

Manhattan Beach Unified School District
325 S. Peck Avenue, Manhattan Beach, CA 90266
(310) 318-7345 X5916 FAX: (310) 303-3824
MBUSD website: www.manhattan.k12.ca.us email: ggermani@mbusd.org

Application for Classified Employment

Position Desired: _____ Check if you will accept:
Part Time Full Time

Name: (first, middle, last) _____

Address: _____ Phone (home) _____

City, State, Zip: _____ Phone (cell) _____

Driver's License No. & State: _____

Email address: _____

Are you a veteran of the armed forces of the United States? Yes No

Branch: _____ Date of discharge: _____

Have you ever been convicted of:

A felony? Yes No Year: _____ If yes, what is the disposition? _____

A misdemeanor? Yes No Year: _____ If yes, what is the disposition? _____

Education

Circle the highest grade completed: High School Graduate? Yes No
1 2 3 4 5 6 7 8 9 10 11 12 AA BA MA High School Equivalency Test? Yes No

Schools Attended:

| Name of School | Location | Subject | Units or Degrees Completed |
|----------------|----------|---------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List volunteer work or other special skills or information you feel will help qualify you for the position:

List interests, hobbies:

What equipment or machines relative to the position are you able to operate?

Please complete reverse side of application

Experience

List all work experience within the last ten years, beginning with your most recent experience. List details of the experience which you believe meet the requirements to qualify you for the written examination for this position. May we contact former employers? Yes No

From _____ To _____ Employer _____
Address _____ Phone # _____
Salary _____ Reason for Leaving _____
No. employees supervised _____ Job Title _____ Duties _____

From _____ To _____ Employer _____
Address _____ Phone # _____
Salary _____ Reason for Leaving _____
No. employees supervised _____ Job Title _____ Duties _____

From _____ To _____ Employer _____
Address _____ Phone # _____
Salary _____ Reason for Leaving _____
No. employees supervised _____ Job Title _____ Duties _____

From _____ To _____ Employer _____
Address _____ Phone # _____
Salary _____ Reason for Leaving _____
No. employees supervised _____ Job Title _____ Duties _____

References

List Professional and/or personal references

Name _____ Address _____
Telephone No. _____ Title _____

Name _____ Address _____
Telephone No. _____ Title _____

Name _____ Address _____
Telephone No. _____ Title _____

I understand that if employed by the Manhattan Beach Unified School district, I will be required by law to be fingerprinted and sign a loyalty oath. I certify that to the best of my knowledge, all of the above statements are true. I give permission to the School District to investigate and verify the above information and I understand that any false statements or omissions may be grounds for dismissal. **Application must be signed and dated.**

Please note: It is your responsibility to make sure that all requested information is provided on this application. Only complete applications will be considered.

Signature _____ Date _____