

An Equal Opportunity Employer

Please Print

____/____/____
Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Permanent Address if different from present address

No. & Street City State Zip

(____) _____ (____) _____
Business Phone Home Phone Social Security Number

Employment Desired

The location(s) you are applying for:

- Folsom Location, 777 Levy Road, Folsom, CA 95630
- Granite Bay Location, 8544 Auburn Folsom Road, Granite Bay, CA 96746
- Natoma Station Location, 405 Natoma Station Drive, Folsom, CA 95630

Position applying for: _____

Are you applying for:

- Regular full-time work? Yes No
- Regular part-time work? Yes No
- Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available

for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? ____/____/____

Salary desired: _____

Personal Information

Have you ever applied to or worked for Brighton Schools before? Yes No

If yes, when? _____

Do you have any friends or relatives working for Brighton Schools Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at Brighton Schools?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? 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: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

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, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____ Telephone No. (____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Date of Employment: ____/____/____ From To ____/____/____ Weekly Pay: _____ Starting Ending

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone No. (____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Date of Employment: ____/____/____ From To ____/____/____ Weekly Pay: _____ Starting Ending

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone No. (____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Date of Employment: ____/____/____ From To ____/____/____ Weekly Pay: _____ Starting Ending

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Employment History, continued

Name of Employer

Telephone No. () _____

Type of Business

Your Supervisor's Name

Address & Street

City State Zip

Date of Employment: ____/____/____ To ____/____/____
From To

Weekly Pay: _____ Starting _____ Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

Telephone No. () _____

Type of Business

Your Supervisor's Name

Address & Street

City State Zip

Date of Employment: ____/____/____ To ____/____/____
From To

Weekly Pay: _____ Starting _____ Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Within the last five years, have you been fired from any job for any reason? Yes No

Within the last five years, have you quit a job after being notified that you would be fired?..... Yes No

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No
If so, describe:

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Certificated Employee

Student Teacher/ Co- Teacher

Current Credential Teacher Program : _____

From which institution or college: _____ Subject Area: _____

On what date will you graduate with your CA State Credential?

Will you need to complete student teaching prior to this date? _____ Yes _____ No

If yes, what are the dates you anticipate to be completing your student teaching? _____

Are you attending classes that would conflict with a full time, Monday- Friday schedule? _____ Yes _____ No

If yes, what is your current class schedule: _____

Student Teaching Experience

Grade/ Subject Teacher	Name/ Address of School	College Instructor/ Mentor
_____	_____	_____
_____	_____	_____

Have you passed the CBEST _____ Yes _____ No

Credentials

Please list all subjects/ areas in which you hold a credential including out of state credentials. Brighton Schools require a valid a California credential in order to teach in our Private Elementary program.

California Credentials Currently Held

Type	Subject Areas	Date Issued	Expires
_____	_____	_____	_____
_____	_____	_____	_____

Out of State Credentials Currently Held

Type	Subject Areas	Date Issued	Expires
_____	_____	_____	_____
_____	_____	_____	_____

Has your credential ever been suspended or revoked? _____ Yes _____ No

If yes, please explain: _____

Have you ever been professionally disciplined in any state? _____ Yes _____ No