



Valle Lindo School District  
 1431 N. Central Ave.  
 South El Monte, CA 91733 \* (626) 580-0610

**FOR PERSONNEL USE ONLY**

**APPLICATION FOR  
 CLASSIFIED EMPLOYMENT**

APPLICANT: PLEASE PRINT IN INK OR TYPE ALL INFORMATION REQUIRED, EVEN IF LISTED IN YOUR RESUME.

Position(s) applying for: \_\_\_\_\_ DATE: \_\_\_\_\_

_____ Accounting	_____ Instructional Assistant
_____ Cafeteria	_____ Maintenance
_____ Clerical	_____ Lunch/Playground Supervisor
_____ Custodial	_____ Secretarial
_____ Health Assistant	_____ Other

**PLEASE FOLLOW THESE INSTRUCTIONS:** Complete all sections of this application form. Please type or print, using black ink. This application will be used as a part of the examination process and therefore must be complete and accurate.

(Applications are kept on file for one year. If elected for employment, the application becomes part of your permanent personnel file.)

**PERSONAL INFORMATION**

Name \_\_\_\_\_

\*Print\* (Last) (First) (Initial) (Other name(s) used)

Address \_\_\_\_\_

(Number) (Street)

(City) (State) (Zip Code)

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
 Area Code Area Code Extension

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Do you have the right to work in the U.S.? \_\_\_\_ Yes \_\_\_\_ No

(Verification of employment eligibility will be required upon employment.)

**WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
 TOBACCO, DRUG AND ALCOHOL FREE DISTRICT**

## EDUCATION

High School: \_\_\_\_\_ (Circle highest grade completed) 7 8 9 10 11 12 13 14

Name of College/ University/Trade School	Location (City/State)	Dates Attended	Degrees Earned	Major	Sem. Units	Minor	Sem. Units

## SPECIAL SKILLS/TRAINING

What other training or education have you had which might help you on this job? (For example: Have you taken any special courses?)

What language, other than English, do you speak, read or write?

	YES	NO
Are you a member of the Public Employees' Retirement System?		
Have you ever been dismissed or asked to resign from any job? If "yes" explain fully on an attached sheet. (Note: A YES answer does not automatically eliminate you from consideration for a position. Failure to admit is cause for disqualification or termination.)		
If employed, would you, at district expense, file a certificate of health from a physician?		
Do you have any relative(s) who are employees of the Valle Lindo School District? If "yes" state name and relationship below:  _____ (Name)  _____ (Relationship)		



# **ORIGINAL STATEMENT**

*(MUST BE COMPLETED BY EACH APPLICANT)*

*Write a brief statement covering some noteworthy experience or activity in which you have participated in the last few years and/or why you would be a good candidate for the job for which you are applying.*

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# WORK EXPERIENCE

Please start with the job you have **now**, or your last job. If you are not working now, cover at least a five-year period. Please **DO NOT** refer to resume. Mark (X) in the following box if you do **NOT** want us to contact your present supervisor.

Company Name	Job Title	From (Mo & Yr)
Name of Supervisor	Description of Duties	To (Mo & Yr)
Employer Address		Hours per Week
City & State		
Employer Phone		Reason for Leaving

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Employer Phone		Reason for Leaving

Please use an attached sheet for additional information.

Will you accept...?	YES	NO	Will you accept...?	YES	NO
Full-Time Work			Day Work		
Part-Time Work			Evening Work		
Temporary/Substitute Work					

**PROFESSIONAL REFERENCES  
GIVE AT LEAST FIVE REFERENCES**

NAME

ADDRESS

PHONE #

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I, hereby declare that the statements in this application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained herein. I hereby release from all liability any persons or organizations furnishing such information. I agree to submit to physical examination and to confirm to District regulations concerning tuberculosis examination, and drug and alcohol testing. **I understand that I will be subject to disqualification or dismissal if any statement in this application is found to be untrue.** I understand I will be required by law to be fingerprinted and to sign a loyalty oath or affirmation.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_