



Application for Employment — Classified Personnel

POSITION APPLYING FOR: _____

DATE: _____

IMPORTANT INSTRUCTIONS: Please TYPE or PRINT in INK. Answer all questions completely. Incomplete applications will not be considered.

NAME (Last)		(First)	(Middle)
ADDRESS		PHONE(S)	
CITY, STATE, and ZIP CODE		Home _____	
E-MAIL ADDRESS		Business _____	
		Other _____	

EDUCATION AND OCCUPATIONAL TRAINING

	Name of Institution	City and State	Graduated Degree/Certificate* (indicate type degree)
Senior High			
College			
Graduate Work			
Extension Courses			
Special Training			

*Qualifications will be verified. **Attach photocopy of degrees/certificates.**

Have you ever been dismissed or asked to resign from any position? Yes No

Typing Speed: _____ w.p.m.

May we contact your present employer as to your qualifications? Yes No

MS Word: _____

Have you ever been convicted of any offense in any jurisdiction other than a traffic infraction? Yes No

CERTIFICATION VERIFIED – For HR Use Only
Typing: _____
Word: _____

Will you accept temporary work? Yes No

Which business machines can you operate? Please check :

- Calculator Fax Machine
- Photocopier Scanner
- Computer/PC Hardware (describe): _____
- Computer/PC Software (describe): _____
- Other (describe): _____

Driver's License: Yes No If YES:
 State _____ Number _____

Bilingual: Yes No If YES:
 Language _____

War Veteran: Yes No If YES:
 Dates: From _____ To _____
 (If yes, be sure to attach DD-214)

Do you have relatives who work for the Alameda County Office of Education?

Yes No If YES:
 Name _____
 Location _____
 Relationship _____

Alameda County Office of Education employee?
 Yes No If YES: Present Former
 Dates: From _____ To _____

EMPLOYMENT HISTORY — List all employment (full- and part-time). List your most recent employment first. If additional space is needed, you may attach additional sheets. *This section MUST BE COMPLETED IN FULL even if you attach a résumé or other employment history information.*

FROM _____ TO _____
MONTH YEAR MONTH YEAR

TITLE OF YOUR POSITION _____
DUTIES _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

NAME & TITLE OF YOUR SUPERVISOR _____

PHONE NUMBER OF YOUR SUPERVISOR _____

NUMBER SUPERVISED _____ SALARY PER MONTH \$ _____

REASON FOR LEAVING _____

FROM _____ TO _____
MONTH YEAR MONTH YEAR

TITLE OF YOUR POSITION _____
DUTIES _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

NAME & TITLE OF YOUR SUPERVISOR _____

PHONE NUMBER OF YOUR SUPERVISOR _____

NUMBER SUPERVISED _____ SALARY PER MONTH \$ _____

REASON FOR LEAVING _____

FROM _____ TO _____
MONTH YEAR MONTH YEAR

TITLE OF YOUR POSITION _____
DUTIES _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

NAME & TITLE OF YOUR SUPERVISOR _____

PHONE NUMBER OF YOUR SUPERVISOR _____

NUMBER SUPERVISED _____ SALARY PER MONTH \$ _____

REASON FOR LEAVING _____

FROM _____ TO _____
MONTH YEAR MONTH YEAR

TITLE OF YOUR POSITION _____
DUTIES _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

NAME & TITLE OF YOUR SUPERVISOR _____

PHONE NUMBER OF YOUR SUPERVISOR _____

NUMBER SUPERVISED _____ SALARY PER MONTH \$ _____

REASON FOR LEAVING _____

YOUR NAME: _____

FROM _____ TO _____
MONTH YEAR MONTH YEAR

TITLE OF YOUR POSITION _____
DUTIES _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

NAME & TITLE OF YOUR SUPERVISOR _____

NUMBER SUPERVISED _____ SALARY PER MONTH \$ _____

PHONE NUMBER OF YOUR SUPERVISOR _____

REASON FOR LEAVING _____

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

- 1. NAME _____ RELATIONSHIP _____ PHONE NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
- 2. NAME _____ RELATIONSHIP _____ PHONE NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
- 3. NAME _____ RELATIONSHIP _____ PHONE NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

READ CAREFULLY BEFORE SIGNING

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that all statements made hereon are true and correct and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

My signature below authorizes the Alameda County Office of Education to conduct a background investigation and authorizes release of information in connection with my application for employment. Further, I hold harmless any individual or firm for any information that it may provide in this investigation which 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 Alameda County Office of Education and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: law enforcement agencies and information for any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Signature of Applicant _____ Date _____

— THE ALAMEDA COUNTY OFFICE OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER —



ALAMEDA COUNTY OFFICE OF EDUCATION
SHEILA JORDAN, SUPERINTENDENT
 313 WEST WINTON AVE. • HAYWARD, CA 94544-1136 • (510) 887-0152
 www.acoe.org

TO THE APPLICANT:

On the Application for Employment is the question: *“Have you ever been convicted of any offense in any jurisdiction other than a traffic infraction?”* If you have been convicted of a criminal offense other than a traffic infraction, you must provide the information requested below. However, due to State laws, we cannot employ, or retain in employment, any person convicted of any sex offense as defined in Section 45304 and 44010 of the Education Code or any narcotics offense as defined in Section 44011 of the Education Code (this includes marijuana).

You are required to certify under penalty of perjury that all statements made in your application are true. By signing the application form, you are certifying that all statements are true and complete and acknowledging that you understand that any misstatement will subject you to disqualification or dismissal. Applicants selected for employment will be fingerprinted and a criminal record check will be made. Convictions not declared will result in your dismissal.

If you have answered “yes” to the question, “Have you ever been convicted of any offense in any jurisdiction other than a traffic infraction?” on the application form, please provide the information requested below:

NAME	PHONE	POSITION APPLYING FOR

DATE	CODE No. P = Penal Code HW = Health & Safety Code VC = Vehicle Code	CHARGE <i>(DESCRIBE COMPLETELY)</i>	CITY & COURT	DISPOSITION

If you have NOT ever been convicted of any offense in any jurisdiction other than a traffic infraction, check here:
 Not Applicable

Failure to provide complete information by the final filing date will be considered as a withdrawal of your application.

I CERTIFY, UNDER PENALTY OF PERJURY, that all statements are true and I understand and agree that any misstatement or omission will result in my immediate dismissal.	
_____ SIGNATURE (in full)	_____ DATE



VOLUNTARY EMPLOYEE/APPLICANT IDENTIFICATION

Section 1233 of the California Government Code permits public employers to solicit from employees and applicants a voluntary description of their sex and racial/ethnic group membership. Additional voluntary information provided will assist the Office in accurately compiling required statistical reports for federal and state agencies. None of the information will be used to discriminate against or give preference to any individual in any personnel transaction.

Position applying for: _____

NAME _____ MALE FEMALE

DRIVER'S LICENSE No. _____ BIRTHDATE _____

RACIAL/ETHNIC GROUP — Check only ONE applicable category below. If more than one applies, choose the one category which best identifies your racial/ethnic background. (A married woman should indicate her own ancestry rather than that of her husband.)

- | | | |
|---|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> American Indian or Alaskan | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> White |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Korean | <input type="checkbox"/> Multiple or No Response |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Pacific Islander | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander | |

RECRUITMENT — As an evaluation of this Office's recruitment sources, indicate below how this position was communicated to you:

- | | |
|---|---|
| <input type="checkbox"/> NEWSPAPER — Name _____ | <input type="checkbox"/> COMMUNITY GROUP — Name _____ |
| <input type="checkbox"/> RADIO — Name _____ | <input type="checkbox"/> GOV'T AGENCY — Name _____ |
| <input type="checkbox"/> OUR HUMAN RESOURCES OFFICE | <input type="checkbox"/> FRIEND, RELATIVE |
| <input type="checkbox"/> AN EMPLOYEE OF THIS OFFICE | <input type="checkbox"/> INTERNET |
| <input type="checkbox"/> OTHER — Specify _____ | |



The Alameda County Office of Education (ACOE) is committed to providing reasonable accommodations to individuals with disabilities who may wish to use its facilities. If you have a disability and need assistance in using ACOE's facilities, please contact the Director of Human Resources, (510) 670-7703. Your inquiry will remain confidential.