

GLENN COUNTY OFFICE OF EDUCATION
An Equal Opportunity Provider
311 S. Villa Avenue -Willows, California 95988
(530) 934-6575 * FAX (530) 934-6576
EMPLOYMENT APPLICATION

1. Position applied for: _____
 Date: _____

How did you learn of this position? _____

2. Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____
 Zip: _____

Res. Phone: _____ Message Phone: _____ Bus. Phone: _____

3. Driver's License No. _____ Social Security
 No. _____

Do you have access to an insured vehicle for work related purposes? Yes No

School Bus Driver's Certificate: (Applies only to K-12) Yes No

4. Education - Highest grade completed:

Grade School: _____

High School: _____ Name of high school attended: _____

G.E.D. or Equivalent: Yes No

College: _____ Highest Degree completed: _____

Other: _____

List Colleges, University and/or specialized schools attended:

From:	To	College, University or Specialized School	Major	Sem. Units*	Degree

*1 quarter unit = 2/3 semester units

5. Are you No Child Left Behind (NCLB) compliant (applies only to K-12)? Yes No

6. Do you qualify for or hold a Child Development Permit issued by the California Commission on Teacher Credentialing? Yes No

7. What kind of work do you do best?

8. General information:

Dates available for employment: Immediately _____: A later date: _____: If later when? _____

Are any criminal charges, including sexual, pending against you? Yes No (If yes, please explain)

Have you ever been convicted of any criminal felony or misdemeanor? Yes No (If yes, explain when,

where, and disposition of case(s):

Have you ever been dismissed, or asked to resign, from any position? Yes No (If yes, explain)

9. Are you over 18 years of age? Yes No (If employed, you may be asked to submit proof of age.)

Are you authorized to work in the U.S.? Yes No

10. List the equipment you can operate: _____

11. What languages do you write/speak fluently: _____

12. Are you able to perform the essential functions required of the position for which you are making application with or without a reasonable accommodation? Yes No (EMPLOYER MAY REQUIRE A PHYSICAL EXAMINATION UPON OFFER OF EMPLOYMENT)

13. List professional organizations, clubs, societies or other professional associations of which you are a member: _____

14. Have you ever had a child enrolled in any Child and Family Service programs? Yes No

15. Have you ever provided licensed childcare in your home for any of Child and Family Service programs? Yes No

16. Present and/or prior work history (List current or last employer first)

From	To	Name of Employer, Address, Phone Number, and Supervisor	Your Position	Reason for Leaving

Check each type of work you will accept: Perm. Temp. Sub. Part time Full time

17. Please list three personal references (name, address, and phone). Do not list prior employers or relatives.

1. _____

2. _____

3. _____

PROOF OF CITIZENSHIP, TB CLEARANCE, AND FINGERPRINTING MAY BE REQUIRED IF EMPLOYED.

I HEREBY CERTIFY that all statements made in this application are true and correct to the best of my knowledge. I

authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I understand and agree that misstatements or omission of material facts herein may result in disqualification for or dismissal from employment.

Signature of Applicant

Date

"The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

Please check one box for each of the following categories:

Ethnicity Category

- Hispanic or Latino
- Not Hispanic or Latino

Race Category

- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- BLACK
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- WHITE

This is an Equal Opportunity Provider. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250