

SAUSALITO MARIN CITY SCHOOL DISTRICT
630 NEVADA STREET
SAUSALITO, CA 94965
(415) 332-3190

APPLICATION FOR EMPLOYMENT – CLASSIFIED

Name: _____

Address: _____

Street City State Zip

Phone: _____

Home Work

Position Sought: _____

Will you accept temporary employment? YES ___ NO ___ Part Time? YES ___ NO ___

A. **PROFESSIONAL EXPERIENCE:** MOST RECENT POSITION FIRST

1. _____
Employer Phone Number

Address: _____

Title/Position _____

2. _____
Employer Phone Number

Address: _____

Title/Position _____

3. _____
Employer Phone Number

Address: _____

Title/Position _____

If no, please explain _____

B. **EDUCATIONAL RECORD** (Do not include elementary or high school graduation or attendance dates)

Institution	Dates	Major/Minor	Degree/Credential
1.			
2.			
3.			
4.			

Are you a member of STRS _____ PERS _____

C. PERSONAL DATA

1. If hired can you show proof of age? Yes ___ No ___
2. If hired, can you show proof of your legal right to work in the U.S.? Yes ___ No ___
3. Have you ever been convicted of a felony, or within two years, a misdemeanor which resulted in imprisonment? Yes ___ No ___
(A conviction will not necessarily disqualify an applicant from employment)
4. If you answered yes to question #3, please explain:

D. Based on your experience; please briefly explain why you feel you qualify for this position.

I understand that with my signature, I am giving permission to share this application with the Sausalito Marin City School District Personnel Committee members.

Signature

Date

AUTHORITY FOR RELEASE OF INFORMATION

I authorize any hiring official from the Sausalito Marin City School District to obtain any information relating to my employment with the following employers:

(List of employers)

This information may include, but is not limited to achievement, performance, attendance, personal history, or disciplinary information.

I direct you to release such information upon the request of any designated hiring official from the Sausalito Marin City School District, regardless of any agreement I may have made with you previously to the contrary.

I release any individual, including the records custodian, from all liability for damages that may result to me on account of compliance, or any attempts to comply with this authorization.

Applicant's Signature Date