

# BISHOP UNIFIED SCHOOL DISTRICT

## APPLICATION FOR EMPLOYMENT -- CLASSIFIED EMPLOYEE

(Use Ink or Typewriter – Answer all Questions – Please Print)

Return to:

Human Resources  
656 West Pine Street  
Bishop, CA 93514

AN EQUAL OPPORTUNITY  
AFFIRMATIVE ACTION EMPLOYER  
Ref: BP4030/BP0410

***In addition to the application, please supply a cover letter, current resume,  
and three (3) letters of recommendation***

Position for which you are applying \_\_\_\_\_

Date \_\_\_\_\_

Applicant Name: \_\_\_\_\_

First

Middle

Last

Mailing Address: \_\_\_\_\_

Street

City

State

Zip Code

Home Phone: (      ) \_\_\_\_\_ Business Phone: (      ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Do you wish to claim Veterans Preference? ☐ Yes ☐ No If yes, please submit report of DD-214

Are you over the age of 18? ☐ Yes ☐ No If no, hire is subject to verification

Do you have a valid driver's license? ☐ Yes ☐ No

State: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Would you work ☐ Full-Time ☐ Part-Time Specify number hours (only if part-time) \_\_\_\_\_

Were you previously employed in our school district? ☐ Yes ☐ No

If you have ever worked under a different name, please state name: \_\_\_\_\_

**EDUCATION:** (Circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

	NAME & LOCATION OF SCHOOL	Course Or Major	Hours or Units Completed	Did You Graduate?	Degree Received	Date Completed
High School						
Junior College						
College or University						
Business, Correspondenc e, Trade or Graduate School						

### Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. Additional page may be attached if needed. (Resume also requested.)

**\*Name of Employer** \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Type of Business \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position & Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**\*Name of Employer** \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Type of Business \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position & Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**\*Name of Employer** \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Type of Business \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position & Duties: \_\_\_\_\_

\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**\*Name of Employer** \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Type of Business \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

\_\_\_\_\_

Your Position & Duties: \_\_\_\_\_

\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**\*Name of Employer** \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Type of Business \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position & Duties: \_\_\_\_\_

\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**USE SPACE BELOW FOR EXPLANATIONS OR ADDITIONAL INFORMATION**

Is there any other information which may help us find the job for which you are best qualified?

Have you any special skills, qualifications, training, or experience not shown on this form?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

**I HEREBY CERTIFY** that all statements made in this application are true. I authorize the District to investigate my references, work record, education, and other matters related to my suitability for employment. I also authorize the references and my prior employers to disclose to the District any and all letters, reports, and other information related to my professional and personal background, without giving me prior notice of such disclosure.

I agree and understand that any misstatement of material facts herein will cause (a) rejection of my application, and (b) forfeiture on my part of any employment or payment as an employee in the service of this District. I further agree to be fingerprinted, to submit to a complete medical examination, and upon employment, to furnish such proof of age and citizenship as may be directed.

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

\_\_\_\_\_  
Date