SELIGMAN UNIFIED SCHOOL DISTRICT NO. 40

Application for CLASSIFIED EMPLOYMENT

THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT

Classified CONTRACT POSITIONS are for one year only. The contract employee has no reasonable expectation of continued employment beyond the term of the written contract. The employment of any NON-CONTRACT employee is on an "at-will" basis, meaning that the employment relationship may be terminated at any time by either the employee, or the district, for any reason not prohibited by law. Any oral or written representation to the contrary is not authorized, is not binding on the district and should not be relied upon by any prospective employee.

Last Name	First Name	Middle Initial		Social Securit	
Address		City	State	Zip	
Home Phone	Cell Phone	Message Phone		Date of Application	
Position(s) Desired:	() Full Time	() Part Time	() Tem	nporary	
a	b	c			
When would you be av	vailable:				

Submission of Resume recommended, not required.

This application must be completed in full regardless whether resume is attached.

Applications will be retained for two years.

DRUG FREE WORKPLACE

Seligman Unified School District maintains a drug-free workplace and reserves the right to test employees for use of alcohol or drugs whenever reasonable suspicion exists that the employee has violated the drug-free workplace policy. In addition, bus drivers and other employees required to have a Commercial Driver's License shall be tested as part of the initial and annual physical examination, required for certification by state law. In compliance with federal law, bus drivers and other employees required to have a Commercial Driver's license shall also be tested upon application, post-accident and at random.

AN EQUAL OPPORTUNITY ORGANIZATION

The district does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap/disability or national origin.

REASONABLE ACCOMODATION: Any applicant with a disability who needs reasonable accommodation in any step of the application process should notify a representative in the Office

PERSONAL DATA (Please type or print)

1. Nam	e		Social Security No			
			Dates Used			
	ious Mailing Addr					
			Yes License No			
State	issued in					
5. Do y	ou have a Comme	rcial Driver's li	cense? No Yes Licens	se No.		
			ation that will allow you beg			
			nediately? No Yes			
_			•			
WORK	EXPERIENCE					
Present	Position:					
		Dates of Employment				
Busines	S		Telephone			
Address	·	State Zipcode				
			_Date you would be availabl			
	-					
Phone _			Title			
List in c experier		beginning with	the most recent, your previo	us employment		
Dates	Position	Location	Supervisor Name/Title	Phone No.		
To:						
From:						
Reason	for Leaving:					
To:						
From:						
Reason	for Leaving:					
To:						
From:						
Reason	for Leaving					
	_					
To:						
From:						
Reason	for Leaving					
	-					

JOB SKII	LLS AND EXPI	ERIENCE			
Typi Fax Plun Cust Trac	nbing codial	Comp Acco Elect Mase Load	ounting trical onry		Copy Machine Pool Maintenance Carpentry Auto/Truck repair Power Mower
List other s	skills that you fe	el would be be	eneficial to the D	District:	
REFERE	NCES				
List the na work habit	-	vho are famili	ar with you char	acter, we	ork, personality and
Name	Official Pos	ition	Business Ph	one	Home Phone
BACKGR	OUND CHECK	X			
	nsidered for emp				k will be completed if heck form that must be
authorize i		all statements o	on the applicatio		aplete and current. I and materials provided
Signature					

Date