



Hope School District

3970 La Colina Road • Santa Barbara, CA 93110 • Phone (805) 682-2564 • FAX (805) 687-7954

Ms. Gerrie Fausett, District Superintendent

APPLICATION FOR CLASSIFIED EMPLOYMENT

DATE: _____

INSTRUCTIONS: Fill out both sides of this form completely. Type or print please. Sign the form on the reverse side.

POSITION APPLIED FOR: _____

INTERESTED IN: FULL TIME _____ PART TIME _____ 10 MONTH _____ 12 MONTH _____

NAME: _____

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

TELEPHONE: _____

Please Note: Job offer may be made contingent upon applicant passing a job-related physical examination and upon the receipt of fingerprint clearance information from the Department of Justice.

Have you ever been convicted of a crime other than a minor traffic violation? _____

If yes, please explain:

If you are now employed, may we call your employer? _____

Name: _____ Phone: _____

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

Did you receive a high school diploma? Yes ___ No ___ GED ___

LIST COLLEGES AND OTHER TRAINING BELOW:

Name of School	Major Subject or Course of Study	Total Credits	Degree or Certificate

Spanish: Fluent: _____ Limited: _____ Explain: _____

EXPERIENCE: List your last four jobs. Begin with the most recent. Also, list significant volunteer work. If necessary, use additional sheet to describe your duties. Please attach a resume for additional job experience.

From: _____ Duties: _____ _____	To: _____	Total Time: _____	Employed by: _____ Reason for leaving: _____ _____
From: _____ Duties: _____ _____	To: _____	Total Time: _____	Employed by: _____ Reason for leaving: _____ _____
From: _____ Duties: _____ _____	To: _____	Total Time: _____	Employed by: _____ Reason for leaving: _____ _____
From: _____ Duties: _____ _____	To: _____	Total Time: _____	Employed by: _____ Reason for leaving: _____ _____

List names, addresses and phone numbers of three personal references:

- 1) _____
- 2) _____
- 3) _____

Please attach two letters of reference.

What equipment can you operate, related to this position?

Computer skills? Yes ___ No ___ Please list: _____

CERTIFICATE OF APPLICANT: I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements of material facts may subject me to disqualification or dismissal.

Date

Signature of Applicant