



# SANTA CLARA COUNTY SCHOOLS' INSURANCE GROUP



## APPLICATION FOR EMPLOYMENT

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**(Please Print)**

Position(s) applied for:	Date of application	
How did you learn about this position?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name		Middle Name		
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number / /		

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If yes, give a date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "Lay-off" status and subject to recall?  Yes  No

Can you travel if this job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain

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**"A Joint Powers Authority"**  
An Equal Opportunity Employer

## E D U C A T I O N

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

# E M P L O Y M E N T   E X P E R I E N C E

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Salary information is requested not required. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>1.</b>	Employer		<u>Dates Employed</u> From – To	Work Performed
	Address			
	Telephone Number(s)		<u>Rate/Salary</u> <i>(not required)</i> Starting/Final	
	Job Title	Supervisor		
	Reason for leaving			
<b>2.</b>	Employer		<u>Dates Employed</u> From – To	Work Performed
	Address			
	Telephone Number(s)		<u>Rate/Salary</u> <i>(not required)</i> Starting/Final	
	Job Title	Supervisor		
	Reason for leaving			
<b>3.</b>	Employer		<u>Dates Employed</u> From – To	Work Performed
	Address			
	Telephone Number(s)		<u>Rate/Salary</u> <i>(not required)</i> Starting/Final	
	Job Title	Supervisor		
	Reason for leaving			
<b>4.</b>	Employer		<u>Dates Employed</u> From – To	Work Performed
	Address			
	Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting/Final	
	Job Title	Supervisor		
	Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business, or civic activities and offices held.  <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i></p>



(Address)

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:             Yes             No

Position(s) Considered for: \_\_\_\_\_

\_\_\_\_\_

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

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**NOTES:**

# A P P L I C A N T ' S S T A T E M E N T

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

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## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_ Interviewer \_\_\_\_\_ Date

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

BY \_\_\_\_\_ Name and Title \_\_\_\_\_ Date

### NOTES:

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