

For Office Use Only

Board Approval _____
Start Date _____
Pos. Title _____
Site _____
Hour's _____
Work Year _____
Range/Step _____
Rationale _____
\$ _____

Temecula Preparatory School

A Classical Charter School

Phone (951) 926-6776

Fax (951) 926-6796

CLASSIFIED EMPLOYMENT APPLICATION

NON-DISCRIMINATION POLICY: The Governing Board prohibits unlawful discrimination against and/or harassment of district employees and job applicants on the basis of actual or perceived race, color, and national origin, ancestry, religious creed, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender or sexual orientation, at any district site and/or activity. The Board also prohibits retaliation against any district employee or job applicant who complains, testifies or in any way participates in the district's complaint procedures instituted pursuant to this policy.

TYPE or PRINT using DARK INK ONLY. Complete all sections legibly. **INCOMPLETE APPLICATIONS MAY DISQUALIFY APPLICANT.**

Position applying for _____	_____ - _____ - _____ S.S. number
First Name _____ Last Name _____	() _____ - _____ Home phone
Address _____ Street City State Zip	() _____ - _____ Cell phone
	() _____ - _____ Other

EDUCATION To qualify for employment, you must be at least 18, a high school graduate or have a GED Certificate. Do you meet this requirement? () yes () No

Circle Highest Grade Completed : 1 2 3 4 5 6 7 8 9 10 11 12

High School Graduate () yes () No If not, do you have a GED Certificate? () yes () No

Name and address of Colleges Attended	Course of Study	Degree or Diploma

List Apprenticeship, Trade, Vocational, Business School, Manpower Training or any other special training you have had. Include Professional or Technical Licenses or Certificates, where acquired and dates.	From	To	Date Completed

Language Fluency: English _____ Other (Please specify): _____	<u>Speak</u> () YES () NO	<u>Read</u> () YES () NO	<u>Write</u> () YES () NO
	() YES () NO	() YES () NO	() YES () NO

Employer/Company name _____
Type of Business _____ Position Title _____
Supervisors name _____
Length of Employment: _____ to _____
() Full time () part time Salary \$ _____
Reason for leaving?

May we contact this employer for reference? () Yes () No

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Type of Business _____ Position Title _____
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Reason for leaving?

May we contact this employer for reference? () Yes () No

Describe any job-related volunteer experience you have had, include date and location.

List any job-related Professional, Technical, Educational, Community or Service Organizations to which you belong (*omit religious, racial or ethnic organizations*)

CONFIDENTIAL INFORMATION

Are you related to any TPS Board member, employee, or student? () yes () no
If yes, to whom & what relation? _____

Can you perform all essential functions for the position for which you are applying? () YES () NO

Have you ever been employed by TPS? () YES () NO If YES, when? _____
Under what name? _____ Position: _____

Have you ever been a member of the Public Employee Retirement System? () YES () NO
Current Member: () YES () NO Was a member but withdrew? () YES () NO Retired? () YES () NO

Have you ever been discharged or forced to resign from a job? () YES () NO
(*This is not an absolute bar from employment.*) If YES, explain:

Have you ever been convicted of a felony or, within the last ten years, a misdemeanor? (*A conviction will not constitute an automatic bar from employment.*) () YES () NO
If YES, please explain below.

Date	OFFENSE
_____	_____
_____	_____
_____	_____

Computer knowledge and Experience

Please list program used, include dates.

Use this section either to continue your employment history or to describe in greater detail any aspects of your experience and/or activities that are particularly appropriate to the position you are applying for.

I understand that I will be required to submit proof of U. S. Citizenship or legal U.S. residence if hired. If I am selected for employment, I will be fingerprinted and may be medically examined at my own expense. I agree to furnish proof of freedom from tuberculosis prior to employment.

I authorize TPS to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency, to give TPS any information they may have regarding me. In consideration of TPS review of this application, I release TPS and all providers of information from any liability as a result of furnishing and receiving this information.

I certify that all statements above are true to the best of my knowledge. I understand that false statements shall be sufficient cause for dismissal or disqualification from employment consideration.

Signature _____ Date _____

APPLICATIONS WILL BE KEPT ON FILE FOR ONE SCHOOL YEAR AND WILL BE ACTIVATED FOR CURRENT OPENINGS ON WRITTEN REQUEST ONLY.

AN EQUAL OPPORTUNITY EMPLOYER

Our School promotes a smoke, drug and alcohol free working environment for its employees and has adopted a non-smoking policy.

OFFICE USE ONLY

Position/Date

Position/Date

Position/Date

_____	_____	_____
_____	_____	_____
_____	_____	_____