more major life activities, has a record of such impairment, or is regarded as having such an impairment is considered a person with a disability. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking breathing, learning and working. In terms of employment, the law defines a "qualified individual with a disability" as a person with a disability who can perform the essential functions of the job with or without reasonable accommodation.

Do you need any accommodation with any special needs? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, what kind?*

**WHAT IS YOUR ETHNICITY? (Please check one)**

**Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

**Not Hispanic or Latino**

**WHAT IS YOUR RACE? (Please check up to five racial categories)** The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

100 American Indian or Alaskan Native  
(A person having origins in any of the original peoples of North, Central or South America.)  
 201 Chinese  
 202 Japanese

203 Korean  
 204 Vietnamese  
 205 Asian Indian  
 206 Laotian  
 207 Cambodian  
 208 Hmong

299 Other Asian  
 301 Hawaiian  
 302 Guamanian  
 303 Samoan  
 304 Tahitian  
 399 Other Pacific Islander

400 Filipino/Filipino American  
 600 African American or Black  
 700 White (A person having origins in any of the original peoples of Europe, North Africa or the Middle East.)

**HOW DID YOU HEAR ABOUT THIS POSITION?**

[ ] Self-initiated [ ] Advertisement – Newspaper (please specify name) \_\_\_\_\_

[ ] District Employee [ ] Graduate Department [ ] College Placement Services

[ ] Professional Organization (please specify) \_\_\_\_\_ [ ] Other \_\_\_\_\_