## SPENCER VALLEY SCHOOL P.O. Box 159

Santa Ysabel, CA 92070 Tel: 760/765-0336 - Fax: 760/765-3135

## APPLICATION FOR EMPLOYMENT

Date:		
Position being applied for:		
NAME:		
Home Address:		
Mailing Address:		
EMAIL:		
Why I think I am a good candidate for this job:		
Special interests:		
References: (unrelated person who you have worked with)		
	telephone	
	telephone	

Spencer Valley School District serves all people without regard to age, gender, race, religion, ethnicity, or disability.

Questions regarding this policy may be directed to the District Superintendent (760) 765-0336.

## PREVIOUS EMPLOYMENT (list most current first):

Employers name and address:
Duties:
Dates worked: from/to:/reason for leaving:
Employers name and address:
Duties:
Dates worked: from/ to:/reason for leaving:
Employers name and address:
Duties:
Dates worked: from/to:/reason for leaving:
Employers name and address:
Duties:
Dates worked: from/ to:/ reason for leaving:
If more space is needed please add a page. A resume may be attached.  Education:  High school graduate: yes [ ] no [ ] GED [ ] College: degree:  Certificate: School name  Other:
FOR OFFICE USE ONLY:
Date of birth:/ Social Security Number (copy)  Drivers license number (copy)
TB Test date (copy):/ Finger printed:/
Credential (copy), if applicable;
Married: Single Head of Household Number of dependents claimed (W-4):
Name and telephone number in case of emergency:
ON File:  W-4 [ ] Finger Printing [ ] TB Test [ ] EMPLY [ ] EMPOS [ ]  Hire date://SalaryPosition Number
Account funding position: