



Personnel Use Only	Received _____	Accepted _____	Not accepted _____
	Analyst _____	Date _____	

Position applied for: _____

Important Instructions: Please print in ink, or use typewriter. Answer all questions completely.

- Last name: _____ First: _____ Middle: _____
- Address (Number, Street, City, Zip Code): _____
- Home phone: _____ Business phone: _____ E-mail: _____

Questions 4 through 12 must be answered Yes or No

- Do you have a valid California Driver's License? Yes No
- If you are under 18 years of age, can you, after employment, submit a work permit? Yes No
- Do you claim Veteran's Preference? If Yes, complete the following and submit a copy of DD214 with application. Yes No
 Service dates: From: _____ To: _____
 Note: To receive credit, you must have served at least 30 days in the United States Armed Forces in time of war, or national emergency declared by the President of the United States of America, and have been discharged or released under conditions other than dishonorable.
- Do you claim Veteran's Disability Preference? If Yes, documentary proof of a current compensability must be presented at time of filing application. Yes No
- Have you been employed with us before? If Yes, give title and date, or indicate if currently employed with us. Yes No
 Title: _____ Date: _____
- Can you, after employment, submit verification of your legal right to work in the United States? Yes No
 (Proof of citizenship or immigration status will be required upon employment.)
- Have you ever been convicted of a criminal offense other than a minor traffic violation? If yes, state the nature of the crime(s), when and where convicted, and the disposition of the case(s) in the space provided below. (Convictions for marijuana-related offenses that are more than two years old, or convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated need not be listed). Yes No
- Have you ever been dismissed from employment or resigned to avoid dismissal for misconduct or unsatisfactory service? Yes No
 If Yes, Please give details in the space provided below.
- Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations? Yes No
 If No, please use the space provided below to describe the functions that cannot be performed and what special accommodations are needed.

Use this space for explanations to questions 10-12 (Use additional sheets of paper, if necessary.)

13. Additional Information:

Other qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience:

Indicate any languages other than English you can speak, read and/or write: _____

Computer Skills		Please list level of proficiency in the following software programs.					
		Strong skills	Some skills	No skills	Strong skills	Some skills	No skills
Macintosh	MS Word				MS Outlook		
PC	MS Excel				FileMaker Pro		
	MS Power Point				Other: _____		

The San Mateo County Office of Education does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age or disability.

To applicant: Please read this carefully before responding. The information requested in this section is **voluntary**. It is requested under the conditions of Section 1233 of the California Government Code which permits collection of sex and ethnic background data on employment applicants. This data is to be used solely for implementing and improving our Affirmative Action Program, and **will have no bearing on your application**. This sheet is coded according to the position for which you are applying, not according to name; it will be placed separately in a non-public file, accessible only for research purposes. Please check appropriate boxes.

- Sex: Male Female
- Place of residence: San Mateo County Other Bay Area County California (Beyond Bay Area) Outside California
- Ethnic background: Asian or Pacific Islander African American Caucasian Native American or Alaskan Native
Hispanic/Latino Other (Specify): _____

14. Are you available to work: Full time Part time Temporary or Substitute
15. Education: Check appropriate box if you possess one of the following: High School Diploma GED Certificate California High School Proficiency Certificate

Name and location of Colleges or Universities attended	Course of Study / Major	Units completed		Type of Degree	Degree Awarded	
		Semester	Quarter		Yes	No
Other Schools / training completed	Hours completed	Certificate awarded				

16. **Employment experience:** Begin with your present or last job and account for **all** time during the past ten years. Verifiable voluntary experience will be considered if job-related. Attach additional sheets if necessary. **Note: A resume may be attached but will not be acceptable as a substitute for completing this section.**

A Dates		Employer: _____ Address: _____
From	To	
		Phone: _____ Job Title: _____
Salary		Supervisor's name: _____ Reason for leaving: _____
Hourly	Monthly	
		Work performed: _____
Full Time	Part Time	
Volunteer		

B Dates		Employer: _____ Address: _____
From	To	
		Phone: _____ Job Title: _____
Salary		Supervisor's name: _____ Reason for leaving: _____
Hourly	Monthly	
		Work performed: _____
Full Time	Part Time	
Volunteer		

C Dates		Employer: _____ Address: _____
From	To	
		Phone: _____ Job Title: _____
Salary		Supervisor's name: _____ Reason for leaving: _____
Hourly	Monthly	
		Work performed: _____
Full Time	Part Time	
Volunteer		

17. References: List below three persons **who have first-hand knowledge of your work performance** within the last three years:
- Name: _____ Phone: _____ Occupation: _____ Number of years acquainted: _____
- Name: _____ Phone: _____ Occupation: _____ Number of years acquainted: _____
- Name: _____ Phone: _____ Occupation: _____ Number of years acquainted: _____
18. I authorize the employers and educational institutions identified in this employment application to release any information they have concerning my employment or education, to the San Mateo County Office of Education. Yes No If No, reason: _____
19. I certify that all statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand and agree that misstatements or omissions of material fact will cause forfeiture of my rights to employment with the San Mateo County Office of Education.

Signature of Applicant: _____ Date: _____

Note: Disabled applicants, if you require special testing arrangements, please contact the Personnel Office at the time of application. Reasonable effort will be made to accommodate you.

Please indicate by checkmark the source through which you first learned about this position:

- Newspaper or journal (which one?) _____
- Bulletin listing job opening (where posted?) _____
- Internet listing (which website?) _____
- Career Placement Center (name) _____
- Referred by employee (name) _____
- Other (specify) _____