



922 B Street, Livingston, CA 95334  
 Phone (209) 394-5400 / Fax (209) 394-5401

## CLASSIFIED MANAGEMENT EMPLOYMENT APPLICATION

*Equal Opportunity Employer*

PERSONAL DATA			
Last Name	First Name	Middle	Today's Date
Street Address		City	State Zip
Contact Phone:	Work	Message	Date available for employment

RECORD OF PROFESSIONAL EDUCATION			
Institution	Major	Degree	Dates

PROFESSIONAL REFERENCES: List three recent employers familiar with your career and whom we may call.		
Name and Title	Street, City, State, Zip	Business Phone Home Phone
Name and Title	Street, City, State, Zip	Business Phone Home Phone
Name and Title	Street, City, State, Zip	Business Phone Home Phone

State law requires that all employees be fingerprinted. Have you been convicted of any offense other than minor traffic violations? If yes, explain on a separate sheet. A conviction does not automatically bar you from employment. Each case will be given individual consideration. Yes  No

Do you currently have any offense(s) pending against you in a criminal court of law for which you are out on bail or have been released on your own recognizance pending trial. If yes, please specify on a separate sheet the charge(s), the county in which the charge(s) is pending, and date of trial if set. Yes  No

Have you ever been discharged, forced to resign, or rejected from any employment within the last ten years? If yes, please explain on a separate sheet. Yes  No

Total years in a supervisory capacity: \_\_\_\_\_ School District/County Office experience: Yes  No  , If yes, how long \_\_\_\_\_

**INSTRUCTIONS:** Please read the requirements on the job announcement and attach resume outlining your qualifications and experience for this position. Please list below your employment history beginning with your most recent employer. Resume must be attached and is not a substitute for completing this application. Incomplete applications will not be considered for employment.

EMPLOYER		POSITION TITLE/SUPERVISOR		EMPLOYMENT DATES/WAGES	
Business Name:		Position Title:		From:	To:
Address:		Supervisor:			
		Telephone:			
Reason for Leaving Current Position:				Supervisory Position?	No. of Employees
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		POSITION TITLE/SUPERVISOR		EMPLOYMENT DATES/WAGES	
Business Name:		Position Title:		From:	To:
Address:		Supervisor:			
		Telephone:			
Reason for Leaving Position:				Supervisory Position?	No. of Employees
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		POSITION TITLE/SUPERVISOR		EMPLOYMENT DATES/WAGES	
Business Name:		Position Title:		From:	To:
Address:		Supervisor:			
		Telephone:			
Reason for Leaving Position:				Supervisory Position?	No. of Employees
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**CERTIFICATION BY EMPLOYEE:** I authorize any duly accredited representative of the Livingston Union School District to obtain any information relating to my activities from any previous employer. This information may include, but is not limited to, achievement, performance, attendance, personal history and disciplinary information. **I DIRECT YOU TO RELEASE** such information, upon request of the duly accredited representative of any authorized agency, regardless of any agreement I may have previously made with you to the contrary. I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance, or any attempts to comply, with this authorization. **FURTHERMORE,** I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or false-answered statement made by me on this application, or any supplements will be sufficient grounds for failure to employ or for my discharge should I become employed with the District.

Signature:

Date:

Non-Discrimination Statement

LUSD prohibits discrimination, harassment, intimidation and bullying in all district programs, activities and employment based on actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race, or ethnicity, religion, sex, sexual orientation, pregnancy, breastfeeding, marital or parental status, or association with a person or a group with one or more of these actual or perceived characteristics in any programs or activities it conducts. If you believe you have been subjected to discrimination, harassment, intimidation, or bullying, you should immediately contact the District Superintendent and/or Title IX Compliance Officer, Maria Torres-Perez at (209) 394-5430 or [mtorresp@livingstonusd.org](mailto:mtorresp@livingstonusd.org). The district's policies and procedures regarding [Nondiscrimination in Employment](#), [Sexual Harassment](#), and [Uniform Complaint Policy/Forms](#) are available upon request.