

# Howell Mountain Elementary School District

525 N. White Cottage Rd.  
 Angwin, California, 94508  
 Tel: 707-965-2423 Fax: 707-965-0834

## APPLICATION FOR CLASSIFIED EMPLOYMENT

**PERSONAL:** *(Please print or type)*

Last Name First Name Middle Name

Street Address City State Zip Code

Telephone Number Social Security # *(providing your SS# is voluntary in accordance with the privacy act of 1974)*

**POSITION(S) DESIRED:** *List subject and/or grade level in order of preference..*

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

I am willing to accept:     Full-Time     Part-Time

**COLLEGE/UNIVERSITY EDUCATION**

Name and Location of Each University Attended	Did you Graduate?	Degree Obtained	Major/Minor

If a language other than English is relevant to the job for which you are applying, indicate any foreign languages in which you are proficient:

\_\_\_\_\_  Speak     Read     Write

\_\_\_\_\_  Speak     Read     Write

From	To	Job Title/Duties	Employer Name and Phone # and Supervisor's Name	Reason for leaving

**PROFESSIONAL REFERENCES:** List at least three people who are not related to you, and who are not listed as previous supervisors, who have definite knowledge of your qualifications and fitness for the position for which you are applying.

Name	Position	Telephone Number (work & home)

**OTHER INFORMATION**

Yes  No Have you ever pleaded guilty or been convicted of a crime?

*Note: You may answer "no" if the conviction is specified in Health and Safety Code (HSC) Section 11361.5 which pertains to certain marijuana offenses, or, if the conviction was a violation under HSC Section 11557 or its successor Section 11336 when that conviction was stipulated or designated to be a lesser included offense of the offense of possession of marijuana.*

*Note: State law requires that all applicants be fingerprinted prior to employment and prohibits employment of any person convicted of certain sex and narcotic offenses or violent or serious felonies. Except for the preceding, conviction is not an absolute bar to employment.*

For each question to which you answered "yes", explain in writing the circumstances and attach the statement to this form. A "yes" answer to any of the above questions is not an absolute bar to employment.

Yes  No Can you perform the functions (essential and/or marginal) of this job with, or without reasonable accommodations?

Yes  No Can you, after employment, submit verification of your legal right to work in the United States?

Yes  No Can you meet the attendance requirements of this job?

\_\_\_\_\_ How many days were you absent (sick, other leaves, unpaid time off, etc) from work last year? Do not include paid vacation time.

I declare each of the answers and statements given to the questions on this application to be complete and true to the best of my knowledge. I understand that any misrepresentations or omission may be cause for non-selection or subsequent dismissal if I am employed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Howell Mountain School District is an Equal Opportunity Employer. State and federal law and Howell Mountain School District policy prohibit discrimination or sexual harassment toward students or staff during any educational activity. Howell Mountain School District does not discriminate on the basis of race, color, national origin, religion, gender, marital or parental status, sexual orientation, age, or handicap in its educational programs, activities, or the employment practices as required by Title VI of the Civil Rights Act, Title IX of the Educational Amendments, the Age Discrimination Act, Section 504 of the Rehabilitation Act, and the Vocational, Educational Act. For information concerning the complaint procedure, call (707) 965-2423.*

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8018A (3/07)

**Applicant Submission for Public Schools or Joint Powers Agencies**

ORI: A9710  
Code assigned by DOJ

Type of Applicant: (check one)  Classified School Emp.  Credentialed School Emp

**The following selections are for Public Schools only:**

License, Certification, Permit  Peace Officer  Law Enforcement Personnel  Volunteer

Job Title or Type of License, Certification or Permit: Volunteer

Agency Address Set Contributing Agency:  
Howell Mountain School 04599  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

525 White Cottage Rd. N. Joshua A Munoz  
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Angwin CA 94508 707-912-7675  
City State Zip Code Contact Telephone Number

Name of Applicant: \_\_\_\_\_  
(Please print) Last First Middle Initial

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ SEX:  Male  Female Misc. No. BIL -141881  
Agency Billing Number

HT: \_\_\_\_\_ WT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: (Applies only if Youth Org. / HRA or Public Utility submission)

POB: \_\_\_\_\_ Street or P.O. Box \_\_\_\_\_

SOC: \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

Level of Service:  DOJ  FBI

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_