

**UNIVERSAL APPLICATION  
FOR MARIN COUNTY SCHOOL DISTRICTS  
CLASSIFIED EMPLOYMENT**



Please print in ink or use typewriter and return application to the personnel department, P.O. Box 4925, San Rafael, CA 94913

<b>Name:</b>	<b>Position applied for:</b>	<b>District:</b> <b>Marin County</b> <b>Office of Education</b>
May this application be shared with other districts?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to accept temporary or substitute employment?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to accept part-time employment?		Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION: Name and location of school	Major	Graduate?	Units	Degree
High School:				
Junior College:				
College or University:				
Business, Correspondence, Trade or Graduate School:				

**EXPERIENCE:** List all jobs you have held in the last ten years. Put your present or most recent job first. Include military service. If you need more space you may attach additional sheets.

From	To	Hours worked each week	Name of Supervisor
Name and address of employer:			
Job title and duties:		Reason for leaving:	
From	To	Hours worked each week	Name of Supervisor
Name and address of employer:			
Job title and duties:		Reason for leaving:	
From	To	Hours worked each week	Name of Supervisor
Name and address of employer:			
Job title and duties:		Reason for leaving:	

Professional license or registration you hold related to this position:	
Maintenance/Service Equipment you can operate:	
Office machines you can operate:	
Computer skills and Proficiency:	PC? _____ MAC? _____
Word Processing Programs:	
Spread Sheet Programs:	
Database Programs:	

Typing : \_\_\_\_\_ wpm                      Keyboarding: \_\_\_\_\_ wpm                      Shorthand/Speedwriting: \_\_\_\_\_ wpm

Have you ever been convicted of any felony or misdemeanor, fined, or placed on probation?  
*(Exclude minor traffic violations except as required by law.) A conviction will not necessarily disqualify you from employment.* Yes  No

Are you currently using controlled substances without a prescription and/or are you an active alcoholic? Yes  No

Do you have any relatives working for the district? Yes  No

Are you currently, or have you ever been a member of PERS or STRS? Yes  No

Do you wish to claim veteran's preference? (MCOE only) If so, submit report of separation. Yes  No

If the job for which you have applied requires a driver's license, indicate whether you have a valid one. If you worked for the district under a different name, what was your former name? \_\_\_\_\_ Yes  No

*(For each question answered yes, explain in writing the circumstances and attach the statement to this form or write below)*

*Please list any training skills, experiences, or special qualifications not shown on this form that you have gained through volunteer, community, or other activities; list qualifications which especially equip you to work with diverse environments and/or multi-ethnic communities. Include a brief explanation; use this space for any other item you wish to explain in further detail.*

**REFERENCES:** *Please list the names and current phone numbers of three people who have directly supervised your work in the positions listed on this application. You may also submit additional references.*

Name	Employer/Company	Home Phone	Work Phone

I hereby authorize the district to fully investigate my record and work qualifications either before or after my employment and to facilitate such investigation I also hereby authorize any persons having knowledge thereof to give such information to the district upon request. Notwithstanding any agreement I may have made with any previous employer this authorization includes any information or documents contained in my personnel file with any previous employer. I release from all liability persons and organizations reporting information required by this application. I certify that all statements made by me on this application for employment are true and correct to the best of my knowledge and belief and agree that if employed, any misrepresentation, falsification, or omission of facts thereon shall justify my dismissal. I further agree that as a condition of employment, I shall submit to an Oath of Office, fingerprinting, and an examination to determine freedom from tuberculosis. I shall abide with the provisions of Penal Code Section 11166 (Child Abuse Reporting) and Welfare and Institution Code, Section 15630. I also acknowledge that in compliance with the Immigration Act of 1986, I must submit prior to employment my Social Security card and valid driver's license or State Identification Card.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about this job?

- School employee
- Internet/Job Hotline
- State Employment Office
- Newspaper
- Other

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
 City State Zip  
 \_\_\_\_\_  
 Home Phone Work Phone

**Please return completed application to: MCOE, 1111 Las Gallinas Avenue, P.O. Box 4925, San Rafael, CA 94913-4925**