



CHULA VISTA ELEMENTARY SCHOOL DISTRICT
 84 EAST J STREET • CHULA VISTA, CALIFORNIA • 91910 • 619.425-9600 FAX: 619 427-0463

❖ **SUBSTITUTES AND OUTSIDE APPLICANTS MUST PROVIDE RESUME**

APPLICATION FOR CLASSIFIED POSITION

(PLEASE PRINT OR TYPE)

NAME: (LAST)	(FIRST)	(MIDDLE)	OTHER NAME(S)	EMAIL ADDRESS:
ADDRESS: (STREET)				(CITY)
			(STATE)	(ZIP CODE)
				TELEPHONE: HOME CELL

If hired, would you be able to provide documents establishing your legal right to work in the United States?	Type of Valid Driver's License CALIFORNIA <input type="checkbox"/> OTHER STATE <input type="checkbox"/> NONE <input type="checkbox"/>
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If information necessary to process this application is located under a different name, please include such name(s) in this space.

Have you ever been employed by this District? <input type="checkbox"/> YES If YES, when? / / <input type="checkbox"/> NO	Have you lived outside of the state of California within the last 12 months? <input type="checkbox"/> YES (If "YES", Applicant must have both DOJ and FBI fingerprint clearance, which will cost an additional fee). <input type="checkbox"/> NO
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Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending including DUI (driving under the influence)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES" give dates of each offense and sentence: *All applicants will be fingerprinted*
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Position(s) you are applying for:	<u>Substitute Position(s) you are applying for:</u> <input type="checkbox"/> Instructional Assistant <input type="checkbox"/> Student Attendant <input type="checkbox"/> Clerical <input type="checkbox"/> Child Nutrition Services	OR	Title of Contracted Position (NOT Substitute) you are applying for: _____ Posting Number: _____	Date available for employment:
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EDUCATION

Start with last high school and list all schools attended – Business, Technical, Vocational, College

Name of School and Location	Major Subject or Field of Study	No. of Units or Credits Completed	Did You Graduate	Degree, Diploma or Certificate Received
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

List special interests and/or skills (example: music, language other than English):

MEDICAL

Any offer of employment will be contingent upon completion of a medical questionnaire, participation in a medical examination and physical qualifications for the particular position. You should be aware that the District adheres to all federal and state laws prohibiting the possession, use or sale of illegal drugs and alcohol. The District is committed to a drug-free and alcohol-free workplace. The District requires drug and/or alcohol testing for applicants for employment pursuant to applicable law. The District will follow the regulations of the Americans with Disabilities Act (ADA).

The Chula Vista Elementary School District is committed to providing a working and learning environment free from discrimination, harassment, intimidation and bullying. The District prohibits discrimination, harassment, intimidation and bullying based on race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity or expression, genetic information; the perception of one or more of such characteristics, or association with a person or group with one or more of these actual or perceived characteristics in any program, practice or activity it conducts. For inquiries or complaints related to employee-to-employee, student-to-employee, or work/ employment related discrimination or harassment, contact: Human Resources Service and Support Department, Jeffrey Thiel, Ed.D., Assistant Superintendent/ Title IX Coordinator, 84 East J Street Chula Vista, CA 91910, Jeffrey.Thiel@cvesd.org, (619) 425-9600, Ext. 1340.

CULTURALLY DIVERSE AND BILINGUAL CANDIDATES ARE ENCOURAGED TO APPLY

EMPLOYMENT HISTORY

* PLEASE LIST MOST RECENT EMPLOYER FIRST (INCLUDE SUPERVISOR'S NAME AND CONTACT NUMBER)

Previous Employer	Work Experience	Other Data
COMPANY NAME:	JOB TITLE:	SUPERVISOR: PHONE NO:
STREET ADDRESS, CITY, STATE, ZIP PHONE No.: EMPLOYED FROM: TO:	MAJOR DUTIES:	REASON FOR LEAVING:
COMPANY NAME:	JOB TITLE:	SUPERVISOR: PHONE NO:
STREET ADDRESS, CITY, STATE, ZIP PHONE No.: EMPLOYED FROM: TO:	MAJOR DUTIES:	REASON FOR LEAVING:
COMPANY NAME:	JOB TITLE:	SUPERVISOR: PHONE NO:
STREET ADDRESS, CITY, STATE, ZIP PHONE No.: EMPLOYED FROM: TO:	MAJOR DUTIES:	REASON FOR LEAVING:
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STREET ADDRESS, CITY, STATE, ZIP PHONE No.: EMPLOYED FROM: TO:	MAJOR DUTIES:	REASON FOR LEAVING:
COMPANY NAME:	JOB TITLE:	SUPERVISOR: PHONE NO:

LIST PROFESSIONAL REFERENCES (Preferably FORMER EMPLOYERS)

1	Name	Street Address, City, State, Zip Code	Occupation	Phone
2				
3				

I hereby authorize the Chula Vista Elementary School District to obtain information concerning me from any source, including former employers. I further understand that any false or misleading information given on this application, or significant omissions may disqualify me from further consideration for employment and may be cause for dismissal if discovered at a later date.

Signature of Applicant

Date Signed

Please attach a current resume when submitting this application.



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<http://www.cvesd.org>

EACH CHILD IS AN INDIVIDUAL OF GREAT WORTH

HUMAN RESOURCES SERVICES AND SUPPORT

It is the policy of the Chula Vista Elementary School District to conduct reference checks for all candidates for employment. If applicable, verification will be conducted prior to the interview portion of the selection procedure, and three references are normally obtained before the candidate is invited to participate in the interview process.

Your signature below indicates your agreement with, and acknowledgment of the following:

1. As an applicant for an employment position with the Chula Vista Elementary School District, I authorize my current and past employers and work associates, including, but not limited to, supervisors, colleagues, and subordinates, to release to the Chula Vista Elementary School District any reference information in my personnel records or file (e.g., applications for employment, time and sick leave records, vacation records, performance evaluations), academic records (e.g., transcripts, certificates, credentials, etc.), and information related to my work-related personal characteristics (e.g., my character, dependability, honesty, integrity, ability to work under pressure, interpersonal skills, general physical ability, and reputation among co-workers).
2. I expressly and without reservation waive my right to review the information collected in the reference checks.
3. The Chula Vista Elementary School District will maintain reference information in strictest confidence and solely for the purposes of the recruitment for which I have applied, and that information obtained during reference checks will not be provided to anyone outside the selection process.
4. A photocopy of this signed Authorization is to be considered valid as an original.
5. IN EXECUTING THIS AUTHORIZATION, I FULLY AND COMPLETELY RELEASE ALL PRESENT AND PAST EMPLOYERS AND THEIR EMPLOYEES, THE CHULA VISTA ELEMENTARY SCHOOL DISTRICT AND ITS EMPLOYEES, AND ALL OTHER PERSONS AND ENTITIES FROM LIABILITY FOR ANY DAMAGE, INCLUDING TO THE FULL EXTENT ALLOWED BY LAW, LIABILITY UNDER CALIFORNIA CIVIL CODE SECTIONS 45 AND 46 AND CALIFORNIA LABOR CODE SECTION 1064, OR ANY SIMILAR LAWS OF OTHER STATES OR POLITICAL ENTITIES, WHICH MAY RESULT FROM FURNISHING INFORMATION WHICH I AM PERMITTING TO BE RELEASED BY WAY OF THIS AUTHORIZATION.
6. I HAVE CAREFULLY READ AND UNDERSTAND ALL OF THE PROVISIONS OF THIS AUTHORIZATION, AND HAVE VOLUNTARILY AND WITHOUT COERCION OR DURESS AGREED TO AND SIGNED THIS AUTHORIZATION.

Candidate's Full Name (Print)

Other Last Names You have Used (If any)

Candidate's Signature

Date