

Employment History

Instructions: Please show all employment within the last ten years. Begin with your present job and include military or volunteer work. Complete all requested information fully. Responses such as “see resume” are not acceptable and may disqualify your application. You may submit additional sheets if necessary, utilizing the same format.

From: To:	Name of Employer or Company	Phone Number ()	Title: No. Supervised:
Total Service Years _____ Months _____	Address		Describe your duties fully:
	Type of Business		
Last Salary \$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> monthly	Your Supervisor's Name & Title	May we contact? Yes ___ No___	
	Reason for Leaving		
			Hours worked per week:

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	Reason for Leaving		
			Hours worked per week:

I declare, under penalty of perjury, that all statements made in this application are true and complete. I hereby authorize all employers, schools, and other organizations and persons named herein, to provide the BBCCSD with information regarding my qualifications and character. I understand and agree that any misrepresentation, or omission of a material fact, or receipt of unsatisfactory references, shall be cause for rejection of my application, bar from employment, removal from eligibility list, and/or dismissal from employment. I agree to submit to a physical examination if an offer of employment is rendered, and I understand that the BBCCSD makes reasonable accommodations for persons with disabilities. I further agree to submit to a psychological screening, drug test, background screening, and to furnish proof of citizenship, or eligibility to legally work in the United States, as may be directed. I understand and agree that if employed at the District, my employment is on a probationary basis for at least one year, and that I may be discharged at any time therein without the right of appeal. I am aware and understand that individuals with disabilities who require accommodation in the application or testing process must provide to the District, at time of application, documents from a qualified medical authority of the need for accommodation. I understand also, that if hired, I am required to abide by all rules and regulations of the BBCCSD.

Signature: _____ Date: _____