GRIDLEY UNIFIED SCHOOL DISTRICT 429 Magnolia Street Gridley California 95948 (530) 846- 4721

APPLICATION FOR CLASSIFIED MANAGEMENT EMPLOYMENT Application available on website –gridley.k12.ca.us

NAME: PRESENT A				9	SOCIAL SECURITY NUMBER:				
PRESENT A									
	PRESENT ADDRESS:					0:4.			
		Address	,			City,		Zip Code	
HOME PHONE: WORK PH			ORK PHONE:	NE: EMAIL:					
					•				
Have you w	orked for us b	pefore?	Yes	No If	yes, w	hen?			
Are you rela	ated to anyone	e employe	d by this school dist	rict?	Yes [No Relationship	,		
			vailable to start wor						
RIOR WOR	RK HISTORY	<u>':</u> (Please	list most recent em						
			Please do not subs	titute resun	ne for a	ny part of applicatio	n		
ate	Employer		Ra	Rate of Pay		osition	Supervisor's	Supervisor's	
rom:	Name:	·			Т	itle:	Name:		
0:	Address:			nish:			Phone Number:		
eason for lea	aving:								
escribe in de	etail the work	you did:							
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escribe in de	etail the work	you did:							
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SKILLS/QUA	LIFICATIONS '	Typing:	WPM Com	nputer P	rograms:		
Language(s) o appropriate.):	ther than English	(Please indicate	whether you speak	, write a	nd/or read that languag	e. Also	o include Sign Language if
Other special a	abilities and/or ta	llents:					
PERSONAL:							
Have you ever	been convicted	of a crime other	than a misdemeanor	r?	Yes		No
If yes, please	explain:						
Have you ever	been discharged	l from any emplo	oyment or forced to	resign?	Yes		No
If yes, please s	state the circumst	tances:					
EDUCATION	<u>l:</u>						
Select the high	nest level of educ	ation achieved:	□12 □13	14	□15 □16 □BA □	МА	Other
Name of High							
The state of the s		s attended, inclu	ding business, trade	and/or	correspondence:		
College or Un	iversity		Dates Attended	[Full Time or Part Tim	e D	egree or Certificate
Please list per	tinent licenses, co	ertificates, and/or	r courses applicable	to the p	osition applied for:		
-							
REFERENCE	<u> </u>						
Name	Occupation Address		ess			Telephone Number	
statements he	y that all statem- rein recorded. Ind agree that an ith the district.	release from all y misstatements Gridley Unified	liability persons and or omissions of m	d organi naterial i	zations reporting inform	nation i orfeitur	l authorize investigation of all required by this application. I re on my part of all rights to actices.
Signature of Applicant					Date		
How did you l	earn about the o	pening within the	e Gridley Unified So	chool D	strict?		