

The Woodland Joint Unified School District recognizes its obligation to make reasonable accommodation for qualified disabled persons for employment testing and employment conditions. Should you need assistance in the application process, please contact:

**APPLICATION FOR MANAGEMENT EMPLOYMENT**

Woodland Joint Unified School District  
Human Resource Services Division  
435 Sixth Street  
Woodland, CA 95695-3615  
Telephone: (530) 662-0201  
FAX: (530) 661-2343



\_\_\_\_\_  
Title of Position(s) For Which You Are Applying

\_\_\_\_\_  
Date Available for Employment

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle (Optional)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Number Street Apt. No.

Telephone (Home) ( ) \_\_\_\_\_ (Work) ( ) \_\_\_\_\_ Message Contact – Name \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_

**EMPLOYMENT HISTORY:** List your work record for the last 10 years only as it relates to the position for which you are applying. Begin with your present or most recent experience. List each promotion separately. If more space is needed, please use separate sheet(s) prepared in the same format and attach them to this application.

\_\_\_\_\_  
Title of Present or Most Recent Position Employer (Business or Agency Name)  
( )  
\_\_\_\_\_  
Name of Supervisor Supervisor's Telephone Address City State/Zip  
From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Present Salary \_\_\_\_\_ Are you under Contract? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
Title of Prior Position Employer (Business or Agency Name)  
( )  
\_\_\_\_\_  
Name of Supervisor Supervisor's Telephone Address City State/Zip  
From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Present Salary \_\_\_\_\_ Are you under Contract? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
Title of Prior Position Employer (Business or Agency Name)  
( )  
\_\_\_\_\_  
Name of Supervisor Supervisor's Telephone Address City State/Zip  
From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Present Salary \_\_\_\_\_ Are you under Contract? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Total number of years of full-time contractual experience with all employers: \_\_\_\_\_

List any particular skills or activities related to the position for which your are applying: \_\_\_\_\_

Were you ever dismissed or asked to resign from any position? Yes \_\_\_No\_\_\_ If yes, please explain on a separate page.

Inquiry may be made of your present and former employers regarding your performance and attendance record. May we contact your employers? Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_

PLEASE NOTE: The District must be able to contact your present employer should you become a finalist for a position in the District.

If you are now or have been previously employed by the Woodland Joint Unified School District, please indicate:

Exact Job Title \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

If previously employed under a different name; please state that name: \_\_\_\_\_

**(continued on reverse side)**

Please provide the following information as it relates to the position(s) for which you are making application:

COLLEGES/UNIVERSITIES ATTENDED	Course of Study or Major/Minor	Units Completed Semester/Quarter	Type of Degree

Total upper division and graduate semester units earned after BA/BS degree (1 Quarter Unit = 2/3 Semester Unit): \_\_\_\_\_

Upon employment, you will be required to provide official transcripts affirming courses taken and degrees earned.  
List any language(s) other than English in which you are fluent: \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_ Speak \_\_\_\_\_

TITLE (S) OF CREDENTIAL(S) AND/OR CERTIFICATES: (Attach Photocopies)	Expiration Date	Area(s) of Authorization

Title of California Credential or License for which you have applied: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Have you passed the CBEST? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_ Date test was taken: \_\_\_\_\_

Have you ever had your credential or license suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ If yes, please attach an explanation.

Have you ever been convicted of a felony or a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_ Disclosure of a conviction will not necessarily disqualify you from employment. If your answer is "yes", please attach an explanation so that it can be assessed for job relatedness. Failure to disclose a conviction will result in disqualification from consideration for employment or dismissal from employment.

If you are not a citizen of the United States, can you, prior to or as a condition of employment, and in accordance with the Immigrant Reform and Control Act of 1986, submit verification of your legal right to work and/or remain permanently in the United States?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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

Are you currently, or have you been a member of the Public Employees or State Teachers Retirement System?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, check the appropriate system: PERS \_\_\_\_\_ STRS \_\_\_\_\_

Name of current/last district/employer deducting contributions: \_\_\_\_\_  
Have you withdrawn your retirement funds? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list date: \_\_\_\_\_

REFERENCES: Reference checks will be made from placement files and of present or prior supervisors, unless so indicated above. You may list three (3) additional professional references (no relatives) from whom confidential recommendations concerning your recent service or training can be obtained.

FULL NAME	POSITION AND DISTRICT OR COMPANY	COMPLETE ADDRESS	TELEPHONE
			Home ( ) _____ Work ( ) _____
			Home ( ) _____ Work ( ) _____
			Home ( ) _____ Work ( ) _____

**DISCLOSURE STATEMENT**

I hereby agree to the conditions of this application, certify that all statements made herein are true and complete, and agree and understand that any misstatement or omission of material facts herein will subject me to disqualification, dismissal from employment, or withholding of payment as an employee of the Woodland Joint Unified School District. I further understand that any term of employment is subject to a decision of the District and that no employment has been contracted by my completion and filing of this application. Upon employment, I agree to sign an oath of loyalty or affirmation and furnish my Social Security card, official transcripts, and other documents as may be required. I understand that employment will require: passing a medical examination, a valid certificate indicating freedom from tuberculosis, and fingerprint clearance.

I hereby authorize investigation of all information herein provided and release from any and all liability persons and organizations securing and reporting information related to and/or required by my filing of this application. If selected as a finalist for a position in the District, I hereby give full release to and waive the District and my present and former employers and their authorized agents from any and all liability which may otherwise be incurred by the securing and reporting of information required by the District's application and/or employment process(es).

Signature (Present Legal Name): \_\_\_\_\_ Date: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**