



CALIFORNIA TEACHERS ASSOCIATION

# Application For Employment

P.O. Box 921, Burlingame, CA 94011-0921 • 650-697-1400

## (PLEASE PRINT)

Date of Application \_\_\_\_\_

Position Applied For \_\_\_\_\_

Referral Source \_\_\_\_\_

Name \_\_\_\_\_

**(Exactly as it appears on Social Security Card)**

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone No. ( ) \_\_\_\_\_  
Area Code

Have you filed an application here before?  Yes  No Date \_\_\_\_\_

Have you ever been employed here before?  Yes  No Date \_\_\_\_\_

Are you legally qualified to work in this country?  Yes  No

(Satisfaction of legal requirements for employment will be required if hired)

Are you available to work?  Full Time  Part Time  Temporary

On what date would you be available to work? \_\_\_\_\_

Are you employed now?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed.

(Note: Hire may be subject to passing a skill test.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)  Yes  No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**CTA is an EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER** and  
does not discriminate on the basis of race, color, religion, sex, national origin, age,  
marital or veteran status, sexual orientation, or disability.

## EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

## PROFESSIONAL/TECHNICAL LICENSES/CERTIFICATES

(List only if required for the position for which you are applying)

Type of License or Certificate	Lic./Cert. #	State/Organization Issued by	Expiration Date

## TECHNICAL AND MECHANICAL SKILLS

---

**State any additional information you feel may be helpful in considering your application.**

---



---

## LANGUAGE (Required only if needed for position for which are you applying):

Language(s) \_\_\_\_\_  Speak     Read     Write  
 \_\_\_\_\_  Speak     Read     Write

## DRIVER'S LICENSE (Required only if needed for position for which are you applying):

Driver's license #, state and class \_\_\_\_\_

**EMPLOYMENT EXPERIENCE - This section must be completed even if attaching a resume.**

List each job held including part-time positions. Start with your present or last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.) Circle either Part-time or Full-time work where indicated.

<b>1</b>	Employer	<b>Dates</b>		Job Title and Work Performed
		From	To	
	Address			
	Co. Telephone No.	<b>Hourly Rate/Salary</b>		
		Starting	Final	
	Supervisor			
		<b>Hours Worked</b>		
	Reason for Leaving	Part-time		
		Full-time		
<b>2</b>	Employer	<b>Dates</b>		Job Title and Work Performed
		From	To	
	Address			
	Co. Telephone No.	<b>Hourly Rate/Salary</b>		
		Starting	Final	
	Supervisor			
		<b>Hours Worked</b>		
	Reason for Leaving	Part-time		
		Full-time		
<b>3</b>	Employer	<b>Dates</b>		Job Title and Work Performed
		From	To	
	Address			
	Co. Telephone No.	<b>Hourly Rate/Salary</b>		
		Starting	Final	
	Supervisor			
		<b>Hours Worked</b>		
	Reason for Leaving	Part-time		
		Full-time		
<b>4</b>	Employer	<b>Dates</b>		Job Title and Work Performed
		From	To	
	Address			
	Co. Telephone No.	<b>Hourly Rate/Salary</b>		
		Starting	Final	
	Supervisor			
		<b>Hours Worked</b>		
	Reason for Leaving	Part-time		
		Full-time		

If you need additional space, please continue on a separate sheet of paper.

Please explain any breaks in your employment history \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**REFERENCES** - In addition to your current employer, list 3 people not related to you, who have knowledge of your work performance within the last 3 years.

May we contact your present employer?

Yes

No

If, no please explain \_\_\_\_\_

**Current Employer (Manager/Supervisor)**

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ )  
Last First Middle Area Code

Company Name \_\_\_\_\_

Position Title \_\_\_\_\_

**Reference #1**

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ )  
Last First Middle Area Code

Address \_\_\_\_\_  
Number Street City State Zip Code

Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

**Reference #2**

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ )  
Last First Middle Area Code

Address \_\_\_\_\_  
Number Street City State Zip Code

Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

**Reference #3**

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ )  
Last First Middle Area Code

Address \_\_\_\_\_  
Number Street City State Zip Code

Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

**Please read carefully and sign below.**

I hereby authorize the California Teachers Association to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the California Teachers Association any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release California Teachers Association, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

