

ANTELOPE VALLEY SCHOOLS TRANSPORTATION AGENCY

**Return To: AV Schools Transportation Agency
670 W. Ave. L-8
Lancaster, California 93534**

Applicants may be required to submit proof of U.S. Citizenship or legal U.S. residence, if hired.
Minimum age limit is (A) 18 or (B) 16 with a work permit or High School Diploma.

Each Classified applicant selected for employment will be fingerprinted and required to furnish proof of freedom from Lung Infection prior to employment.

In completing this application, please be reminded that the law protects the rights for equal employment opportunity regardless of race, creed, color, sex, age, physical handicap, or national origin; that employment acceptance or rejection shall be based on job related qualifications. Incomplete applications may disqualify applicant. **TYPE or PRINT using INK ONLY. Complete all sections legibly.**

1. Position Applying For:			4. Phone Number (Home or Cell)				
2. Name: (Print) _____ Last Name First MI			5. Phone Number (Work):				
3. Address:			Email Address:				
			7. Phone Number (Other):				
8. Did you graduate from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No			Highest Grade Completed:				
9. Do you have a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No (High School Equivalency) Year:			GED Verification (Office Use)				
10. Names and Locations of Colleges Attended	Dates Attended		Units		Major	Degree or Certificate	
	From	To	Sem	Qtr		Type	Date
11. Awards, Honors, Scholarships, etc. which you feel are relevant to this position:			12. What languages besides English can you speak and write fluently?				
13. List apprenticeship, trade, vocational, business school or any other special training you have had. Include type, where acquired, and dates.			From	To	Date Completed		
14. What machines can you operate?			Typing WPM: Shorthand WPM:				

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15. Professional or Technical Licenses or Certificates.	State Issued	Date Issued	Date Expired	Verification (Office Use)
16. List Professional, Technical, Educational, Community or Service Organizations to which you belong. (Omit religious, racial, or ethnic organizations.)				
17. Describe any job related volunteer experience you have had. Include date and location.				
18. Do you have a valid California Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No If no, can you acquire a California Driver's License if required for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
				Driver's License Number:
19. Do you have any physical limitation or disabilities which would impair your job performance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				
20. Have you ever been dismissed or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				
21. Would contacting your employer jeopardize your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:				
22. Have you ever been convicted of a misdemeanor and/or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please be reminded that being convicted of a felony in itself does not void your chance for employment, that all employment selections shall be based on job related qualifications.)				
Offenses:				
Dates:				

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23. List your work record. Begin with your PRESENT job and list in reverse order. Include self-employment and periods of unemployment in excess of six months as a separate period. You may list each promotion as a separate job or describe such in Section 24.

Dates of Work: Fm: _____ Month Year To: _____ Month Year	Your present/previous job title:	Name of Employer or Company:
	Describe your duties fully: (do not state "See Resume")	Type of Business or Organization:
Address of Business or Organization		
Phone Number:		
Supervisor's Name & Title:		
Number of Hours Worked per Week:		Reason for Leaving:
Dates of Work: Fm: _____ Month Year To: _____ Month Year	Your present/previous job title:	Name of Employer or Company:
	Describe your duties fully: (do not state "See Resume")	Type of Business or Organization:
Address of Business or Organization		
Phone Number:		
Supervisor's Name & Title:		
Number of Hours Worked per Week:		Reason for Leaving:
Last Salary:		
\$		
Dates of Work: Fm: _____ Month Year To: _____ Month Year	Your present/previous job title:	Name of Employer or Company:
	Describe your duties fully: (do not state "See Resume")	Type of Business or Organization:
Address of Business or Organization		
Phone Number:		
Supervisor's Name & Title:		
Number of Hours Worked per Week:		Reason for Leaving:

Dates of Work: Fm: _____ Month Year To: _____ Month Year	Your present/previous job title:	Name of Employer or Company:
	Describe your duties fully: (do not state "See Resume")	Type of Business or Organization:
Address of Business or Organization		
Phone Number:		
Supervisor's Name & Title:		
Number of Hours Worked per Week:		Reason for Leaving:

24. Use this section either to continue your employment history or to describe in greater detail any aspects of your experience and/or activities that are particularly appropriate to the position for which you are applying.

25. Personal References:

Name Address Phone
Name Address Phone
Name Address Phone

26. I certify that all statements above are true to the best of my knowledge. I understand that false statements shall be sufficient cause for dismissal or disqualification from employment consideration.

Signature

Date