

BISHOP UNIFIED SCHOOL DISTRICT

APPLICATION FOR EMPLOYMENT - - CERTIFICATED EMPLOYEE

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

Return to: Mamie Casteel, Admin. Asst./Human Resources
656 West Pine Street
Bishop, CA 93514

AN EQUAL OPPORTUNITY
AFFIRMATIVE ACTION EMPLOYER
Ref: BP4030 / BP0410

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, Correspondence, 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 _____

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Type of Business _____ Supervisor's Name _____

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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 _____

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

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