

DIXON UNIFIED SCHOOL DISTRICT

APPLICATION FOR CLASSIFIED SUBSTITUTE AND SHORT TERM ASSIGNMENT POSITIONS

PERSONAL INFORMATION

Title of Position Applying For:		Location:	
Name: Last	First	Middle	
Address: Number & Street	City	State & Zip	
Phone Number:	E-Mail Address:		

EMPLOYMENT INFORMATION

Have you ever been employed or are you currently employed by DUSD? Yes No
 If yes, list employment dates (Month/Year) and job title.

Do you have any relatives employed by DUSD? Yes No

If yes, Name: _____ Relationship: _____

Have you ever been dismissed or asked to resign from any position?..... Yes No
 If yes, please explain:

For positions that require a valid drivers' license: Do you possess a valid Driver's License?..... Yes No

License # _____ State: _____ Class: _____ Expiration Date: _____

If offered employment, are you able to provide verification of your legal right to work in the U.S.? Yes No

OTHER INFORMATION

I can speak read write in the following language/s (other than English):

Additional skills and abilities that would qualify you for the position:

EDUCATION INFORMATION

Do you possess a High School Diploma or GED Equivalent? Yes No

Name of College, University or Vocational School	Major or Course of Study	Units Completed (Indicate Semester or Quarter)	Degree or Certificate Received	Date Received (Mo./Yr.)

EMPLOYMENT HISTORY

Beginning with your most recent job, list your employment history for **at least the past 10 years**, including any military service. If you have held more than one position with an employer, list each position separately. Use additional sheets if necessary, using this same format. Resumes will not substitute for a completed application form. **You will be evaluated based on the information provided. Incomplete applications cannot be considered.**

May we contact your current employer? Yes No

FROM (Mo/Yr):	TO (Mo/Yr):	Job Title (Include Classification or Level, if applicable):	
Hours Per Week:	Total Time Worked: (Yrs/Mos)	Employer Name and Phone Number:	Supervisor's Name & Title:

Address:

Duties Performed:

Reason For Leaving:

FROM (Mo/Yr):	TO (Mo/Yr):	Job Title (Include Classification or Level, if applicable):	
Hours Per Week:	Total Time Worked: (Yrs/Mos)	Employer Name and Phone Number:	Supervisor's Name & Title:

Address:

Duties Performed:

Reason For Leaving:

FROM (Mo/Yr):	TO (Mo/Yr):	Job Title (Include Classification or Level, if applicable):	
Hours Per Week:	Total Time Worked: (Yrs/Mos)	Employer Name and Phone Number:	Supervisor's Name & Title:

Address:

Duties Performed:

Reason For Leaving:

Certification

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and authorize investigation of all statements herein recorded. I understand that any false statements or omissions of fact may subject me to disqualification or dismissal if discovered after employment. I understand I am required to furnish information and references to use in determining my qualifications. I understand that the District may conduct an investigation of my work and/or personal history and that it may verify all data given in my application for employment, related papers and/or oral interviews. I further understand that any and all references that I have provided to the District, either in writing or otherwise may be contacted. My signature below authorizes DUSD to conduct a background investigation and authorizes the release of information in connection with my application for employment. I authorize any previous employer and/or any other reference to release and fully disclose to any agent of the District any information such person may have concerning me, including information of a confidential or privileged nature, whether or not it is in their records. Further, I hold harmless any individual or employment agency for any information that he/she/it may provide in this investigation. I waive my right of access to any such information and without limitation hereby release DUSD and the reference source from any liability in connection with its release or use. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain my original signature.

Signature

Date

DUSD is an Equal Opportunity Employer.

The Governing Board of the Dixon Unified School District prohibits discrimination or harassment of district employees or job applicants on the basis of the person's actual or perceived race, religious creed, color, national origin, ancestry, age, marital status, pregnancy, physical or mental disability, medical condition, genetic information, veteran status, gender, gender identity, gender expression, sex, or sexual orientation.

If you need reasonable accommodation, during any stage of the application process (i.e. written exam or oral interview), please contact the Human Resources Department to discuss your request.