

Applications remain on file  
for one year unless updated.

WESTWOOD UNIFIED SCHOOL DISTRICT  
5<sup>th</sup> and DELWOOD STREETS  
P.O. BOX 1225  
WESTWOOD, CA 96137-1225  
PHONE: 530 256-2311  
FAX: 530 256-3539

_____	Fingerprints Recd.
_____	TB Clearance
_____	Passed Proficiency
To be completed by District.	

**APPLICATION FOR EMPLOYMENT - CLASSIFIED POSITION**

APPLICATION FOR THE POSITION OF \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
Mailing Address      Number and Street      City      State      Zip Code  
PHONE NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

ARE YOU A MEMBER OF A RETIREMENT SYSTEM? \_\_\_\_\_ WHICH ONE? \_\_\_\_\_  
ARE YOU EMPLOYED IN ANOTHER SCHOOL DISTRICT? \_\_\_\_\_ WHICH ONE? \_\_\_\_\_  
HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_  
(Except as required by law, prior criminal record does not constitute an automatic disqualification from employment).

EDUCATION: Name & address of High School \_\_\_\_\_  
Grade Completed \_\_\_\_\_ Last Year Attended \_\_\_\_\_

COLLEGE INFORMATION

Years		Name of Institution	Location	Subjects		Degree	Date
From	To			Major	Minor		

EXPERIENCE/COURSES (Please list all courses taken and any experience that would qualify you for this position).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL KNOWLEDGE/SKILLS (Typing, shorthand, computers, office machines, tools, equipment, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU PASSED THE INSTRUCTIONAL AIDE PROFICIENCY TEST (If applicable) Yes \_\_\_\_\_ No \_\_\_\_\_  
DRIVER'S LICENSE NUMBER \_\_\_\_\_ EXPIRATION \_\_\_\_\_ CLASS \_\_\_\_\_ STATE \_\_\_\_\_  
(If applying for a position requiring a valid driver's license)

WORK EXPERIENCE

Name and Address of Employer	Phone	Dates		Title	Salary	Hours/Week
		From	To			
Duties:						
_____						
_____						
Supervisor: _____ Reason for Leaving: _____						

(Please see reverse)

Name and Address of Employer	Phone	Dates		Title	Salary	Hours/Week
		From	To			
Duties:						
Supervisor:						
Reason for Leaving:						

Name and Address of Employer	Phone	Dates		Title	Salary	Hours/Week
		From	To			
Duties:						
Supervisor:						
Reason for Leaving:						

**REFERENCES**

Name: _____	Relationship: _____	Phone: _____
Address: _____		
Name: _____	Relationship: _____	Phone: _____
Address: _____		
Name: _____	Relationship: _____	Phone: _____
Address: _____		

**PROOF OF CITIZENSHIP, T.B. CLEARANCE, AND FINGERPRINTING WILL BE REQUIRED IF EMPLOYED .**

Any information omitted or given falsely will invalidate this application. This application is submitted with the understanding that if I am employed, I must provide the district with the following: Proof of citizenship including driver's license and Social Security Card or other acceptable documents for employment eligibility, and a copy of T.B. test results. I understand that fingerprinting is required and the WUSD Office will provide the forms for me to complete the LIVESCAN fingerprinting process.

I hereby certify that all statements made in this application are true to the best of my knowledge and I authorize investigations of all statements herein recorded. I release from liability persons and organizations reporting information requested by this application.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

Pursuant to the provisions of California Labor Code Section 1053, I hereby expressly authorize any officer, agent, employee, superintendent, or manager representing a former employer to respond to any oral or written inquiries regarding my past performance and general character as a former employee. I further understand and agree that this authorization will permit my former employer to provide information regarding my performance. I further understand that in signing this authorization for release of confidential information, I expressly waive the provisions of Government Code Section 6254 and California Constitution Article 1 relating to privacy and agree to hold my former employer harmless from the release of information pursuant to this request and I understand that these communications are privileged pursuant to California Civil Code Section 47. The WUSD certifies that the information requested will be used solely for the purpose of employment and will not be used in violation of any applicable federal or state Equal Employment Opportunity laws or regulations.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date