



APPLICATION FOR CLASSIFIED EMPLOYMENT

SANTA CRUZ CITY SCHOOL DISTRICT

405 Old San Jose Rd. Soquel, CA 95073

PHONE (831) 429-3410 x238

FAX (831) 429-3433

www.sccs.santacruz.k12.ca.us

Position Applying For:

Today's Date:

Applicant's Full Name

(Last)

(First)

(M.I.)

Address

(Street)

(City)

(State)

(Zip)

Telephone Numbers

(Home)

(Work) (Message #)

Person to Notify In

Case of Emergency

(Name)

(Address)

(Phone #)

ALL APPLICATION MATERIALS MUST BE RECEIVED IN THE HUMAN RESOURCES OFFICE BY THE POSTED FINAL FILING DATE AND TIME.

INSTRUCTIONS:

1. Applicants failing to complete all sections of this form will be disqualified from consideration for the position.
2. Applications are accepted only for a specific current position.
3. A SEPARATE application is required for each position; you may submit photocopies.
4. Please TYPE or PRINT with ink.
5. A resume and supporting materials may be attached, but will not be accepted in lieu of completion of any section of this form.
6. Applicants with disabilities who may need special accommodation for the testing/evaluation process are requested to inform the Personnel Commission staff of their needs.

GENERAL INFORMATION

Are you now or have you ever been employed by Santa Cruz City Schools before? (If yes, give title and dates employed)

Can you provide legal documentation of your right to remain and work in the U.S.? Yes No

Have you ever been convicted of a felony or misdemeanor that has resulted in incarceration, a fine in excess of \$50, and/or probation? If yes, explain on an attached sheet. Yes No

(A conviction may not necessarily disqualify an applicant from employment.)

Do you claim Veteran's preference or Veteran's disability? Yes No

(To receive credit, you must have served 30 days during any period between 09/16/40 to 12/31/46; 6/27/50 to 1/31/55; 8/4/64 to 05/07/75; and 08/20/90 to the present.) Applicants must submit copy of Honorable Discharge when applying to receive credit.

Please show all employment within the last ten years plus other related experience (add additional pages, if necessary). Begin with your current or most recent employer. A RESUME MAY BE ATTACHED, BUT WILL NOT BE ACCEPTED IN LIEU OF COMPLETION OF ANY SECTION OF THIS FORM.

• **May we contact your current employer?** Yes _____ No _____

Employer:	Phone:	Starting Date:	Ending Date:
Address:		Starting Salary:	Ending Salary:
City, State, Zip Code:		Total Years/Months:	Hours per Week:
Position Title:		Supervisor's Name and Title:	
Description of Duties:			

Employer:	Phone:	Starting Date:	Ending Date:
Address:		Starting Salary:	Ending Salary:
City, State, Zip Code:		Total Years/Months:	Hours per Week:
Position Title:		Supervisor's Name and Title:	
Description of Duties:			

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**SANTA CRUZ CITY SCHOOL DISTRICT
IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER**