

PLEASE READ!

IMPORTANT INSTRUCTIONS FOR COMPLETING THIS FORM.

- 1. DO NOT USE THE RETURN KEY TO MOVE BETWEEN FIELDS. USE TAB KEY ONLY.**
- 2. IF YOU HAVE DIFFICULTY WITH THIS FORM, PRINT OUT THE PDF VERSION AND COMPLETE. IT IS RECOMMENDED THAT APPLICANTS USE A TYPEWRITER TO COMPLETE THE PDF VERSION.**

INFORMATION FOR APPLICANTS

Thank you for your interest in serving the Humboldt County Office of Education. Because your qualifications will be initially determined on the basis of the information provided in the application, it is essential that this application form and all other supporting documents be complete and accurate in every respect. Resumes and vitas will be accepted; however, a thoroughly completed application form is required in order for you to be considered for the position. Therefore, **do not use the phrase “see resume”** or similar in the application or you will be subject to disqualification from the screening process.

To assist you in this procedure, we are providing these additional instructions for preparing the enclosed application materials:

1. Applications should be submitted only by persons who meet **all** of the required qualifications as indicated in the job specifications. Please review a copy of the job description before preparing and submitting the application.
2. For the sake of clarity, **every** item should have either an entry or the word “none” or “not applicable.” It is recommended that applicants use a typewriter (for hard copy) or a computer (for online form) in completing these forms.
3. Verification of technical skills or certificates of completion for training programs may be provided with application. In some instances, providing current skills certificates will permit a waiver of competency tests otherwise required for employment. Contact the Personnel Office if you have specific questions.
4. Letters of recommendation from prior employers, supervisors, and/or training instructors are desirable and should accompany application if available and if they would assist in determining your overall qualifications for the position you are seeking.
5. Illegible or incomplete applications will not be processed. Please use care when filling out this application form.
6. Be sure to check the position announcement to see if any additional information is required to be submitted in addition to this application form. Completed application papers and confidential file must be filed with the Personnel Office no later than the deadline shown on the announcement. Candidates are encouraged to return their applications as early as possible
7. The following apply to the question about being convicted of a crime: a) A conviction includes a plea or verdict of guilty, a finding of guilt by a court in a trial without a jury, or a conviction following a plea of nolo contendere; b) You may exclude convictions for marijuana related offenses more than two years old; c) Expungement, discharge or other order by a court under Section 1203.4 of the Penal Code does not relieve you of your obligation to report all other felony or misdemeanor convictions on this application; d) State law requires all applicants prior to employment to be fingerprinted; e) Although generally a conviction does not bar employment, state law prohibits employment of any person convicted of certain sex and narcotic offenses and certain serious or violent felonies.

Completed application papers must be filed with the Personnel Office no later than the deadline shown on the announcement. Candidates are encouraged to return their applications as early as possible.

Should you need any assistance in filling out this form, please contact the Personnel Department staff.

The Humboldt County Office of Education is proud to support the principles of Equal Employment Opportunity and Affirmative Action and does not illegally discriminate against applicants on any basis protected by law. For more information on EEO/AA policies, please contact the Personnel Office.



HUMBOLDT COUNTY OFFICE OF EDUCATION
Classified Service Application Form
 Note: Please read instructions prior to completing this form

Position Applied For: _____

Name: _____

Address: _____	Email: _____
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Home Telephone: _____	Day Phone: _____	Cell Phone: _____
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Have you previously worked for us? yes no If yes, when? _____

I prefer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute Days/Hours Desired (if on call): _____	Earliest Date Available for Employment: _____
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ALL SCHOOL EMPLOYEES ARE REQUIRED TO BE TESTED FOR TUBERCULOSIS AND MUST PRESENT EVIDENCE OF FREEDOM FROM THE DISEASE. SOME POSITIONS REQUIRE THAT THE SUCCESSFUL APPLICANT PASS A PHYSICAL EXAMINATION BEFORE EMPLOYMENT, SOCIAL SECURITY CARD AND VERIFICATION OF EMPLOYMENT ELIGIBILITY WILL BE REQUIRED AT TIME OF EMPLOYMENT. ALL PERSONS APPOINTED TO POSITIONS WITH THE OFFICE OF EDUCATION WILL BE FINGERPRINTED (Ed. Code Section 45125), and APPLICANTS UNDER 18 YEARS OF AGE WHO HAVE NOT COMPLETED HIGH SCHOOL OR ITS EQUIVALENT MUST PROVIDE A WORK PERMIT AND MUST RECEIVE CLEARANCE BEFORE EMPLOYMENT.

EDUCATION AND TRAINING

HIGH SCHOOL Name and Location:	
No. of years:	Did you graduate: <input type="checkbox"/> yes <input type="checkbox"/> no
Degree or Certificate:	
JR. COLLEGE Name and Location:	
No. of years:	Did you graduate: <input type="checkbox"/> yes <input type="checkbox"/> no
Course of Study:	Degree or Certificate:
OTHER COLLEGE OR UNIVERSITY Name and Location:	
No. of years:	Did you graduate: <input type="checkbox"/> yes <input type="checkbox"/> no
Course of Study:	Degree or Certificate:
GRADUATE SCHOOL Name and Location:	
No. of years:	Did you graduate: <input type="checkbox"/> yes <input type="checkbox"/> no
BUSINESS, VOC., TRADE OR SERVICE SCHOOLS Names and Locations:	
No. of years:	Did you graduate: <input type="checkbox"/> yes <input type="checkbox"/> no
Course of Study:	Degree or Certificate:
No. of years:	Did you graduate: <input type="checkbox"/> yes <input type="checkbox"/> no
Course of Study:	Degree or Certificate:

LICENSES/CERTIFICATES: List any licenses or certificates you possess that qualify you for the vacant position:

LANGUAGE FLUENCY: Languages you can read, speak or write if use of a language other than English is relevant to the job for which you are making application: _____

Sign Language? Type of Sign: _____

TECHNICAL SKILLS: (Mark if applicable to opening)

Keyboarding	<input type="checkbox"/> yes <input type="checkbox"/> no	Speed: _____	Skill Level: <input type="checkbox"/> Beg. <input type="checkbox"/> Int. <input type="checkbox"/> Adv.
Word Processing or other Computer Skills	<input type="checkbox"/> yes <input type="checkbox"/> no	Speed: _____	Skill Level: <input type="checkbox"/> Beg. <input type="checkbox"/> Int. <input type="checkbox"/> Adv.
Specify software and/or equipment used previously:			

If applying for an *Instructional Aide* position, you must pass the Paraprofessional Exam required by the State of California **PRIOR** to employment. Please indicate your present status in relation to this requirement:

- Yes**, I passed the Paraprofessional Exam on (date): _____
- No**, I have not passed the Paraprofessional Exam as of the date of this application.

EMPLOYMENT HISTORY

List all jobs and any periods of unemployment in the last ten years. Include any military service.

Current or Most Recent Employment

Your Position Title:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employer:	
Employer's Address:	
Employment Dates: From:	To:
Major Duties:	
Reason for Leaving:	
Immediate Supervisor:	Phone Number:

Former Employer

Your Position Title:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Employer:		
Employer's Address:		
Employment Dates: From: _____ To: _____		
Major Duties:		
Reason for Leaving:		
Immediate Supervisor:		Phone Number:

Former Employer

Your Position Title:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Employer:		
Employer's Address:		
Employment Dates: From: _____ To: _____		
Major Duties:		
Reason for Leaving:		
Immediate Supervisor:		Phone Number:

Former Employer

Your Position Title:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Employer:		
Employer's Address:		
Employment Dates: From: _____ To: _____		
Major Duties:		
Reason for Leaving:		
Immediate Supervisor:		Phone Number:

VOLUNTEER/NON-PAID EXPERIENCE: Describe any previous volunteer or non-paid service which is related to the position(s) you are seeking or which made use of similar job skills. Specify nature of work performed, organization and length of service.

CONTRIBUTION: Describe why you believe you are qualified for the position(s) applied for and what contributions you would make if selected. (You may attach a separate letter covering this item or submit additional pages if this space is insufficient for your response.)

REFERENCES: List five individuals who are best able to attest to your qualifications and overall candidacy for employment

Name	Daytime Telephone
Current Position/Title	Company
Address <input type="checkbox"/> Home <input type="checkbox"/> Office	
Describe relationship to you (example: supervisor, co-worker, friend, etc.)	

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Current Position/Title	Company
Address <input type="checkbox"/> Home <input type="checkbox"/> Office	
Describe relationship to you (example: supervisor, co-worker, friend, etc.)	

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Name	Daytime Telephone
Current Position/Title	Company
Address <input type="checkbox"/> Home <input type="checkbox"/> Office	
Describe relationship to you (example: supervisor, co-worker, friend, etc.)	

Do you claim a Veteran's preference? Yes No

If yes, appropriate documentation of service/discharge must accompany this application.

Have you ever been convicted of a felony? (Read Instruction 7 on the Information for Applicants before answering this question.)

Yes No If yes, submit a separate confidential letter of explanation with application.

Have you been arrested for any felony or misdemeanor for which you are currently out on bail or on your own recognizance? Yes No

I certify that I meet all the minimum requirements as specified in the position announcement and/or job description and that all information contained in this application and in the supplementary material filed with it is true and accurate. I authorize the contact of any present or former employer to verify any information pertaining to this application, and I release from liability any persons or other organizations furnishing such information. I understand that any false statements or omissions of material facts on the application will subject me to disqualification from the application process or dismissal if employed.

Date

Signature

VOLUNTARY SUPPLEMENTAL INFORMATION REQUEST FORM

To All Applicants:

The law requires that we keep certain statistics on applicants for Affirmative Action documentation. This information sheet is what we use to meet this requirement. However, the information requested on this sheet is strictly voluntary, and it is used by us only in filing state and federal reports. It is not considered in the screening or selection process in any manner, as it is separated from the application form before the written screening process is begun. Your name is not required on this form.

1. I prefer to be identified as (only one please) :

- Asian
- Black
- Caucasian
- Filipino
- Hispanic
- Native American
- Other: Please Specify: _____

2. Sex: M F

3. Date of Birth: _____