



FOR OFFICE USE ONLY:
 RANK # _____
 SCORE _____

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

DATE: _____

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

EDUCATION AND OCCUPATIONAL TRAINING

	Name of Institution	City and State	Graduated Degree/Certificate
Senior High			
College			
Graduate Work			
Extension Courses			
Special Training			

Qualifications will be verified.

Please circle

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

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

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

Will you accept temporary work? Yes No

FOR OFFICE USE ONLY:
 Written Exam _____

What experience have you had in taking care of young children?

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

Bilingual: Yes No If YES:
 Language _____

Has any of this been paid experience? Yes No

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

What work have you done with children in schools or institutions?

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

Describe any classes that you have taken in child development or children's learning problems:

Do you have relatives who work for the Alameda County Office of Education?
 Yes No If YES:
 Name _____ Location _____
 Relationship _____

EMPLOYMENT HISTORY — List all employment (full and part-time). List your present or 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 _____
()

TELEPHONE 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 _____
()

TELEPHONE 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 _____
()

TELEPHONE 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 _____
()

TELEPHONE NUMBER OF YOUR SUPERVISOR _____

NUMBER SUPERVISED _____ SALARY PER MONTH \$ _____

REASON FOR LEAVING _____

CONTINUED ON NEXT SHEET

Your Name: _____

FROM _____ TO _____
MONTH YEAR MONTH YEAR

TITLE OF YOUR POSITION _____

EMPLOYER'S NAME _____

DUTIES _____

EMPLOYER'S ADDRESS _____

NAME & TITLE OF YOUR SUPERVISOR _____

NUMBER SUPERVISED _____ SALARY PER MONTH \$ _____

()

TELEPHONE 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 _____

2. _____ ()
NAME RELATIONSHIP PHONE NUMBER

ADDRESS _____

3. _____ ()
NAME RELATIONSHIP PHONE NUMBER

ADDRESS _____

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 _____

— AN EQUAL OPPORTUNITY EMPLOYER —



ALAMEDA COUNTY OFFICE OF EDUCATION

313 West Winton Avenue • Hayward, CA 94544-1198 • (510) 887-0152

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:

PLEASE PRINT

NAME	TELEPHONE NUMBER	POSITION APPLYING FOR
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DATE	CODE No. P = Penal Code HW = Health & Safety Code VC = Vehicle Code	CHARGE (DESCRIBE COMPLETELY)	CITY & COURT	DISPOSITION

Failure to provide complete information by the final filing date will be considered as 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

ALAMEDA COUNTY OFFICE OF EDUCATION
313 West Winton Avenue • Hayward, CA 94544-1198 • (510) 670-7703

VOLUNTARY EMPLOYEE/APPLICANT IDENTIFICATION FORM

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 _____

SOCIAL SECURITY No. _____

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.)

- AMERICAN INDIAN OR ALASKAN NATIVE — All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN or PACIFIC ISLANDER — All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, Samoa, and the Philippine Islands.
- BLACK (not of Hispanic origin) — All persons having origins in any of the black racial groups of Africa.
- HISPANIC — All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- WHITE (not of Hispanic origin) — All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.
- DECLINE TO STATE.

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

- NEWSPAPER — Name _____ COMMUNITY GROUP — Name _____
- RADIO — Name _____ GOV'T AGENCY — Name _____
- OUR HUMAN RESOURCES OFFICE FRIEND, RELATIVE
- AN EMPLOYEE OF THIS OFFICE INTERNET
- 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) 670-4260, who is the ADA coordinator. Your inquiry will remain confidential.