



**EDUCATION**

Do you have a high school diploma or G.E.D.? ( ) Yes ( ) No Name of School: \_\_\_\_\_

Do you have an AA/AS degree? ( ) Yes ( ) No

Do you have a BA/BS degree? ( ) Yes ( ) No

Do you have a post graduate degree? ( ) Yes ( ) No

Name and Location of Colleges/Universities/Trade Schools (Not High School)	Course or Major	Hours or Units Completed	Did You Graduate?	Degree Received

**LICENSES/CERTIFICATIONS**

List Licenses or Professional Certifications/Registrations Relevant to This Position:

TYPE	STATE	CLASS	NUMBER	EXPIRATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your license/certification ever been revoked or suspended? ( ) Yes ( ) No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

\_\_\_\_\_

Do You Have a Valid Driver's License? ( ) Yes ( ) No

**A current DMV report showing an acceptable driving record will be required after job offer and prior to employment.**

**OTHER PERSONAL INFORMATION**

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed and any offense committed before your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court may be omitted). ( ) Yes ( ) No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Do you have any relatives working for the District? If yes, please identify:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ( ) Yes ( ) No

Have you been given a copy of the Job Description which outlines the essential functions of the job for which you are applying? ( ) Yes ( ) No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ( ) Yes ( ) No

If no, describe the functions that cannot be performed. \_\_\_\_\_

\_\_\_\_\_

If you become a finalist for the position, do you have any objection to a representative of the District making inquiry of your present employer regarding your background and qualifications? ( ) No ( ) Yes If yes, state reason:

\_\_\_\_\_

If now employed, why do you want to leave?

\_\_\_\_\_

Please provide in this space: 1) Any additional information you would like to have the District consider, 2) Any substantial gap in your employment history, and further explanation to any "yes" response:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about this job? ( ) Newspaper \_\_\_\_\_ ( ) Employee \_\_\_\_\_ ( ) Website ( ) Other Publication \_\_\_\_\_

I HEREBY CERTIFY that the foregoing statements are true and accurate to the best of my knowledge and belief. I agree and understand that any misstatement of material fact contained in this application may cause me to forfeit all rights to employment with the District. Employment offer may be contingent on passing a job-related physical examination, drug test, and fingerprint background check.

Signature \_\_\_\_\_ Date \_\_\_\_\_