

# SUBSTITUTE EMPLOYMENT APPLICATION

*Instructions: Read carefully and answer all questions. Please make complete and up-to-date statements of your personal history and qualifications. False statements may be cause for rejection or discharge after appointment. Please use a typewriter or print in **black ink**.*

POSITION DESIRED: \_\_\_\_\_

## PERSONAL DATA

First Name	Middle Initial	Last Name	Social Security Number
Address	(number & street)		Home Phone (Area Code/Number)
Address	City	Zip	Business/Message Phone (Area Code/Number)
Email address	Cellular Phone (Area Code/Number)		

Do you have the legal right to work in the United States?  Yes  No (Proof of identity and employment eligibility will be required.)

Are you under 18 years of age?  Yes  No (Applicants under 18 may be required to provide a work permit.)

*Complete the following information as required for the position for which you are applying:*

<input type="checkbox"/> First Aid	Expiration Date:	<input type="checkbox"/> Language (fluently speak/read/write)	<input type="checkbox"/> Typing Speed: * _____ wpm *Please attach current typing certificate to your Application for all clerical positions.  Achieved No Child Left Behind Compliancy by: * <input type="checkbox"/> No Child Left Behind Test <u>or</u> <input type="checkbox"/> 48 Units or AA Degree or Higher *Please submit copy of test results <u>or</u> Official Transcripts with your application if required.
<input type="checkbox"/> CPR Certification	Expiration Date:	<input type="checkbox"/> Spanish	
<input type="checkbox"/> Food Handler's Card	Expiration Date:	<input type="checkbox"/> Other	
<input type="checkbox"/> CA Driver's license	Expiration Date:	<input type="checkbox"/> Sign Language	
<input type="checkbox"/> Computer Skills:			
<input type="checkbox"/> Other skills/qualifications which will be of special benefit in this position:			

## EDUCATION AND TRAINING

Name of High School Attended:	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If you did not graduate, did you pass a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree (Yes/No)
Name/Location of Colleges, Universities, and/or Trade Schools	Major Subject/Field	

## EMPLOYMENT INFORMATION

Are you presently or have you ever worked for the Grossmont Union High School District?  Yes  No

If yes, please indicate:

Job Title: \_\_\_\_\_

Dates employed:

School/Department \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Begin with your most recent job. List all paid and unpaid work experience in the last 10 years. Also, list any jobs you held more than 10 years ago, which related to the duties of the job for which you are applying. If you need to attach additional information, please use the format below. A resume may be attached, but will not be accepted in lieu of the requested information below.

DATES	DUTIES	EMPLOYERS
From (Mo/Yr)	YOUR TITLE	NAME OF LAST EMPLOYER
	YOUR DUTIES:	TYPE OF BUSINESS
To (Mo/Yr)		ADDRESS (NUMBER & STREET)
		CITY/STATE/ZIP CODE
Total Time (Years/Months)		SUPERVISOR'S NAME
May we contact your current employer? Yes No	REASON FOR LEAVING:	TELEPHONE ( )
From (Mo/Yr)	YOUR TITLE	NAME OF LAST EMPLOYER
	YOUR DUTIES:	TYPE OF BUSINESS
To (Mo/Yr)		ADDRESS (NUMBER & STREET)
		CITY/STATE/ZIP CODE
Total Time (Years/Months)		SUPERVISOR'S NAME
	REASON FOR LEAVING:	TELEPHONE ( )
From (Mo/Yr)	YOUR TITLE	NAME OF LAST EMPLOYER
	YOUR DUTIES:	TYPE OF BUSINESS
To (Mo/Yr)		ADDRESS (NUMBER & STREET)
		CITY/STATE/ZIP CODE
Total Time (Yrs/Months)		SUPERVISOR'S NAME
	REASON FOR LEAVING:	TELEPHONE ( )

I authorize release of any prior employment information or records to verify statements made on this application. I hereby certify that all statements on this application are true and complete, and that any misstatement or omission of material facts will subject me to disqualification or dismissal.

Signature of Applicant: \_\_\_\_\_

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

## RELEASE OF INFORMATION STATEMENT

I hereby release the Grossmont Union High School District Superintendent of Schools or his/her designee to conduct a background investigation in order to assess my eligibility for a position requiring a high level of reliability and trustworthiness. I authorize all persons who may have information relevant to this investigation to disclose it (including photocopies where requested) to the Grossmont Union High School District Superintendent of Schools or his/her designee, and I release all persons from liability on account of such disclosure. I understand that the investigation may include verification of past employment, education, residential history, and opinions of references. By signing this release of information statement, I relinquish the right to any information released or given during my reference check.

I authorize that a photocopy of my signature below may be used to obtain information regarding the investigation. Furthermore, in the event that I leave employment with the District, I authorize the District to share relevant information regarding my employment and release all persons from liability on account of such disclosure.

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Signature of Applicant

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Printed Name of Applicant

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Date

# APPLICATION SUPPLEMENT

## *Criminal Conviction*

**It is important that you be truthful. A falsified application may result in disqualification, removal of name from an eligibility list, and/or termination from employment.**

**Position for which you are applying:** \_\_\_\_\_

**Have you, ever been convicted of a misdemeanor or felony? This includes driving under the influence of alcohol or drugs (DUI) and/or possession of marijuana. This does not include minor traffic violations.**

**YES**

**NO**

<b>Nature of Offense (Brief Description)</b>	<b>Date Mo/Yr</b>	<b>Location (City &amp; State)</b>	<b>Disposition</b>	<b>Penal Code Violation #</b>

***Comments:***

## ***Declaration***

***I declare that I have read and understand all of the questions and statements listed above and the answers that I have given are true and correct.***

***Signature of Applicant:*** \_\_\_\_\_ ***Date signed:*** \_\_\_\_\_

**PRINTED Name:** \_\_\_\_\_

# Grossmont Union High School District

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Name of Applicant (Last, First, Middle)

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Position Applied For

Date

**Can you perform the essential functions listed on the job description with or without accommodation?**

- Yes  No

**I am requesting that you contact me regarding test process accommodation.**

- Yes  No

## Confidential Statistical Data

The confidential information requested below is necessary for reporting statistical information to the state and federal government. This information will be detached from your application. It will not be made available to any person involved in the hiring process or used in any way to make employment decisions. Completion of this form is voluntary. Your participation is appreciated.

*Please check one response for each question:*

### Ethnicity

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Is your ethnicity Hispanic or Latino?

- Yes, Hispanic or Latino  
 No, not Hispanic or Latino

**Please check as many responses for race as appropriate, regardless of your response to ethnicity (above).**

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- |   |   |                                     |  |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Filipino               | <input type="checkbox"/> Male       | <input type="checkbox"/> Served in Vietnam, Gulf, WWII or Korea  |
| <input type="checkbox"/> American Native  | <input type="checkbox"/> Hispanic               | <input type="checkbox"/> Female     | <input type="checkbox"/> Veteran other than those listed Above who served in time of war or national emergency declared by President of U.S. |
| <input type="checkbox"/> - Asian –        | <input type="checkbox"/> Middle Eastern         | <input type="checkbox"/> Under 21   | <input type="checkbox"/> Non-veteran   |
| <input type="checkbox"/> Cambodian        | <input type="checkbox"/> - Pacific Islander -   | <input type="checkbox"/> 21 - 39    |  |
| <input type="checkbox"/> Chinese          | <input type="checkbox"/> Guamanian              | <input type="checkbox"/> 40 or Over |  |
| <input type="checkbox"/> Indian           | <input type="checkbox"/> Hawaiian               |                                     |  |
| <input type="checkbox"/> Japanese         | <input type="checkbox"/> Samoan                 |                                     |  |
| <input type="checkbox"/> Korean           | <input type="checkbox"/> Tahitian               |                                     |  |
| <input type="checkbox"/> Laotian          | <input type="checkbox"/> Other Pacific Islander |                                     |  |
| <input type="checkbox"/> Vietnamese       | <input type="checkbox"/> White                  |                                     |  |
| <input type="checkbox"/> Hmong            | <input type="checkbox"/> Unknown                |                                     |  |
| <input type="checkbox"/> Other Asian      |   |                                     |  |

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**How did you learn of this position?**

- |   |   |
|---|---|
| <input type="checkbox"/> GUHSD Personnel Office | <input type="checkbox"/> GUHSD Employee                         |
| <input type="checkbox"/> Job Hotline            | <input type="checkbox"/> Community Agency _____                 |
| <input type="checkbox"/> Newspaper – which one? | <input type="checkbox"/> GUHSD Web Page                         |
| <input type="checkbox"/> North County Times     | <input type="checkbox"/> SD County Office of Education Web Page |
| <input type="checkbox"/> Union Tribune          | <input type="checkbox"/> EDD Web page                           |
| <input type="checkbox"/> Penny Saver            | <input type="checkbox"/> Other _____                            |
| <input type="checkbox"/> Other _____            |   |

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**Accommodation:** In compliance with the Americans with Disabilities Act, applicants requiring accommodation for an employment examination must notify the Human Resources Office.