



SANTA CLARA COUNTY SCHOOLS' INSURANCE GROUP



APPLICATION FOR EMPLOYMENT

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position(s) applied for:	Date of application	
How did you learn about this position?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number / /		

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

Have you ever filed an application with us before? Yes No
If yes, give a date _____

Have you ever been employed with us before? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "Lay-off" status and subject to recall? Yes No

Can you travel if this job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain

"A Joint Powers Authority"
An Equal Opportunity Employer

E D U C A T I O N

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		<u>Dates Employed</u> From – To	Work Performed
	Address			
	Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting/Final	
	Job Title	Supervisor		
	Reason for leaving			
2.	Employer		<u>Dates Employed</u> From – To	Work Performed
	Address			
	Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting/Final	
	Job Title	Supervisor		
	Reason for leaving			
3.	Employer		<u>Dates Employed</u> From – To	Work Performed
	Address			
	Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting/Final	
	Job Title	Supervisor		
	Reason for leaving			
4.	Employer		<u>Dates Employed</u> From – To	Work Performed
	Address			
	Telephone Number(s)		<u>Hourly Rate/Salary</u> Starting/Final	
	Job Title	Supervisor		
	Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i>

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered for: _____

Date: _____



NOTES:

