



**TORRANCE UNIFIED SCHOOL DISTRICT  
PERSONNEL COMMISSION**  
2335 Plaza del Amo, Torrance, California 90501  
(310) 972-6340

**PERSONNEL COMMISSION**

Terry K. Furey  
Gary S. Kuwahara, CPA  
Anil S. Muhammed, Ed.D.

**DIRECTOR-PERSONNEL COMMISSION**  
Marion Schugt

## APPLICATION FOR EMPLOYMENT - CLASSIFIED SERVICE

READ INSTRUCTIONS CAREFULLY **BEFORE** COMPLETING APPLICATION.

- ▶ **Print clearly in ink or type.** Illegible applications may be disqualified.
- ▶ A separate application must be submitted for each position for which you are applying.
- ▶ Answer **ALL** questions. Resumes are **NOT** accepted in place of any part of this application.
- ▶ Make **copies** of any required licenses, certificates and/or supplemental questionnaires and attach it to your application. Original documents will not be returned.
- ▶ **Submit your completed, signed and dated application to the Personnel Commission office.** All applications and required documents must be received by the Personnel Commission **before** 4:30 p.m. on the deadline date (check the Position Announcement).
- ▶ Only original applications will be accepted by mail or hand-delivery—**NO faxed or emailed applications.**
- ▶ **If the application is mailed, please write "ATTN: Personnel Commission" on the envelope.**

### POSITION FOR WHICH YOU ARE APPLYING:

NAME:	LAST	FIRST	MIDDLE INITIAL
ADDRESS (STREET, CITY, STATE, ZIP):			
PREFERRED NUMBER FOR CONTACT (CHECK ONE)			
<input type="checkbox"/> HOME PHONE:	<input type="checkbox"/> WORK PHONE:	<input type="checkbox"/> CELL PHONE:	
( ) -	( ) -	( ) -	
EMAIL ADDRESS:			
DRIVERS LICENSE:		PREFERRED METHOD OF CONTACT FOR RECRUITMENT NOTICES ONLY (CHECK ONE):	
		<input type="checkbox"/> US Mail <input type="checkbox"/> Email	

<b>EMPLOYMENT:</b> Have you ever been employed by the Torrance Unified School District or State of California Agency? If yes, complete the information to the right. <input type="checkbox"/> YES <input type="checkbox"/> NO	Classification(s):	Date(s):
<b>EMPLOYEE RELATION:</b> Are any of your relatives employed by the Torrance Unified School District? If yes, complete the information to the right. <input type="checkbox"/> YES <input type="checkbox"/> NO	Name(s):	Relationship:
<b>PREVIOUS EMPLOYMENT:</b> Have you ever been dismissed or asked to resign from any position? If yes, complete the information to the right. <input type="checkbox"/> YES <input type="checkbox"/> NO	Employer's Name:	Position Title:
	Employment Dates:	Reason for Dismissal:
<b>VETERAN'S CREDIT:</b> If you wish to claim Veteran's Credit (applicable for initial employment), you must attach a copy of your DD 214 Form at the time you submit your application. Additionally, if you are a disabled veteran and wish to claim veteran's credit you must provide documentation of your disability rating at the time you submit this application. Are you a U.S. Veteran having served at least 30 days of active duty (PC Rule 5.2.15)? If yes, complete the information to the right. <input type="checkbox"/> YES <input type="checkbox"/> NO	Date(s) of Service:	
	PLEASE ATTACH A COPY OF YOUR DD 214.	
<b>FOREIGN LANGUAGES:</b> Are you fluent in a language other than English? If yes, complete the information to the right. <input type="checkbox"/> YES <input type="checkbox"/> NO	Language(s):	

<b>REFERRAL SOURCE:</b> How did you learn of the position?			
<input type="checkbox"/> TUSD Website	<input type="checkbox"/> Job Hotline	<input type="checkbox"/> Bulletin	<input type="checkbox"/> Government Jobs
<input type="checkbox"/> EdJoin	<input type="checkbox"/> Employee	<input type="checkbox"/> Interest Card	<input type="checkbox"/> Other:
<input type="checkbox"/> EDD Agency	<input type="checkbox"/> Walk In	<input type="checkbox"/> Friend	

**EQUAL OPPORTUNITY, TITLE IX, AFFIRMATIVE ACTION EMPLOYER**

The Torrance Unified School District does not engage in any employment practice that discriminates against an employee or applicant for employment on the basis of race, color, ancestry, national origin, age, religion, political affiliation, gender, medical condition, mental or physical disability, sexual orientation, marital status, or any other basis protected by federal, state or local law, ordinance or regulation, in its educational program(s) or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position(s) or program for which application has been made. If you need a reasonable accommodation to participate in the hiring process, Torrance Unified will provide you with one upon notice.

REV 10/16

EDUCATIONAL RECORD							
Check Highest Grade Completed: <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12					Graduated: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED		
High School: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Name</span> <span>City</span> <span>State</span> </div>							
NAME AND LOCATION: COLLEGES OR TRADE SCHOOL ATTENDED		DATES ATTENDED FROM                  TO		MAJOR		TOTAL UNITS SEM.                  QTR.	
DEGREE OR CERTIFICATE		DATES GRANTED					
WORK HISTORY							
Read the experience requirements in the position announcement. To be considered for employment, this section must show that you meet the minimum qualifications for the position. Please complete this section listing your <b>paid and volunteer experience</b> . Be sure to complete ALL sections of this form. <ul style="list-style-type: none"> <li>▶ Please begin this section with your <b>most recent</b> experience.</li> <li>▶ Include dates, number of hours per week, and salary information for the position and <b>name, address, and phone number</b> of the organization.</li> <li>▶ You must <b>provide a description of your duties</b> on this form. Attach additional sheets of this work experience form if needed.</li> <li>▶ <b>DO NOT REFERENCE A RESUME</b> or attached documents.</li> </ul>							
FROM (month/year):	Job Title:					Employer:	
	Duties:						
TO (month/year):						Address:	
SALARY:						Supervisor's Name & Title:	
HOURS/WEEK:						Supervisor's Telephone:	
	Reason for Leaving:						
FROM (month/year):	Job Title:					Employer:	
	Duties:						
TO (month/year):						Address:	
SALARY:						Supervisor's Name & Title:	
HOURS/WEEK:						Supervisor's Telephone:	
	Reason for Leaving:						
FROM (month/year):	Job Title:					Employer:	
	Duties:						
TO (month/year):						Address:	
SALARY:						Supervisor's Name & Title:	
HOURS/WEEK:						Supervisor's Telephone:	
	Reason for Leaving:						

CERTIFICATE OF APPLICANT:

I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT(S) OF MATERIAL FACTS OR OMISSIONS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK RECORD VERIFICATION

I understand that, in connection with my application for employment or during my employment if I am employed, the District may obtain information bearing upon my general reputation, personal characteristics of mode of living, including public record information, without using a consumer reporting agency to obtain it. "Public record" includes records documenting a conviction, civil judicial action, tax lien or outstanding judgment against me. I release the Torrance Unified School District from any liability for any information received from this inquiry.

**Please initial your selection:**

\_\_\_\_\_ I waive the right to receive a copy of any public record that the District may obtain about me.

\_\_\_\_\_ I do not waive the right to receive a copy of any public record that the District may obtain about me.

I understand that a tuberculosis test, physical examination, and fingerprint check will be required **prior** to employment and that no compensation will be paid to me for services performed prior to the written certification by the Human Resources Department that all employment requirements have been met. To receive further consideration for employment, current and former employers will be requested to give information concerning your work record. In accordance with the Privacy Act of 1974, your signature is required to permit former and current employers to release personnel information.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## REFERENCES

**Please list two professional references:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone Number: (     )     -** \_\_\_\_\_

**Phone Number: (     )     -** \_\_\_\_\_

## DO NOT WRITE BELOW THIS LINE - FOR HUMAN RESOURCES USE ONLY

Mario Liberati, Ed.D. - Senior Director-Human Resources

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

NAME OF CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CONTACT'S POSITION: \_\_\_\_\_

PREVIOUS JOB TITLE: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

	YES	NO		EXCELLENT	SATISFACTORY	UNSATISFACTORY
<b>Verified Job Title:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Quality of Work:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Verified Dates of Employment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Supervisor/Employee Relationship:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Would Rehire:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Attendance:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_


EMPLOYER: \_\_\_\_\_

NAME OF CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CONTACT'S POSITION: \_\_\_\_\_

PREVIOUS JOB TITLE: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

	YES	NO		EXCELLENT	SATISFACTORY	UNSATISFACTORY
<b>Verified Job Title:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Quality of Work:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Verified Dates of Employment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Supervisor/Employee Relationship:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Would Rehire:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Attendance:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_


**VERIFIED BY (NAME/TITLE):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# TORRANCE UNIFIED SCHOOL DISTRICT

## VOLUNTARY APPLICANT IDENTIFICATION FORM

**POSITION FOR WHICH YOU ARE APPLYING:**

NAME: LAST

FIRST

MIDDLE

MAIDEN NAME (IF APPLICABLE):

Section 1233 of the California Government Code permits school districts to solicit from applicants a voluntary declaration of their sex and racial/ethnic group membership. The following information is requested to help ensure that our selection processes are nondiscriminatory, and will be utilized ONLY for statistical purposes. This information will be kept separate from the application form and at no time will this information be available to any person involved in the hiring process.

COMPLETION OF THE FOLLOWING QUESTIONS IS VOLUNTARY.

**Gender:** ☐ Male ☐ Female ☐ Decline to State

**Age:** ☐ 18-21 ☐ 22-39 ☐ 40 and over ☐ Decline to State

**Please check all that apply:**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> American Indian or Alaskan (A) | <input type="checkbox"/> Black - Black, Afro-American, African Descent, Trinidadian, Jamaican, or West Indian (B) | <input type="checkbox"/> White - White, Anglo, Pakistani, East Indian, or Indo-European (C) | <input type="checkbox"/> Hispanic - Spanish, Latino, Chicano, Mexican, Puerto Rican, or Latin American (S) |
|---|---|---|--|

- Pacific Islander:
- |  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Guamanian (P1)              | <input type="checkbox"/> Hawaiian (P2) | <input type="checkbox"/> Samoan (P3) | <input type="checkbox"/> Tahitian (P4) |
| <input type="checkbox"/> Other Pacific Islander (P5) |  |                                      |  |

- Asian:
- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Asian Indian (R1) | <input type="checkbox"/> Cambodian (R2)    | <input type="checkbox"/> Chinese (R3) | <input type="checkbox"/> Filipino (R4) |
| <input type="checkbox"/> Hmong (R5)        | <input type="checkbox"/> Japanese (R6)     | <input type="checkbox"/> Korean (R7)  | <input type="checkbox"/> Laotian (R8)  |
| <input type="checkbox"/> Vietnamese (R9)   | <input type="checkbox"/> Other Asian (R10) |                                       |  |

☐ Decline to State

# TORRANCE UNIFIED SCHOOL DISTRICT

## CONVICTION SUPPLEMENT FORM

All applicants **MUST** complete this form. This information is confidential.

**POSITION FOR WHICH YOU ARE APPLYING:**

NAME: LAST

FIRST

MIDDLE

ADDRESS (STREET, CITY, STATE, ZIP):

HOME PHONE:

WORK PHONE:

CELL PHONE:

( ) -

( ) -

( ) -

**SECTION 1**

Are you currently a Torrance Unified School District Employee?

☐ YES

☐ NO

Have you ever been convicted or plead guilty to any crime? If No, skip to Section 3.

☐ YES

☐ NO

This includes driving under the influence of intoxicating liquor (DUI), possession of marijuana.

Do not include minor traffic violations under \$250. You are required to list **any** conviction, guilty plea or verdict, or finding of guilt, regardless of whether it has been judicially ordered sealed, expunged, or statutorily eradicated, or any misdemeanor conviction for which probation has been successfully completed/discharged, and the case has been judicially dismissed pursuant to Penal Code Section 1203.4.

**SECTION 2**

It is important that you be truthful. The Department of Justice and Federal Bureau of Investigation report ALL convictions to school districts.

You must give a complete report of all offenses. If necessary, use the back of this page to list additional convictions. A conviction will not automatically prevent you from being considered for hire, but not reporting the conviction is falsification of your application.

Please describe the type of offense, when and where the offense was committed, and the circumstances and/or result of the offense including, if applicable, length of time of incarceration.

☐ Misdemeanor

TYPE OF CRIME:

DATE:

PLACE:

☐ Felony

CIRCUMSTANCES & RESULT OF CONVICTION:

☐ Misdemeanor

TYPE OF CRIME:

DATE:

PLACE:

☐ Felony

CIRCUMSTANCES & RESULT OF CONVICTION:

**SECTION 3**

**I certify all statements made on and attached to this conviction supplement are true and complete to the best of my knowledge.**

**I understand that any false statements or incomplete information will result in disqualification, removal of my name from the eligibility list, and/or termination from employment.**

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_