



LAKE TAHOE UNIFIED SCHOOL DISTRICT
1021 Al Tahoe Boulevard - South Lake Tahoe, California 96150
Phone (530) 541-2850 - FAX (530) 541-5930

CLASSIFIED EMPLOYMENT APPLICATION

Please answer all questions below using typewriter or print using ink. Feel free to attach supporting documents such as resume or letters of reference. **Incomplete information may disqualify you from consideration.**

NAME: _____ Social Security: _____
Last First Middle

MAILING ADDRESS: _____ City _____ State _____ Zip _____

TELEPHONE WHERE YOU CAN BE REACHED FROM 8:00 to 5:00 p.m.: () _____
DRIVER'S LICENSE NO. _____ State _____ E-mail Address _____

EXACT TITLE OF POSITION APPLIED FOR: _____

I AM INTERESTED IN: [] Full-time permanent, [] Part-time permanent, [] Substitute (on-call), or [] Temporary

DO YOU SPEAK, READ, OR WRITE ANY LANGUAGE OTHER THAN ENGLISH _____

HAVE YOU EVER BEEN IN THE U.S. ARMED FORCES? [] Yes [] No If yes, please list branch and dates of service. Documentation of service must be submitted with application to qualify for veteran's preference points.

Branch _____ Dates of Service _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? [] Yes [] No

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? [] Yes [] No
If yes, please explain by giving date, charge, location and court:

EDUCATION:

Name of High School _____ City/State _____
Highest Grade Completed: _____ High School Diploma? [] Yes [] No [] GED

List Colleges, Universities or Trade Schools Below: (Indicate number of units completed)

| <u>Name of School</u> | <u>City/State</u> | <u>Dates Attended</u> | <u># of Units Completed</u> | <u>Degree or Certificate</u> |
|-----------------------|-------------------|-----------------------|-----------------------------|------------------------------|
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SPECIAL QUALIFICATIONS OR SKILLS:

List the names and addresses of three persons unrelated to you who have knowledge of your character, experience and abilities:

| <u>Name</u> | <u>Address</u> | <u>Telephone Number</u> |
|-------------|----------------|-------------------------|
| | | |
| | | |
| | | |

List all related employment for the past ten years, beginning with your present or most recent employer. Account for all periods of unemployment and attach additional sheets if necessary:

| | |
|---|---|
| EMPLOYED FROM: _____ TO: _____ EMPLOYER NAME AND ADDRESS: _____ _____ SUPERVISOR NAME _____ TELEPHONE: () _____ | POSITION HELD: _____ SALARY: Starting _____ Final _____ DUTIES: _____ _____ REASON FOR LEAVING: _____ MAY WE CONTACT THIS EMPLOYER? [] Yes [] No |
| EMPLOYED FROM: _____ TO: _____ EMPLOYER NAME AND ADDRESS: _____ _____ SUPERVISOR NAME _____ TELEPHONE: () _____ | POSITION HELD: _____ SALARY: Starting _____ Final _____ DUTIES: _____ _____ REASON FOR LEAVING: _____ MAY WE CONTACT THIS EMPLOYER? [] Yes [] No |
| EMPLOYED FROM: _____ TO: _____ EMPLOYER NAME AND ADDRESS: _____ _____ SUPERVISOR NAME _____ TELEPHONE: () _____ | POSITION HELD: _____ SALARY: Starting _____ Final _____ DUTIES: _____ _____ REASON FOR LEAVING: _____ MAY WE CONTACT THIS EMPLOYER? [] Yes [] No |
| EMPLOYED FROM: _____ TO: _____ EMPLOYER NAME AND ADDRESS: _____ _____ SUPERVISOR NAME _____ TELEPHONE: () _____ | POSITION HELD: _____ SALARY: Starting _____ Final _____ DUTIES: _____ _____ REASON FOR LEAVING: _____ MAY WE CONTACT THIS EMPLOYER? [] Yes [] No |
| EMPLOYED FROM: _____ TO: _____ EMPLOYER NAME AND ADDRESS: _____ _____ SUPERVISOR NAME _____ TELEPHONE: () _____ | POSITION HELD: _____ SALARY: Starting _____ Final _____ DUTIES: _____ _____ REASON FOR LEAVING: _____ MAY WE CONTACT THIS EMPLOYER? [] Yes [] No |
| EMPLOYED FROM: _____ TO: _____ EMPLOYER NAME AND ADDRESS: _____ _____ SUPERVISOR NAME _____ TELEPHONE: () _____ | POSITION HELD: _____ SALARY: Starting _____ Final _____ DUTIES: _____ _____ REASON FOR LEAVING: _____ MAY WE CONTACT THIS EMPLOYER? [] Yes [] No |

Do you have any relatives currently employed by the Lake Tahoe Unified School District or serving on the Board of Education? [] Yes [] No If yes, give name and relationship to you:

I certify that all statements made in this application are true and complete. I understand that any false statement or omission of material facts will subject me to disqualification or dismissal.

Signature _____ Date: _____