

ARVIN UNION SCHOOL DISTRICT
737 Bear Mountain Boulevard
Arvin, California 93203
(661) 854-6500
(661) 854-2362 Fax
www.arvinschools.com

Please answer all questions, either typing or printing:

POSITIONS APPLYING FOR: _____

NAME _____
Last, First Middle Initial

ADDRESS _____
No. and Street City State Zip Code

Telephone No. _____ Other Phone _____

Availability:

Full Time _____ 12/Month _____
Part Time _____ 10/Month _____
Day Shift _____ Substitute _____
Night Shift _____

Do you have a typing certificate? Yes _____ No _____ wpm _____

Some positions involve the lifting of up to 55 pounds. May we consider you for positions having this requirement?
Yes _____ No _____

Machines you can operate: _____

Other skills/qualifications: _____

Have you ever been convicted for other than minor traffic violations: No _____ Yes _____? If yes:
Date _____ Place _____
Nature of Offense _____
Disposition _____

Veteran of Military Service? No _____ Yes _____ If "yes" complete section below:

BRANCH	Active Duty Dates		DUTIES	RANK	TYPE OF DISCHARGE
	From	To			
	Mo. Yr.	Mo. Yr.			
_____	_____	_____	_____	_____	_____

Check if the following applies: _____ If you are not a United States Citizen, type of visa _____
Less than 16 years old _____
Less than 18 years old _____

How did you become interested in the Arvin Union School District? _____

Have you ever been employed here? Yes _____ No _____ If "yes" when? _____
Position _____

Have you ever applied here before? Yes _____ No _____ If "yes" when? _____

When are you available to begin work? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 (College 1 2 3 4)

NAME	CITY & STATE	MAJOR	DIPLOMA/ DEGREE	
High School			YES	NO
College			YES	NO
Other Training				

EMPLOYMENT

List below all employment beginning with current or most recent. Account for all periods, including unemployment. Show all positions held and explain periods of unemployment. Please use additional sheets if necessary.

DATES		EMPLOYER & ADDRESS	POSITION	REASON FOR LEAVING
Mo.	Yr.			
From			Title _____	_____
			Supervisors name _____	_____
To			Supervisors number _____	_____
			Salary _____	_____
<hr/>				
From			Title _____	_____
			Supervisors name _____	_____
To			Supervisors number _____	_____
			Salary _____	_____
<hr/>				
From			Title _____	_____
			Supervisors name _____	_____
To			Supervisors number _____	_____
			Salary _____	_____

Regular attendance is an essential job function for this position. Can you meet this requirement? No _____ Yes _____
 Have you ever been dismissed, asked to resign, or refused reemployment? No _____ Yes _____

Previous employer verifications are made in routine processing of applications.

List maiden name, if applicable, used in previous employment: _____

Are there any of the above employers you do not wish us to contact? _____

REFERENCES

Please list two persons, other than relatives, who may be contacted to testify as to appropriate experience or ability.

NAME	TITLE OR RELATIONSHIP	TELEPHONE
_____	_____	_____
_____	_____	_____

Additional comments which will help us gain a better estimate of your qualifications: _____

I hereby certify that the above statements are true and complete to the best of my knowledge and understand that any deliberate omission or falsification of facts may be grounds for refusal of or dismissal from employment. I also authorize the Arvin Union School District to verify all information contained in this application.

 Signature

 Date

In order for your application to be considered, all questions must be answered in full. A resume may be attached to provide more detailed information, but will not be considered in lieu of a completed application form.

- 1. Fingerprint clearance from the California State Department of Justice is a condition of Employment.**
- 2. A preplacement medical assessment, at District expense, is a condition of appointment after all other required job conditions have been met.**

An Equal Opportunity Employer