

Classified Employee Application for Employment an equal opportunity employer with an adopted affirmative action policy

Human Resources Office 915 Fourth Street Northeast Auburn, Washington 98002 PHONE: (253) 931-4916 FAX (253) 931-8006

Website: www.auburn.wednet.edu

Please Print Clearly

			Telephone				Social		
Last (Print name as it	First appears on your Social Security	Middle Initial (Card.)	Message Number E-mail	()			re b fo	Your social secu equired at the time e necessary to dis	rity number is not of application. It will sclose it upon hiring ax, state retirement, peping purposes.
Other names under which	n enrolled in school, employed,	or known by to referen	ices given:						
Current mailing address									
	Street		City			State		Zip Code	
The following are require	d for completion of the applicat	on process:					Highly Qualified:	Yes	
	Letter of application, typed	or longhand					AA Degree		
	Completed district applicat	ion form (ink/typed)					72 + Credits	s	
	Resume						Para Pro Te	st	
	Applicant Disclosure Form	(s)							
PLEASE CHECK THE K	XIND OF ASSIGNMENT YOU	PREFER: 10-	-month	11-month	1	2-month			
Would you accep	ot part-time work?								
Would you accep	ot substitute work?								

		e, provide information from your past f			Supervisor and	
P		Employer	Dates	Position/Duties	Telephone Number	Reason for Leaving
R E	Present or	Name	From		Supervisor	
V I	Last Position	Address	То		Work Telephone	
C U	Next	Name	From		Supervisor	
S	Position	Address	То		Work Telephone	
E M	Next	Name	From		Supervisor	
P	Position	Address	То		Work Telephone	
O Y	Next	Name	From		Supervisor	
М Е	Position	Address	То		Work Telephone	
N T	Next	Name	From		Supervisor	
	Position	Address	То		Work Telephone	

Е	School and Address	Dates Attended	Major/Minor	Degree/Diploma Received
D	High School:			
U				
C				
A	College/University:			
T				
I				
O	Business/Other:			
N				

P E R S O N	Describe any condition which could result in irregular attendance or could inhibit your ability to perform satisfactorily the duties and responsibilities of the position for which you are applying:	
 A	Have you previously worked for the Auburn School District? If yes, date and position held:	
		121
R		

I	R				
I	E	List the name of two (2) persons who can provide	e a character reference.		
1	F			1	
I	E	Name	Business Address	Daytime Telephone	Position Title
I	R	1.			
1	E				
1	N				
	C	2.			
I	Е				
	S				

	Describe any special abilities, skills, experiences, volunteer work, and knowledge that you possess which you believe further qualifies you to perform the type of work for which you are applying. List all professional licenses or permits, including driver's license number.
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_	OFFICE WORK		DADA EDUCATORS			
O	OFFICE WORK	MAINTENANCE/GROUNDS	PARA-EDUCATORS			
С	Typing (W.P.M)	Plumbing	Classroom Experience	Elem	Mdl	Sr
C	Shorthand (W.P.M)	Heating/Air Conditioning	Special Education	Elem	Mdl	Sr
U	Speedwriting (W.P.M)	Painting	Handicapped	Elem		Sr
P	Word Processing, Types	Carpentry	Self-contained	Elem	Mdl	Sr
A		Audio Visual Equipment	Resource Room	Elem	Mdl	Sr
T	Computer, Types	Electrician	ECE	771	Mdl	
I	Division Maria	Glazing	Library	Elem	Mdl	Sr
0	Dictating Machine	Cabinet Making	Office	Elem	Mdl	Sr
N	10-key	Roofing	Playground			
A	Bookkeeping	Welding	Music/Performing Arts			
L	General Ledger	Masonry	Title/LAP Kindergarten			
	Accounts Receivable	Landscaping	Title/LAP Math			
A	Accounts Payable	Nursery Work	Title/LAP Reading			
N	Financial Statements	Grounds Keeping	Bus			
D	Copy Machines	Lock Work	Physical Education			
_	Other	Fencing	First Aid/CPR Training			
S		Irrigation	Other			
K		Communications (i.e., telephones,				
I		intercoms, etc.)				
L		Other				
L	FOOD SERVICE		CUSTODIAL		MISCELL	ANEOUS
	Food Handler's Permit		Automatic Floor Machine		Administrato	or
S	Cashiering	-	Carpet Shampooers		Coaching	
U	Quantity Food Preparation	TRANSPORTATION	Window Washing		Head Start	
M	Specialty	School Bus Driver	Stripping/Rewaxing		Security Off	icer
M	Dishwashing Machine	State Certification	Office Cleaning		Student Help	
A	Food Supervision	Transit Operator	School Cleaning	_	Volunteer	501
R	Other	Truck Driver	Supervision	_	Other	
Y		Truck/Bus Mechanic	Boiler License	_		
-		First Aid/CPR Training				
		Other	(Grade) (Expires)			
			Other			
91919191						
10101010101				<u> </u>		<u>aranatatatatatat818181818181818</u>
3	This application form should be filled out as comp	letely as possible.				
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	All applications will be considered active three ve	ars from date of most recent activity. Applications will be re	etained longer if extension is requested before	late		
	of expiration.					
R	k					
	Any falisification or omission herein shall be cons	idered sufficient cause for dismissal				
4						

Signature of Applicant

Date