



APPLICATION FOR EMPLOYMENT Non-Instructional Staff

General Information - Please Read Carefully

To be considered for employment with Cesar Chavez School Network, the following items must be completed in your application file:

1. Completed, signed and dated employment application. Complete each page of the application. Print clearly. Illegible and/or incomplete applications will not be processed. Do not leave a question unanswered – indicate “Not applicable”. Do not state “See Resume”, complete all questions. Provide only the requested information. Failure to do so may result in disqualification of your application.
2. Three references who are not relatives. Reference information must include full name, telephone numbers and complete addresses to whom reference requests are made in the space provided on the application form.

If you require assistance filling out the employment application form, please notify the Business Office and every effort will be made to accommodate your needs in a reasonable amount of time.

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements on this form or during the interview process are grounds for terminating the application process, or if discovered after employment, termination of the employment relationship. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sex or any other status protected by law or regulation. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.



**APPLICATION FOR EMPLOYMENT
Non-Instructional Staff**

Name _____
Last First Middle

Current Address _____
Street Address City State Zip

Social Security Number _____ **E-mail Address** _____

Telephone (_____) _____ - _____ **Cellular Phone/Other Phone** (_____) _____ - _____

POSITION (S) APPLIED FOR:

- Business Support _____ Receptionist _____ Secretarial _____
 Custodial _____ Bus Driver _____ Other _____

LOCATIONS REQUESTED:

- Cesar Chavez School Network Cesar Chavez Academy Dolores Huerta Preparatory High

REFERRAL SOURCE (Please indicate the appropriate category and identify the source of referral)

- Advertisement _____ Job Fair _____
 Employee _____ CCSN Web Site _____
 Other _____
-

CERTIFICATION AND RELEASE

I certify that all of the information provided on this application and materials submitted to Cesar Chavez School Network is complete and true to the best of my knowledge and belief. I understand that false, misleading, incomplete or omitted information on this application, resume or other materials may result in rejection of my application or termination of employment should I become employed with Cesar Chavez School Network.

If my application is considered for employment, I authorize Cesar Chavez School Network and its agents to verify all information and statements provided on this application, resume and other materials and to conduct a background investigation I authorize release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release Cesar Chavez School Network and the reference sources from any liability in connection with its release or use.

Applicant Signature

Date

GENERAL INFORMATION

- Have you ever been employed by Cesar Chavez School Network before? Yes No
 If yes, list dates employed: from ____ / ____ / ____ to ____ / ____ / ____
 List any other name you may have been employed under: _____

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

- Date Available for Work ____ / ____ / ____ ▪ Can you travel if the job requires it? Yes No

- What category would you prefer?
 Full Time Part-Time Temporary (indicate dates available to work) _____

- Are you willing to supervise and/or direct extra-curricular activities before, after or during the school day?
 Yes No What type? _____

- Have you ever been discharged or forced to resign from any position for misconduct or unsatisfactory work performance? Yes No
 If yes, please explain _____

- Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below.
 Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court, or if in California, any marijuana related misdemeanor conviction entered more than two years prior to the date of this employment application. (Conviction will not necessarily bar an employee from consideration. In accordance with applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since the last conviction, nature of the job sought and rehabilitation efforts will be reviewed.) Yes No

Incident	City/State	Charge

REFERENCES

Please list three (3) references who are knowledgeable about your performance who are willing to give an evaluation of your qualifications for the position you are applying for.

Name	Position / Relationship	Mailing Address	Daytime Phone Number

WORK EXPERIENCE Please list in chronological order.

Most Recent Employer Name		Telephone	Month	Year	Month	Year
			Dates Employed		/	/
Street Address		City	State	Compensation Information (Starting)		
				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salaried	\$ _____ per
Job Title		Compensation Information (Ending)				
				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salaried	\$ _____ per
Supervisor's Name	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving			
Describe work performed and job responsibilities						

Employer Name		Telephone	Month	Year	Month	Year
			Dates Employed		/	/
Street Address		City	State	Compensation Information (Starting)		
				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salaried	\$ _____ per
Job Title		Compensation Information (Ending)				
				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salaried	\$ _____ per
Supervisor's Name	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving			
Describe work performed and job responsibilities						

Employer Name		Telephone	Month	Year	Month	Year
			Dates Employed		/	/
Street Address		City	State	Compensation Information (Starting)		
				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salaried	\$ _____ per
Job Title		Compensation Information (Ending)				
				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salaried	\$ _____ per
Supervisor's Name	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving			
Describe work performed and job responsibilities						

Employer Name		Telephone	Month	Year	Month	Year
			Dates Employed		/	/
Street Address		City	State	Compensation Information (Starting)		
				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salaried	\$ _____ per
Job Title		Compensation Information (Ending)				
				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salaried	\$ _____ per
Supervisor's Name	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving			
Describe work performed and job responsibilities						

EDUCATION List chronologically

Level of Education	Name and address of School	Years Completed	Diploma / Degree
High School			
Undergraduate College			
Graduate/Professional			
Other (specify)			

Bus Driver / Facilities Applicants Only

- Has your driver's license ever been suspended or revoked? Yes No

If Yes, please explain as to each incident (include reason, date, state)

- Have you ever had an accident resulting in death or serious injury? Yes No

If Yes, please explain in full detail on a separate sheet of paper.

- Have you ever been convicted of any moving traffic violations or is such a charge now pending?

Yes No If Yes, please explain

Business Support, Secretarial and Receptionist Applicants Only

- Do you have Accounting Training or Experience? Yes No

- With which office machine are you skilled?

10-key adding machine PC Other _____

Software _____

Custodial Applicants Only

- Shifts available to work : Days Nights Weekends Any

- Indicate previous custodial training: _____
