



COMPTON UNIFIED SCHOOL DISTRICT

Office of the Personnel Commission

501 S. Santa Fe Avenue, Suite 150

Compton, California 90220

EMPLOYMENT APPLICATION FORM

INSTRUCTIONS:

Answer all questions completely and accurately. All statements are subject to verification. Please fill out legibly. Make sure you sign and date the form on the reverse side.

PLEASE CHECK THE TITLE OF POSITION APPLYING FOR:

Athletic Coach

Recreation Director

Music Aide

Noon Duty Aide

NAME: (LAST)		(FIRST)	(MIDDLE)
SOCIAL SECURITY NUMBER:		EMAIL ADDRESS:	
PRESENT ADDRESS:	(NUMBER)	(STREET)	(APT. #)
		(CITY)	(STATE)
		(ZIP CODE)	MESSAGE TELEPHONE
		()	()
Are any of your relatives employed by the Compton Unified School District? If yes, complete information to the right.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been discharged or forced to resign from any position? If yes, complete the information to the right.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted for any offense against the law? If yes, complete Form 116 and submit with application. You may omit minor traffic violations. Drunk or reckless driving is not minor. (The existence of a criminal record does not automatically bar you from employment. However, failure to admit is cause for disqualification or dismissal.)		WRITE: YES OR NO _____	
FOR ENTRY LEVEL POSITIONS ONLY: If you claim Veteran's Credit, you must provide your Form #DD214 at the time you submit your application. Do you claim Veterans Credit?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		DRIVER'S LICENSE (If Position Requires It)	
		Number	Expiration Date MO / YR
		State	
License, Registration, Certificates of Professional competence relative to position for which you are applying:		Shorthand Speed	
		Typing Speed	
		Words per minute	
		Words per minute	
		Foreign Language:	
Equipment and/or machines you are able to operate relative to position for which you are applying?		Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>	
Employment Availability Will you accept: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> On-call <input type="checkbox"/> 12 Months <input type="checkbox"/> 11 Months <input type="checkbox"/> 10 Months		If you are offered employment, can you provide proof of your right to legally work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	

“AN EQUAL OPPORTUNITY EMPLOYER”

EDUCATIONAL RECORD

EDUCATION:	Circle Highest Grade Completed	6	7	8	9	10	11	12	13	14	15	16	17	18
		HS			AA			BS			MA			
Name of High School	Graduate	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	G.E.D.	<input type="checkbox"/>						
Name and Location of Colleges or Trade Schools Attended	Dates Attended				Total Units			Degree or Certificate			Dates			
	From	To	Major			Sem.	Qtr.							

WORK HISTORY

Read the experience requirements in the job announcement before completing this section. Begin with your most recent job. List **all** jobs, and any periods of unemployment in the past ten years. Include any military service. Also, list any jobs you held more than ten years ago which relate to the duties or qualifications of the job for which you are applying. Be sure to include the number of hours per week that you worked. You may also list any volunteer experiences which relate to the job for which you are applying. You may attach additional pages if necessary. Resumes may be attached, but are **not** a substitute for completely filling out the application.

From	Mo.	Yr.	Your Title:	Name of Present or Last Employer:
To	Mo.	Yr.	Your Duties:	Address:
Hours Per Week			Supervisor's Name & Title:	City/State/Zip Code:
				Telephone: ()
			Reason For Leaving:	
From	Mo.	Yr.	Your Title:	Name of Present or Last Employer:
To	Mo.	Yr.	Your Duties:	Address:
Hours Per Week			Supervisor's Name & Title:	City/State/Zip Code:
				Telephone: ()
			Reason For Leaving:	
From	Mo.	Yr.	Your Title:	Name of Present or Last Employer:
To	Mo.	Yr.	Your Duties:	Address:
Hours Per Week			Supervisor's Name & Title:	City/State/Zip Code:
				Telephone: ()
			Reason For Leaving:	

May we contact your present employer for a reference? (Circle One) Yes No Previous Employers: Yes No

CERTIFICATE OF APPLICANT

I certify that the statements contained herein are true to the best of my knowledge and belief. And understand that any misstatement of material facts contained in this application will be cause for rejection of the application, removal of my name from eligibility list or discharge from the school district service. I have read the job bulletin for this classification and understand the work to be done and the conditions of employment.

I authorize the District to make such investigations and inquiries of my personal references, previous employers, and other legally related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries in connection with my employment.

Print Name: _____

Signature: _____

Date: _____

PLEASE PRINT YOUR NAME CLEARLY AND LEGIBLY

WORK HISTORY SHEET CONTINUED - PAGE TWO

(TO BE ATTACHED WITH ORIGINAL APPLICATION FOR ADDITIONAL EMPLOYMENT INFORMATION)

WORK HISTORY - CONTINUED (2ND PAGE)

Read the experience requirements in the job announcement before completing this section. Begin with your most recent job. List **all** jobs, and any periods of unemployment in the past ten years. Include any military service. Also, list any jobs you held more than ten years ago which relate to the duties or qualifications of the job for which you are applying. Be sure to include the number of hours per week that you worked. You may also list any volunteer experiences which relate to the job for which you are applying. You may attach additional pages if necessary. Resumes may be attached, but are **not** a substitute for completely filling out the application.

From	Mo.	Yr.	Your Title:	Name of Present or Last Employer:
To	Mo.	Yr.	Your Duties:	Address:
Hours Per Week				City/State/Zip Code:
			Supervisor's Name & Title:	Telephone: ()
			Reason For Leaving:	
From	Mo.	Yr.	Your Title:	Name of Present or Last Employer:
To	Mo.	Yr.	Your Duties:	Address:
Hours Per Week				City/State/Zip Code:
			Supervisor's Name & Title:	Telephone: ()
			Reason For Leaving:	
From	Mo.	Yr.	Your Title:	Name of Present or Last Employer:
To	Mo.	Yr.	Your Duties:	Address:
Hours Per Week				City/State/Zip Code:
			Supervisor's Name & Title:	Telephone: ()
			Reason For Leaving:	

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Print Name: _____

Signature:

Date:

COMPTON UNIFIED SCHOOL DISTRICT

Personnel Commission

Equal Opportunity In Employment Information
Voluntary Applicant Flow Data-Confidential

The Compton Unified School District supports equal opportunity employment for all applicants and does not discriminate on the basis of age, sex, sexual orientation, marital status, physical or mental disability, national origin, ancestry, creed, Vietnam-Era veteran status, arrest of conviction record or any other reason prohibited by state or federal law. Employees of this District are required to comply with provisions of Title VI of the Civil Rights Act and Title IX of the 1972 Educational Amendments. In order to comply with United States Government Equal Opportunity Reporting Requirements, we request your cooperation in completing this voluntary form. Data collected will be used for statistical purposes and to measure the effectiveness of our recruitment efforts. Your response will be kept separate and confidential.

Position Applied for:	Date:
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GENDER AND ETHNIC INFORMATION

A. **SEX** Female Male

B. **AGE:** Under 20 20-29 30-39 40 – Over

C. **RACE or NATIONAL ORIGIN (Check One):**

- African American** (not Hispanic origin): All persons having origin in any of the Black groups of Africa.
- American Indian or Alaska Native:** All persons having origin in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander:** All persons having origin in the original people of China, Japan, Korea, Southeast Asia or the Indian subcontinent, Hawaii, Samoa and Guam.
- Filipino:** All persons having origins in any of the original people of the Philippine Islands.
- Hispanic:** All persons of Mexican, Central or South America, Puerto Rico, Cuba or other Spanish culture or origin regardless of race.
- White:** All persons having origin in any of the original people of Europe, North Africa or the Middle East.

D. **Are you a veteran?** No Yes **Service Dates:** _____
Vietnam Era Yes No

If a disabled Veteran, give your disability rating: _____

E. **How did you learn about this vacancy?**

- | | |
|---|---|
| <input type="checkbox"/> Compton Unified School District Job Announcement/Bulletin | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> District Recruiter | <input type="checkbox"/> Cable TV |
| <input type="checkbox"/> District Employee | <input type="checkbox"/> Placement Office |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Job Line |
| <input type="checkbox"/> Personnel Office Drop In/Walk In | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Announcement In Compton Public Hearing | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Employment Development Department Referral | <input type="checkbox"/> Other specify _____ |

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COMPTON UNIFIED SCHOOL DISTRICT

Personnel Commission

TESTING/EMPLOYMENT ACCOMMODATIONS FOR DISABLED VETERAN STATUS/CONVICTIONS REPORT – Form 116

Submission of this form at the time you submit your Application for Employment is required:

1. If you require reasonable accommodations to perform the work for which you are applying (Section “B”).
2. If you require special test accommodations (Section “B”).
3. If you are requesting veteran’s credit (a copy of your form DD214 must accompany this form) (Section “C”).
4. If you have been convicted of a crime other than a minor traffic offense (page 2).

ALL APPLICANTS MUST COMPLETE SECTION “A” OF THIS FORM WITH SIGNATURE AND DATE AT THE BOTTOM AND ON PAGE 2.

SECTION “A”

POSITION APPLIED FOR: _____ DATE: _____

NAME: _____

ADDRESS: _____
(NUMBER) (STREET) (APT. NO.)

(CITY) (STATE) (ZIP)

PHONE: HOME () _____ MESSAGE () _____

CHECK THE BOXES WHICH APPLY

SECTION “B”

- DISABLED** means any person who (1) has a physical or mental impairment which substantially limits one or more of the major life functions; (2) has record of impairment; (3) is regarded as having an impairment. Describe the nature of the disability and the reasonable accommodations necessary to perform the job in which you are applying in the space below. If you require more detailed information, please make an appointment with the Director of Classified Personnel.

Please describe any test accommodations you will require during the examination process.

SECTION “C”

- VETERAN** means a person who (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than dishonorable discharge or (2) was discharge or released form active duty for a service oriented disability. **(NOTE: A COPY OF YOUR FORM DD214 MUST BE SUBMITTED WITH THIS FORM AND YOUR APPLICATION)**

WORLD WAR II (DECEMBER 7, 1941 TO DECEMBER 31, 1946)

KOREA (JUNE 27, 1950 TO JANUARY 31, 1955)

VIETNAM (AUGUST 5, 1964 TO MAY 7, 1975)

PERSIAN GULF WAR (AUGUST 21, 1990 TO PRESENT)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

SIGNATURE OF APPLICANT

DATE

“AN EQUAL OPPORTUNITY EMPLOYER”

CONVICTION RECORD

Provide the following information for any offense against the law. All district employees are fingerprinted and fingerprints are forwarded to the State and Federal Bureau of Criminal Investigation for clearance. Failure to itemize all offenses may result in rejection of the application, removal of name from eligibility list, or discharge from employment with the school district.

Date, City and State of Conviction DATE: _____ CITY: _____ STATE: _____	CHARGE Give complete details of charge CHARGE: _____	DISPOSITION (results) How much fined? How much probation? DISPOSITION: _____
GIVE COMPLETE DETAILS OF CONVICTIONS		
Date, City and State of Conviction DATE: _____ CITY: _____ STATE: _____	CHARGE Give complete details of charge CHARGE: _____	DISPOSITION (results) How much fined? How much probation? DISPOSITION: _____
GIVE COMPLETE DETAILS OF CONVICTIONS		
Date, City and State of Conviction DATE: _____ CITY: _____ STATE: _____	CHARGE Give complete details of charge CHARGE: _____	DISPOSITION (results) How much fined? How much probation? DISPOSITION: _____
GIVE COMPLETE DETAILS OF CONVICTIONS		

I have provided the requested information on all of my offenses against the law and understand that this information will not automatically disqualify my application for the position. I further understand that failure to list all information may result rejection of the application, removal of name on eligibility list, or discharge from employment with the school district.

(SIGNATURE OF APPLICANT)

(DATE)

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COMPTON UNIFIED SCHOOL DISTRICT

Office of the Personnel Commission

501 S. Santa Fe Avenue, Suite 150

Compton, California 90220

AGREEMENT

Name of Applicant: _____

Specific Sport (if applicable): _____

School Site: _____

Please initial all items and sign/date below:

_____ I will not report or enter the school site until the Office of the Personnel Commission has given me the ***Notification of Clearance Form*** (Fingerprint, TB Skin Test and Physical Exam clearance).

Initial Here

_____ I will not be in contact with the school site personnel or students without the ***Notification of Clearance Form*** from the Office of the Personnel Commission.

Initial Here

_____ I will not report to any school site without authorization from the appointing authority of the Office of the Personnel Commission appointing me to the position of Athletic Coach, Music Aide, Recreation Director or Noon Duty Aide.

Initial Here

_____ I will not volunteer (non-paid) or give assistance without clearance of ***Fingerprint, TB Skin Test, and Physical Exam clearance and Board of Trustees Approval*** from the Office of the Personnel Commission.

Initial Here

I have read and initialed the above statements. By signing below, I understand that I am not to report to the school site or begin work until I have successfully cleared pre-employment processing (which is *Fingerprint, TB Skin Test, and Physical Exam clearance and Board of Trustees Approval*) authorized by the Office of the Personnel Commission.

I also understand that I will not receive a stipend or payment until I have been cleared and processed by the Office of the Personnel Commission and received a *Notification of Clearance Form*.

Please Print Name: _____

Signature: _____

Date: _____