



BELLFLOWER UNIFIED SCHOOL DISTRICT

Personnel Commission
16703 South Clark Avenue, Bellflower, CA 90706
(562) 866-9011

EMPLOYMENT APPLICATION

Please type or print in ink – You must answer all questions. You may attach additional sheets if necessary.

Position _____ Date _____

Name _____
Last First Middle

Address _____
Street Number and Name City Zip Code

Phone (____) (____) Social Security Number XXX-XX-____
Home Business (enter only the last four digits of your social security number)

Are you currently employed by the Bellflower Unified School District? Yes No
If yes, what is your current title? _____

Have you ever been employed by the Bellflower Unified School District? Yes No
If yes, please state when you were employed _____

Position(s) held? _____

Do your references, past employers, or schools know you by any other name? Yes No
If yes, please list first and last name(s) under which you have been known.

Do you have any relatives employed by the Bellflower Unified School District? Yes No
If yes, list their names and relationship to you _____

Do you have a valid California driver's license? (if applicable to position for which you are applying) Yes No

Have you ever served in the U. S. military? Yes _____ No _____ Dates _____ Branch _____

Do you have any physical limitations that would prohibit you from performing job-related duties? Yes No
If yes, please explain _____

Are you willing to work full-time part-time substitute temporary What foreign languages do you speak fluently? _____

Circle the highest grade level completed: 6 7 8 9 10 11 12 Did you graduate? Yes No G.E.D.
Name of high school _____ City and State _____

Have you attended College? Yes No If yes, what college did you attend? _____
City and State _____ Dates _____

Do you have a college degree Yes No Type of degree? _____

List any job-related organizations or memberships, training, apprenticeships, or skills. Give locations and dates, if applicable:

List your employment experience beginning with your current employer. You may attach additional sheets, if necessary. Resumes will not be accepted in lieu of the required district application. Referencing resumes, as opposed to filling out the information as required on the application, will be considered as failure to complete the district application and your application will be disqualified.

MAY WE CONTACT YOUR CURRENT AND/ OR PREVIOUS EMPLOYER (S)? YES NO

1 Employer _____ Phone number _____ Address _____ Supervisor's name & title _____ Your title _____ Duties _____	From _____ mo/yr salary
	To _____ mo/yr salary
	Hours per week _____
	Reason for leaving: _____

2 Employer _____ Phone number _____ Address _____ Supervisor's name & title _____ Your title _____ Duties _____	From _____ mo/yr salary
	To _____ mo/yr salary
	Hours per week _____
	Reason for leaving: _____

3 Employer _____ Phone number _____ Address _____ Supervisor's name & title _____ Your title _____ Duties _____	From _____ mo/yr salary
	To _____ mo/yr salary
	Hours per week _____
	Reason for leaving: _____

List the names, addresses, and phone numbers of three references not related to you:

- 1 _____
- 2 _____
- 3 _____

I hereby certify that all the information I have given on my application is true. I understand that failure to provide all information and complete the application form(s) in its entirety and falsifying or giving misleading information on my application or any other district forms will result in my disqualification or dismissal.

Signature of Applicant

Date

FAIR EMPLOYMENT SHEET

Please complete this form and return it with your application.

PLEASE PRINT OR TYPE

SOCIAL SECURITY NUMBER: _____

DATE: _____

Your Social Security number will be used for identification purposes in the employment and payroll process. Our authority to request this information is based upon provisions of the Internal Revenue Code, Social Security Act and the Public Employees Retirement Law.

NAME: _____
Last First Middle

JOB APPLIED FOR: _____

BIRTHDATE: _____
month/day/year

REFERRAL SOURCE:

Advertisement Where? _____ Relative Friend Walk-in Other Where? _____

BUSD EMPLOYEES ONLY

CURRENT JOB CLASS TITLE: _____

WORK SITE: _____

WHAT IS YOUR ETHNICITY?

(Please check one and proceed to "WHAT IS YOUR RACE", below.)

- HISPANIC OR LATINO (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- NOT HISPANIC OR LATINO

NO MATTER WHAT YOU SELECTED ABOVE, PLEASE COMPLETE THIS SECTION

WHAT IS YOUR RACE?

(Please check one or more boxes to indicate what you consider your race to be.)

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE
(Persons having origins in any of the original people of North, Central or South America.) | <input type="checkbox"/> LAOTIAN | <input type="checkbox"/> TAHITIAN |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> CAMBODIAN | <input type="checkbox"/> OTHER PACIFIC ISLANDER |
| <input type="checkbox"/> JAPANESE | <input type="checkbox"/> HMONG | <input type="checkbox"/> FILIPINO/FILIPINO AMERICAN |
| <input type="checkbox"/> KOREAN | <input type="checkbox"/> OTHER ASIAN | <input type="checkbox"/> AFRICAN AMERICAN OR BLACK |
| <input type="checkbox"/> VIETNAMESE | <input type="checkbox"/> HAWAIIAN | <input type="checkbox"/> WHITE
(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.) |
| <input type="checkbox"/> ASIAN INDIAN | <input type="checkbox"/> GUAMANIAN | |
| | <input type="checkbox"/> SAMOAN | |

PHYSICAL HANDICAPS: (List or describe any physical handicaps.)

Please attach a note to your application explaining any special arrangements you need to take the examination because of a physical handicap.