



# McKittrick School District

PO Box 277  
23250 2nd Street  
McKittrick, California 93251

## CLASSIFIED PERSONNEL APPLICATION

(Please complete all blanks even if attaching a resume)

POSITION APPLYING FOR: \_\_\_\_\_

DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY ZIP

PHONE \_\_\_\_\_  
HOME CELL

Please indicate the types of employment you will accept:

\_\_\_\_\_ Full Time \_\_\_\_\_ Permanent Part-Time \_\_\_\_\_ Substitute

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Please list skills and experiences which would qualify you for employment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION:

Did you graduate from high school? ☐ Yes ☐ No

If you did not graduate, do you have a GED Certificate? ☐ Yes ☐ No

Name and Location of College or University	Course of Study	Completed		Type of Degree
		Semester Units	Quarter Units	

Business, Online, Trade, or Service Schools

Course of Study

Date Completed

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever used another name? \_\_\_\_\_  
(Information necessary to enable a check on your work and education record)

Have you ever served in the Armed Forces ☐ Yes ☐ No

**EXPERIENCE:**

**BEGIN WITH YOUR MOST RECENT EXPERIENCE** Give your complete employment record for the last ten years even if resume is attached. List any earlier experience of the kind required for this position. Attach additional sheet if necessary.

From Mo/Yr	To Mo/Yr	Employer and Complete Address	Title	Duties Performed	Hrs/ Wk	Reason for Leaving

*If employed, you may be required to furnish proof of age and citizenship if applicable; a substance abuse test, at employer expense, will be required for positions involving health and safety.*

I CERTIFY THAT ALL STATEMENTS MADE HEREON ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE ON THIS APPLICATION MAY BE CAUSE FOR NON-EMPLOYMENT OR FOR DISMISSAL. I HEREBY AUTHORIZE ANY INVESTIGATION TO OBTAIN INFORMATION REQUIRED BY THIS APPLICATION.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Please Print Name*

\_\_\_\_\_  
*Date Submitted*

Return to:  
McKittrick School District  
PO Box 277  
McKittrick, CA 93251

661-762-7303  
Fax: 661-762-7283