



Will you accept employment for? (Check all appropriate boxes):

Full Year

School Year

Part Time

Substitute

For all clerical/administrative positions:

Typing speed: \_\_\_\_\_

Shorthand speed \_\_\_\_\_

Please list the business machines you can operate: \_\_\_\_\_

In Case of emergency contact: Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### EMPLOYMENT INFORMATION

FILL IN THIS SECTION COMPLETELY. FAILURE TO DO SO WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION.

**STATEMENTS SUCH AS "SEE RESUME" WILL NOT BE ACCEPTED IN LIEU OF COMPLETION.**

Begin with your present employment and work back. Account for all time during the last ten (10) years, including periods of unemployment. In addition, please describe any other related work experience. (Use additional sheets if more space is required.)

If you have not worked in the last ten years, list your qualifying experience before that time.

<b>PRESENT OR LAST POSITION</b>	Employer : _____	From: _____
	Address: _____	Month Year
	City _____ State _____ Zip _____	To: _____
	Position Title: _____	Month Year
	Duties: _____	Total: _____
	Supervisor's Name & Title _____	Years Months
	Phone No. _____	Full Time: <input type="checkbox"/> Part Time <input type="checkbox"/> hrs/wk _____ Last Salary: _____ Reason For leaving: _____

Employer : _____	From: _____
Address: _____	Month Year
City: _____ State _____ Zip _____	To: _____
Position Title: _____	Month Year
Duties: _____	Total: _____
Supervisor's Name & Title _____	Years Months
Phone No. _____	Full Time: <input type="checkbox"/> Part Time <input type="checkbox"/> hrs/wk _____ Last Salary: _____ Reason For leaving: _____

Employer : _____	From: _____
Address: _____	Month Year
City: _____ State _____ Zip _____	To: _____
Position Title: _____	Month Year
Duties: _____	Total: _____
Supervisor's Name & Title _____	Years Months
Phone No. _____	Full Time: <input type="checkbox"/> Part Time <input type="checkbox"/> hrs/wk _____ Last Salary: _____ Reason For leaving: _____

## EMPLOYMENT INFORMATION (CONTINUED)

Employer : _____ Address: _____ City: _____ State _____ Zip _____ Position Title: _____ Duties: _____ _____ Supervisor's Name & Title _____ Phone No. _____	From: _____ <div style="text-align: center;">Month                      Year</div> To: _____ <div style="text-align: center;">Month                      Year</div> Total: _____ <div style="text-align: center;">Years                      Months</div> Full Time: <i>o</i> Part Time <i>o</i> hrs/wk Last Salary: _____ Reason For leaving: _____ _____ _____
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Employer : _____ Address: _____ City: _____ State _____ Zip _____ Position Title: _____ Duties: _____ _____ Supervisor's Name & Title _____ Phone No. _____	From: _____ <div style="text-align: center;">Month                      Year</div> To: _____ <div style="text-align: center;">Month                      Year</div> Total: _____ <div style="text-align: center;">Years                      Months</div> Full Time: <i>o</i> Part Time <i>o</i> hrs/wk Last Salary: _____ Reason For leaving: _____ _____ _____
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Employer : _____ Address: _____ City: _____ State _____ Zip _____ Position Title: _____ Duties: _____ _____ Supervisor's Name & Title _____ Phone No. _____	From: _____ <div style="text-align: center;">Month                      Year</div> To: _____ <div style="text-align: center;">Month                      Year</div> Total: _____ <div style="text-align: center;">Years                      Months</div> Full Time: <i>o</i> Part Time <i>o</i> hrs/wk Last Salary: _____ Reason For leaving: _____ _____ _____
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Employer : _____ Address: _____ City: _____ State _____ Zip _____ Position Title: _____ Duties: _____ _____ Supervisor's Name & Title _____ Phone No. _____	From: _____ <div style="text-align: center;">Month                      Year</div> To: _____ <div style="text-align: center;">Month                      Year</div> Total: _____ <div style="text-align: center;">Years                      Months</div> Full Time: <i>o</i> Part Time <i>o</i> hrs/wk Last Salary: _____ Reason For leaving: _____ _____ _____
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Do you have fluency in languages other than English?	<input type="radio"/> Yes	<input type="radio"/> No
Language(s) _____	Read? _____	Write? _____ Speak? _____
_____	Read? _____	Write? _____ Speak? _____

### EDUCATIONAL RECORD

Circle highest grade completed: 6 7 8 9 10 11 12 13 14 beyond

Name and location of Junior High or High School last attended:

\_\_\_\_\_

Did you graduate from High School?  Yes  No

College Attended (Name & Location)	Dates Attended	Major	Credits or Degree
_____	_____	_____	_____
_____	_____	_____	_____

Other Specialized Training, provide information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERSONAL REFERENCES

List three people who can vouch for your character and ability. Do not list relatives or former employers.

NAME	ADDRESS	PHONE NUMBER

The Berkeley Unified School District does not discriminate on the basis of race, color, religion, gender, marital status, ancestry, political affiliation, age, sexual orientation, disability, medical condition, national origin, or mental or physical handicap in any of its policies or procedures related to admissions, employment, educational services, programs or activities.

#### **Read Carefully Before Signing**

I authorize the investigation of all statements contained in this application and certify that the information I have provided is true and correct. I understand that misrepresentation or omission of facts is cause for immediate dismissal and/or non-consideration for a position with Berkeley Unified School District.

I release from liability persons and organizations reporting information pursuant to an investigation of my statements provided in this application, and I waive any right of access to such information. I release Berkeley Unified School District and its agents from any liability in connection with the use of information provided in said investigation.

I agree to be fingerprinted prior to hire, to submit to a completed medical examination if requested as pertinent to this position, to sign an oath of allegiance as required by law, and upon employment, to furnish such proof of age and eligibility to work in the United States as may be required.

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

**EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**