



PARAMOUNT UNIFIED SCHOOL DISTRICT  
 15110 CALIFORNIA AVENUE  
 PARAMOUNT, CA 90723-4378  
 www.paramount.k12.ca.us  
 TELEPHONE (562) 602-6008 - FAX (562) 602-8118

## APPLICATION FOR CLASSIFIED EMPLOYMENT

**INSTRUCTIONS:**

ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY. PLEASE PRINT CLEARLY. USE ONLY INK OR TYPEWRITER. COMPLETE ALL INFORMATION EVEN THOUGH ATTACHING A RESUME.

**Exact Title of Position Desired:** \_\_\_\_\_

I am available for the following type(s) of employment:

FULL TIME		TEMPORARY		CIRCLE DAYS AVAILABLE: SUN. MON. TUES. WED. THURS. FRI. SAT.
PART TIME		SUBSTITUTE		INDICATE HOURS AVAILABLE: _____ A.M. TO _____ P.M.

Name: \_\_\_\_\_ **XXX - XX -**  
Last First Middle Last 4 Digits of Soc. Sec. Number

Address: \_\_\_\_\_  
Number Street City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

If required for this position, do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are not a United States citizen, under what type of permit do you have the legal right to work in the U.S.? _____	List languages other than English which you Speak: _____ Read: _____ Write: _____
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**EMPLOYMENT HISTORY:** Beginning with your present or last position, list all previous employment. List military experience if job-related. If you have had more than three jobs, ask for a continuation form. Explain gaps between dates of employment.

Name of Employer:	Type of Business:	
Complete Address:	Telephone:	
Dates Employed: from _____ to _____ <small>month/year month/year</small> Hours per week _____	Job Title:	May we contact now: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Supervisor:	Title:	
Reason for Leaving:		
Describe work performed: _____ _____		

Name of Employer:	Type of Business:	
Complete Address:	Telephone:	
Dates Employed: from _____ to _____ <small>month/year month/year</small> Hours per week _____	Job Title:	May we contact now: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Supervisor:	Title:	
Reason for Leaving:		
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Name of Employer:		Type of Business:	
Complete Address:		Telephone:	
Dates Employed: from _____ to _____ <small>month/year                      month/year</small>	Job Title:	May we contact now: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hours per week _____			
Name of Supervisor:		Title:	
Reason for Leaving:			
Describe work performed: _____ _____			

**EDUCATION AND TRAINING:**

List education relevant to the position you are seeking

High School _____ City _____ State _____	Major Subjects _____ _____	Graduate: Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>			
College or University	City, State	Dates Attended	Major Subjects	Units	Degree
		to			
		to			
Business, Trade or Commercial School		to			

Indicate skills applicable to the position you are seeking \_\_\_\_\_

Other skills \_\_\_\_\_

List other licenses, training or abilities related to the position you are seeking:

**GENERAL INFORMATION**

Have you taken other examinations (oral, written, performance) with this district in the last two years? Yes  No

<u>Title of Position</u>	<u>Date of Examination</u>
_____	_____
_____	_____

Have you ever been employed by the Paramount Unified School District? Yes  No  If ~~yes~~ give the following information.

<u>Position Title(s)</u>	<u>Work Location(s)</u>	<u>Dates Employed (Mo. &amp; Year)</u>
_____	_____	_____
_____	_____	_____

Do you have any relatives currently employed by the Paramount Unified School District? Yes  No

<u>Name of Relative</u>	<u>Relationship</u>	<u>Work Location</u>
_____	_____	_____
_____	_____	_____

Can you perform the essential duties as listed in the vacancy announcement with or without reasonable accommodation? Yes  No  Comment: \_\_\_\_\_

***I HEREBY CERTIFY*** that all statements herein 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 that employment may require passing a medical examination and that a valid certificate indicating freedom from tuberculosis is required.

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

**THE PARAMOUNT UNIFIED SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY OR GENDER IN ANY OF ITS POLICIES, PROCEDURES OR PRACTICES.**



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## CONFIDENTIAL CONVICTION INFORMATION

**Instructions: ALL APPLICANTS FOR EMPLOYMENT MUST COMPLETE THIS FORM. FAILURE TO COMPLETE THIS FORM WILL DISQUALIFY YOU FROM FURTHER CONSIDERATION FOR EMPLOYMENT.** The existence of a criminal record does not automatically bar you from employment. All information will remain confidential. You must list all convictions except juvenile, even if they were subsequently dismissed pursuant to Penal Code Section 1203.4. If you were convicted, it is in your record. You must put it on this form. It will show up on your fingerprint report. Failure to include a conviction on this document will be grounds for rejection of an application or dismissal from employment.

Name of Applicant (Last, First, Middle)	Application Date (Month/Day/Year)
Job Title of Position Desired	Last 4 Digits of Social Security Number XXX 6 XX -

**Please complete each question.**

**1) HAVE YOU, AS AN ADULT EVER PLEADED GUILTY, BEEN CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, OR GIVEN A SUSPENDED SENTENCE BY A CIVILIAN OR MILITARY COURT?**

Please check one:

**NO**       **YES** .if öYESö, you are *required* to complete all offense information below.

You must answer öYESö if you were convicted, whether by plea, jury verdict, or finding of guilt by a court in a trial without a jury, irrespective of a subsequent order under Penal Code Section 1203.4 allowing the withdrawal of a plea of guilty and entering the plea of not guilty, or setting aside a verdict of guilty, or dismissing the accusations or information (**but you may omit minor traffic violations**).

Brief Description of Offense (required)	Offense Code Number (required)	Date (Mth/Yr) (required)	Location City and State (required)	Misdemeanor	Felony	Imprisoned	Fined	Probation
				Please Check (required)				

**2) AT THIS TIME, IS THERE ANY CRIMINAL COMPLAINT OR INDICTMENT ISSUED AGAINST YOU WHICH IS NOW PENDING AND AWAITING A FINAL DECISION IN ANY STATE OR FEDERAL COURT?**

Please check one:

**NO**       **YES** .if öYESö, please explain fully on the back of this sheet and provide a copy of the complaint or indictment.

<b>DECLARATION</b>	I declare that I have read and understand all of the questions and statements listed above and the answers I have given are true and correct.	
Signature of Applicant	Date Signed	



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## CONFIDENTIAL STATISTICAL DATA

(Completion of this form is voluntary)

The information on this form will help ensure that our selection processes are nondiscriminatory, and will be utilized for **statistical purposes**. This form will be kept separate from the application form. **At no time will this information be available to any person involved in the hiring process.** Please type or print in black ink.

Job Title of Position Desired	Application Date (Month/Day/Year)
Name of Applicant (Last, First, Middle)	Last 4 Digits of Social Security Number XXX ó XX -

### Please complete each question.

**1. What is your gender? (check one)**

- Male
- Female
- Decline to state

**2. What is your race/ethnic origin? (check one or more)**

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American
- Filipino
- Hispanic or Latino
- White
- Decline to state

**3. What is your age group? (check one)**

- Under 21
- 21-39
- 40 and Over
- Decline to State

**4. What is your Veteran status? (check one)**

- Vietnam/Gulf/WWI & WWII/Korea
- Veteran (Other than above)
- Non-Veteran
- Decline to State

**5. Are you disabled\* or rehabilitated? (check one)**

\*Any current or former physical or mental impairment which substantially limits at least one major life activity. This would include, but not be limited to impairment or sight, speech, hearing, orthopedic impairments, cerebral palsy, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, alcoholism, limps or disfiguring scars.

- No
- Yes
- Decline to state

**6. How did you learn of this position? (check one or more)**

- Vacancy Bulletin
- Walk-In
- Newspaper Advertisement (specify): \_\_\_\_\_
- Paramount USD Employee
- College Recruitment (specify): \_\_\_\_\_
- Public Agency (EDD, Community Action, etc.)
- Professional Conference (specify): \_\_\_\_\_
- College Placement Office (specify): \_\_\_\_\_
- Job Information (phone or tape)
- Internet (specify web site): \_\_\_\_\_
- Other (specify): \_\_\_\_\_
- Decline to state

**Thank you for your assistance in providing us with this confidential statistical information.**