

# Rocky Point Charter School

3500 Tamarack Drive, Redding CA 96003  
(530)225-0456 FAX 530-225-0499

## APPLICATION FOR CLASSIFIED EMPLOYMENT

POSITION APPLIED FOR: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code) Cell Phone: \_\_\_\_\_

Do you possess a valid California Driver's License? \_\_\_\_ License Number: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_  
(Name) (Phone)

EDUCATION: Name of High School: \_\_\_\_\_

Circle highest grade completed: 9 10 11 12

College:

From	To:	College or University	Location	Major	Semester Units	Degree

SKILLS: Please list all skills and abilities you have that would qualify you for this position:

\_\_\_\_\_

Typing Speed (if applicable): \_\_\_\_\_

What office machines can you operate successfully?

\_\_\_\_\_

If you are not a U.S. Citizen, have you the legal right to remain permanently in the U.S.?

N/A \_\_\_ Yes \_\_\_ No \_\_\_

Are you over 18 years of age? Yes \_\_\_ No \_\_\_ (if employed, you may be asked to submit proof of age.)

For the positions of Paraprofessionals, After School Group Facilitator & After School Lead Group Facilitator; applicants must possess one of the following in compliance with No Child Left Behind:

- \_\_\_ AA Degree
- \_\_\_ 48 College Units
- \_\_\_ No Child Left Behind Paraprofessional Exam Certificate (Attach certificate with application)

Have you ever been convicted of any crime? Yes  No  If "yes", describe when, where and disposition of case:

\_\_\_\_\_

Do you have any physical conditions which would limit your ability to perform the job applied for? Yes  No

If "yes" explain: \_\_\_\_\_  
(Employer may require a physical examination upon offer of employment)

Work preference: \_\_\_ part time \_\_\_ full time

**PRIOR WORK HISTORY:** (List last or present employer first)

Dates of Employment

From	To	Name & Address of Employer	Supervisor & Phone No.	Position Held

Please list three personal references, not previous employers (Name, address, and phone)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PROOF OF CITIZENSHIP, T.B. CLEARANCE, OATH OF ALLEGIANCE, AND FINGERPRINTING MAY BE REQUIRED IF EMPLOYED.**

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and I authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_