

**WILLIAMS UNIFIED SCHOOL DISTRICT**  
**260 - 11<sup>th</sup> Street - P.O. BOX 7**  
**WILLIAMS, CA 95987**  
**PHONE (530) 473-2550 FAX (530) 473-5894**  
**www.williamsusd.net**

**APPLICATION FOR NONCERTIFICATED/CLASSIFIED EMPLOYMENT**

**All Information Must Be Complete**

Date of Application \_\_\_\_\_

Position desired \_\_\_\_\_

**PERSONAL:**

NAME	FIRST	MIDDLE	LAST
MAILING ADDRESS		CITY	STATE ZIP CODE
HOME PHONE (    )	WORK PHONE (    )		SOCIAL SECURITY #
CELL PHONE (    )	FAX # (    )		DRIVER'S LICENSE #

Email address: \_\_\_\_\_

Were you previously employed by us?  Yes  No

If yes, when and for what position? \_\_\_\_\_

If selected for employment, on what date will you be available to begin work? \_\_\_\_\_

Are you bilingual?  Yes  No If yes, in which language? \_\_\_\_\_

Please list any certificates or licensures that you possess, including CPR and First Aid: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any relevant skills that would qualify you for this position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

Name of High School: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_  I have a high school diploma  I passed the GED

NAME OF COLLEGE ATTENDED (Most Current College First)	MAJOR	ATTENDED FROM	ATTENDED TO	TOTAL UNITS	DEGREE

**EXPERIENCE:** (Most Current Employment First)

Employed From	Employed To	Salary	Job Title	Hours Per Week
Company Name and Addresses		Name, title and phone number of immediate supervisor		
Reason(s) for leaving				
Job Duties				

Employed From	Employed To	Salary	Job Title	Hours Per Week
Company Name and Address		Name, title and phone number of immediate supervisor		
Reason(s) for leaving				
Job Duties				

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Job Duties				

Employed From	Employed To	Salary	Job Title	Hours per week
Company Name and Address		Name, title and phone number of immediate supervisor		
Reason(s) for leaving				
Job Duties				

**REFERENCES:**

Name:
Title:
Organization/Company:
Address:
City, State, Zip:
Phone:
Email:

Name:
Title:
Organization/Company:
Address:
City, State, Zip:
Phone:
Email:

Name:
Title:
Organization/Company:
Address:
City, State, Zip:
Phone:
Email:

**CITIZENSHIP AND AGE:** Pursuant to the Immigration Reform and Control Act of 1986, I understand that any offer of employment which may be made to me will be conditioned on my ability to provide proof of identification and legal right to work in the United States. I also understand that I may be required to provide proof of my birth date.

**MEDICAL REQUIREMENTS:** If authorized or otherwise required by law, offers of employment may be conditioned upon the satisfaction of medical examination requirements and meeting lawfully required physical or medical standards for employment. Pre-employment alcohol and drug testing may be required.

**LEGAL INFORMATION: (Explain All Yes Answers)**

The following information is **REQUIRED** for your application to be considered. Your answers will not necessarily disqualify you from consideration, except for affirmative responses to certain enumerated sex and/or drug convictions and/or convictions for committing serious and/or violent felonies.

**CONVICTIONS**

Have you ever been convicted of a felony or misdemeanor, other than a conviction related to marijuana if it is more than two years after the date of the conviction, or do you currently have a felony or misdemeanor charge pending? Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or a jury.

Yes  No

If yes, list all convictions including, but not limited to convictions for "driving under the influence," and convictions for sex and/or drug offenses listed in California Education Code Sections 44010 and 44011, except for convictions related to marijuana if it is more than two years after the date of the conviction. Include any serious or violent felony conviction in any state or jurisdiction as enumerated in California Penal Code sections 667.6(c) and 1192.7(c): \_\_\_\_\_

**DISMISSALS**

Have you ever been dismissed or asked to resign from any position?

Yes  No

If you answered yes, please explain: \_\_\_\_\_

**ACCOMMODATIONS**

This school district does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, gender, mental or physical disability, sex orientation, or any other basis protected by federal, state or local law, ordinance or regulation, in its educational program(s) or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position(s) or program for which application has been made.

Will you need any reasonable accommodation to participate in the hiring process?

Yes  No

If so, what accommodations will be needed? \_\_\_\_\_

**AUTHORIZATION AND CERTIFICATION:**

My submission of this application authorizes the school to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local law enforcement agencies, information from Central Criminal Records Exchange or either date on all criminal convictions or certification that no data on criminal convictions are maintained, information from the California or other State Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information to any findings of child abuse or neglect investigations involving me.

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 falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

**WILLIAMS UNIFIED SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability. (EC 221.5[d], 5 CCR 4930, 4931; 34 CFR 106.36)