

**HAPPY VALLEY UNION SCHOOL DISTRICT**  
**16300 Cloverdale Road**  
**Anderson, CA 96007**  
**530 357-2134**

**APPLICATION FOR CLASSIFIED EMPLOYMENT**

1. **POSITION APPLIED FOR:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2. \_\_\_\_\_  
(Last Name) (First) (Middle)

Address: \_\_\_\_\_ Res. Phone: \_\_\_\_\_  
(Street)

\_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
(City)

School Bus Driver Certificate Yes ☐ No ☐

3. In case of emergency, Please notify: \_\_\_\_\_ Driver License No. \_\_\_\_\_

\_\_\_\_\_  
(Name and Phone Number)

4. Education:

Circle highest grade completed:

(Grade School) 1 2 3 4 5 6 7 8

(High School) 9 10 11 12

(College) 1 2 3 4 5 6 7

Highest Degree \_\_\_\_\_

Name and address of high school attended: \_\_\_\_\_

From	To	College or University	Location	Major	Sem.* Units	Degree

5. **SKILLS:** Please list all skills and abilities you have that would qualify you for this position:

6. Have you passed the Aide Proficiency Test? Yes ☐ No ☐

7. Typing Speed (if applicable) \_\_\_\_\_ wpm

8. If you are not a U.S. Citizen, have you the legal right to remain permanently in the United States? Yes ☐ No ☐

9. Are you over 18 years of age? Yes ☐ No ☐ (If employed you may be asked to submit proof of age)

\* 1 Quarter unit = 2/3 Semester Unit

Please Attach Resume (Optional)

AN EQUAL OPPORTUNITY EMPLOYER

(over)

10. Have you ever been convicted of a misdemeanor or felony? Yes ☐ No ☐ (If "yes" describe when, where, and disposition of case) **Note:** All employees are fingerprinted as part of the hiring process.

11. Is there any reason you cannot do the job applied for with or without accommodation? Yes ☐ No ☐  
(If "yes" explain)

(Employer may require a work physical upon offer of employment)

12. Were you in the U.S. Armed Forces? Yes ☐ No ☐ Dates: \_\_\_\_\_  
(From - To)

What branch? Army ☐ Navy ☐ Coast Guard ☐ Marines ☐ USAF ☐ National Guard ☐

13. Have you any relatives employed by the Happy Valley Union School District? Yes ☐ No ☐  
(If "yes", list names and relationship) \_\_\_\_\_

15. List organizations, clubs, professional societies or other associations of which you are a member:

16. PRIOR WORK HISTORY (List last or present employer first)

Dates Employed

Dates Employed	Name & Address of Employer	Supervisor & Phone	Reason for Leaving	Your Position

Comments: \_\_\_\_\_

17. Please list three personal references, not previous employers, (Name, address & phone)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

PROOF OF CITIZENSHIP, T.B. CLEARANCE, OATH OF ALLEGIANCE, PHYSICAL/DRUG SCREENING AND FINGERPRINTING MAY BE REQUIRED IF EMPLOYED.

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I understand and agree that misstatements or omission of material facts herein may result in disqualification for or dismissal from employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant