





Applicant's Name \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please give accurate, complete full-time and part-time employment records. List additional relevant employment on separate sheet if necessary. List **present or most recent employer first**.

<b>1</b>	Name of Employer/District		__ Full-time __ Part-time		Dates Employed (MM/YY – MM/YY)	
			Hourly Rate _____		_____	
			Salary _____		Total Years _____	
	Address		City		State	Zip Code
Name and Title of Supervisor				Work Telephone of Supervisor		
Position and Description of Work (i.e. Grade Level or Subject)				Reason For Leaving		

<b>2</b>	Name of Employer/District		__ Full-time __ Part-time		Dates Employed (MM/YY – MM/YY)	
			Hourly Rate _____		_____	
			Salary _____		Total Years _____	
	Address		City		State	Zip Code
Name and Title of Supervisor				Work Telephone of Supervisor		
Position and Description of Work (i.e. Grade Level or Subject)				Reason For Leaving		

<b>3</b>	Name of Employer/District		__ Full-time __ Part-time		Dates Employed (MM/YY – MM/YY)	
			Hourly Rate _____		_____	
			Salary _____		Total Years _____	
	Address		City		State	Zip Code
Name and Title of Supervisor				Work Telephone of Supervisor		
Position and Description of Work (i.e. Grade Level or Subject)				Reason For Leaving		

<b>4</b>	Name of Employer/District		__ Full-time __ Part-time		Dates Employed (MM/YY – MM/YY)	
			Hourly Rate _____		_____	
			Salary _____		Total Years _____	
	Address		City		State	Zip Code
Name and Title of Supervisor				Work Telephone of Supervisor		
Position and Description of Work (i.e. Grade Level or Subject)				Reason For Leaving		

All employers WILL BE contacted prior to an offer of employment.

Indicate, by number, employers you **DO NOT** want us to contact during the interview/selection process.

Employer    \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4            Reason \_\_\_\_\_

Applicant's Name \_\_\_\_\_

**SUPERVISING EXTRA CURRICULAR ACTIVITIES**

List each activity (e.g. football, drama, etc) you have supervised, the position held (e.g. head coach) and the most recent dates of involvement.

Activity	
Position	
Dates (MM/YY – MM/YY)	

Activity	
Position	
Dates (MM/YY – MM/YY)	

Activity	
Position	
Dates (MM/YY – MM/YY)	

Activity	
Position	
Dates (MM/YY – MM/YY)	

Activity	
Position	
Dates (MM/YY – MM/YY)	

Applicant's Name \_\_\_\_\_

**RESIDENTIAL HISTORY**

*Please provide the following information for all present and past residences for the previous ten years. List additional relevant residences on a separate sheet if necessary. List current or most recent residence first.*

1.	_____	_____	_____	_____	_____
	Dates (MM/YY – MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
2.	_____	_____	_____	_____	_____
	Dates (MM/YY – MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
3.	_____	_____	_____	_____	_____
	Dates (MM/YY – MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
4.	_____	_____	_____	_____	_____
	Dates (MM/YY – MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
5.	_____	_____	_____	_____	_____
	Dates (MM/YY – MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
6.	_____	_____	_____	_____	_____
	Dates (MM/YY – MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
7.	_____	_____	_____	_____	_____
	Dates (MM/YY – MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
8.	_____	_____	_____	_____	_____
	Dates (MM/YY – MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
9.	_____	_____	_____	_____	_____
	Dates (MM/YY – MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code
10.	_____	_____	_____	_____	_____
	Dates (MM/YY – MM/YY)	Street Address			
		_____	_____	_____	_____
		City	County	State	Zip Code

Applicant's Name \_\_\_\_\_

### GENERAL QUESTIONS

Please check one per question.

1. Have you ever worked for the School District of Ripon under a different name? \_\_\_Yes \_\_\_No

If yes, what name? \_\_\_\_\_

2. Have you previously filed an application under your present name or a different name? \_\_\_Yes \_\_\_No

If yes, when? \_\_\_\_\_

3. Are any of your relatives (including spouse) currently employed by the School District of Ripon? \_\_\_Yes \_\_\_No

If yes, list name and position \_\_\_\_\_

4. Who, if anyone, suggested that you apply for a position with the School District of Ripon?

Name \_\_\_\_\_

5. Please list any language, other than English, that you speak fluently.

\_\_\_\_\_

6. Are you 18 years old or older? \_\_\_Yes \_\_\_No

7. Are you a citizen of the United States? \_\_\_Yes \_\_\_No

If not a citizen, indicate alien status and alien registration number

If naturalized, indicate certification number & date and place of naturalization

\_\_\_\_\_

8. Do you currently hold a valid driver's license? \_\_\_Yes \_\_\_No

9. Are you able to perform the essential functions of the position for which you're applying either with or without reasonable accommodation? \_\_\_Yes \_\_\_No

*For all "Yes" answers to questions 10-16, attach a detailed explanation, including all relevant documentation (e.g. letters, court documents, etc.).*

CONVICTIONS WILL NOT NECESSARILY DISQUALIFY A CANDIDATE FROM EMPLOYMENT AND WILL BE CONSIDERED ONLY AS THEY SUBSTANTIALLY RELATE TO THE POSITION APPLIED FOR.

10. Are you the subject of any pending charges for a misdemeanor or felony? \_\_\_Yes \_\_\_No

11. Have you ever been convicted of a misdemeanor or felony? \_\_\_Yes \_\_\_No

12. Have you ever been investigated by any agency for alleged immoral or illegal conduct or incompetence? \_\_\_Yes \_\_\_No

13. Have you ever resigned, been disciplined or dismissed from any position for immoral or unprofessional conduct or for unfitness for service? \_\_\_Yes \_\_\_No

14. Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended? \_\_\_Yes \_\_\_No

15. Have you ever resigned, been suspended or discharged due to conduct, including harassment, relating to the health, welfare, safety or education of any person? \_\_\_Yes \_\_\_No

16. Is your educationally related license under investigation or is disciplinary action pending in any other state? \_\_\_Yes \_\_\_No

The School District of Ripon may conditionally offer employment subject to review of driving and criminal records, results of physical examination (including drug testing), credit history and/or verification of application and interview information provided by the candidate.

## **APPLICANT'S STATEMENT**

By signing below, I certify that the answers given by me to the foregoing questions and/or statements including all attachments and submittals in support of this application are true and correct to the best of my knowledge and without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or willful omission on the *Application for Employment*, or attachments or submittals, may be used to deny me employment, or if employed, used for discipline, up to and including termination. I agree that the School District of Ripon shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me.

I, hereby, grant permission to the School District of Ripon to investigate any of the information provided by me. I also authorize the companies, schools or persons named in this application to provide information, transcripts, records or documents requested regarding my work experience, educational background, conviction record, driving record, character or qualifications, personal or otherwise. I hereby release said companies, schools or persons from all liability for any damage that may result from furnishing this information to the School District of Ripon. A copy of this signed release is as effective as the original.

I understand that after an offer of employment is extended to me, and prior to my beginning to work for the School District of Ripon, I may be required to undergo a physical examination, which may include drug or alcohol tests. I, hereby, authorize the release of the results of such physical examination and drug and/or alcohol tests to the School District of Ripon. I understand that I may be required to undergo future such examinations and tests and that my employment is contingent upon successful completion of such examinations and tests. I understand and release the School District of Ripon from any and all liability with respect to such examinations and tests, and hold the School District of Ripon harmless for any decision made by the School District of Ripon in this respect.

I understand that if employed, I must furnish documents to verify my identity and eligibility for employment in the United States in accordance with the *Immigration Reform and Control Act of 1986*.

I agree to conform to the rules, regulations and policies of the School District of Ripon. I fully understand and agree that filling out this *Application for Employment* does not obligate the School District of Ripon to offer me a job, nor does it obligate me to accept a job. I understand that if I am offered a position that said employment does not become binding on the School District of Ripon until the Board of Education has approved my employment, even if I have already started work.

I understand that the School District of Ripon reserves the sole and exclusive rights and authority of management which includes the District's right to determine the number of hours per day or days per week during which operation shall be carried out; to select and determine the number and types of employees required for the total work force; to establish and change work schedules and assignments; to transfer, promote and demote employees or terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons; to establish standards of work performance; to make and enforce reasonable rules of the maintenance and protection of life and property; to suspend, discharge and otherwise discipline employees for just cause. Assignments to either grade level, building or position will be based on the needs of the District and may change from the initial assignment.

STATEMENTS OF QUALIFICATIONS, A RESUME OR ADDITIONAL INFORMATION  
WHICH REFLECT UPON YOUR CANDIDACY MAY BE ATTACHED IF NECESSARY.

This application includes (# of pages)\_\_\_\_\_ pages and may include other documents submitted by or for me in support of my candidacy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

SCHOOL DISTRICT OF RIPON  
Employment Background Check

The following information will be used only to complete the background check. This information will not be used for hiring purposes.

Please complete this form and it will be detached from your application.

Your name \_\_\_\_\_  
Last First

Date of birth \_\_\_\_\_  
Month Day Year

Maiden name (if applicable) \_\_\_\_\_

Other former name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is accurate and complete.

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