

# SunRidge Charter School

TWIN HILLS UNION SCHOOL DISTRICT

487 WATERTROUGH ROAD

SEBASTOPOL, CALIFORNIA 95472

TELEPHONE (707) 824-2844

FAX (707) 824-2861

## CLASSIFIED EMPLOYMENT APPLICATION

Please submit this application with all of the information requested as completely as possible. You may attach additional sheets where the space provided is not sufficient. Please do not write "see attached résumé" in any spaces. Please do not include high school or college graduation dates on any résumé you may attach to this application.

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Application valid for 6 months from this date only)

POSITION APPLYING FOR: \_\_\_\_\_

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

TELEPHONE # \_\_\_\_\_ CELL OR OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY ST ZIP

Do you have a California driver's license? \_\_\_\_\_ Have you lived in California for the for the past 12 months? \_\_\_\_\_  
YES OR NO YES OR NO

Other names used \_\_\_\_\_

Please explain \_\_\_\_\_

### Have you ever been convicted of a felony or any misdemeanor involving moral turpitude?

Moral turpitude is an act of baseness, vileness or depravity in the private and social duties which a person owes another person or society in general and which is contrary to the accepted rule of right and duty between persons, including, but not limited to, theft, attempted theft, murder, rape, swindling, and indecency with a minor.

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please give the date of the offense and the outcome):

Note: A conviction will not necessarily disqualify an applicant from employment.

Would you work: Full time? \_\_\_\_\_ Part time? \_\_\_\_\_ Number of hours? \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States? Yes \_\_\_ No \_\_\_

If no, explain: \_\_\_\_\_

After reading the enclosed Job Description, will you be able to perform all Essential Job Functions? Yes \_\_\_ No \_\_\_

If no, explain: \_\_\_\_\_

**EDUCATION:** Include high school, trade school, and specialized training courses.

Name of school	Subjects studied	Did you graduate?

**REFERENCES:** Persons qualified to give information regarding your past employment.

Name	Business	Phone	Years Acquainted

**EMPLOYMENT RECORD:**

Starting with present or most recent, list previous employers. Please show complete record for last 10 years. If more space is required, please continue on separate sheet. You may attach a résumé, but you must complete this application as well.

Employer name	Phone #	Job Title
Street address		Brief description of job duties
City	State    Zip	
Supervisor's name and title	Phone #	
Salary	Dates worked	Skills used
Reason for leaving		

Employer name	Phone #	Job Title
Street address		Brief description of job duties
City	State    Zip	
Supervisor's name and title	Phone #	
Salary	Dates worked	Skills used
Reason for leaving		

**EMPLOYMENT RECORD (continued):**

Employer name	Phone #	Job Title
Street address		Brief description of job duties
City	State Zip	
Supervisor's name and title	Phone #	
Salary	Dates worked	Skills used
Reason for leaving		

Employer name	Phone #	Job Title
Street address		Brief description of job duties
City	State Zip	
Supervisor's name and title	Phone #	
Salary	Dates worked	Skills used
Reason for leaving		

**USE SPACE BELOW FOR EXPLANATIONS OR ADDITIONAL INFORMATION:**

Is there any other information which may assist us when reviewing your application? Have you special skills, qualifications, training, or experience not shown on this form? You may also use this space to summarize your qualifications.

**LETTERS OF REFERENCE:**

Please attach a minimum of three letters of reference from past employers written within the last 12 months. Other letters of reference from non-employers are also encouraged.

**CERTIFICATE OF APPLICANT - Read carefully before signing:**

I hereby certify that all statements made in my application for employment with the Twin Hills Union School District, to the best of my knowledge, are true, accurate, and complete. Any misrepresentations or willful omissions of fact shall be sufficient cause for disqualification of the application or termination of employment. I release from all liability, any persons and organizations reporting information required by this application. Furthermore, it is understood that this application and records become the property of the district which reserves the right to accept or reject it.

I hereby authorize the District to conduct work history, personal reference, or police record inquiries to determine my acceptability for employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature




A completed application packet consists of:

- Cover letter acknowledging qualifications and intent
  - District employment application
  - Signed Authority for Release of Information form
  - Résumé
  - 2 Letters of Recommendation
- All documents included in your application packet become the property of the District and will not be returned.

Employment with the Twin Hills Union School District is subject to a negative tuberculin test or x-ray and fingerprint clearance. For specific positions, employment shall be subject to passing a physical examination.

**The Twin Hills Union School District is an Equal Opportunity Employer**

# TWIN HILLS UNION SCHOOL DISTRICT

Apple Blossom Elementary  Twin Hills Middle  Orchard View Charter  SunRidge Charter  
District Office – 700 Watertrough Rd, Sebastopol, CA 95472 Phone: 707/823-0871

## AUTHORITY FOR RELEASE OF INFORMATION

**I authorize any hiring official from Twin Hills Union School District to obtain any information related to employment from any or all professional references and present or former employers listed on my employment application and résumé.**

This information may include, but is not limited to, achievement, performance, attendance, personal history, or disciplinary information.

I direct you to release such information upon the request of any designated hiring official from Twin Hills Union School District regardless of any agreement I may have made with you previously to the contrary.

**I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Print full name: first, middle initial, last