

10. Are you available to work: Full Time Part Time Temporary or Substitute

11. Education: Check appropriate box if you possess one of the following: High School Diploma GED Certificate California High School Proficiency Certificate

Name and Location of Colleges or Universities attended	Course of Study / Major	Units Completed		Type of Degree	Degree Awarded	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
Other Schools / Training Completed:	Hours Completed:	Certificate Awarded:				

12. **Employment Experience:** Begin with your present or last job and account for **all** time during the past twelve years. Verifiable voluntary experience will be considered if job-related. Attach additional sheets if necessary. **Note: A resume may be attached but will not be acceptable as a substitute for completing this section.**

A	Dates		Employer: _____ Address: _____
	From	To	
Salary		Phone: _____ Job Title: _____	
Hourly	Monthly		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer		Supervisor's Name: _____ Reason for Leaving: _____	
Worked performed: _____			

B	Dates		Employer: _____ Address: _____
	From	To	
Salary		Phone: _____ Job Title: _____	
Hourly	Monthly		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer		Supervisor's Name: _____ Reason for Leaving: _____	
Worked performed: _____			

C	Dates		Employer: _____ Address: _____
	From	To	
Salary		Phone: _____ Job Title: _____	
Hourly	Monthly		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer		Supervisor's Name: _____ Reason for Leaving: _____	
Worked performed: _____			

13. References: List below three persons **who have first-hand knowledge of your work performance** within the last three years:

Name: _____ Phone: _____ Occupation: _____ Number of years acquainted: _____

Name: _____ Phone: _____ Occupation: _____ Number of years acquainted: _____

Name: _____ Phone: _____ Occupation: _____ Number of years acquainted: _____

14. I authorize the employers and educational institutions identified in this employment application to release any information they have concerning my employment or education, to the San Mateo County Insurance Group. Yes No If no, reason: _____

15. I certify that all statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand and agree that misstatements or omissions of material fact will cause forfeiture of my rights to employment with the San Mateo County Schools Insurance Group.

Signature of Applicant: _____ Date: _____

Note

Please indicate by checkmark the source through which you first learned about this position:

- Newspaper or journal (Which one?) _____
- Bulletin listing job opening (where posted?) _____
- Internet Listing (which website?) _____
- Career Placement Center (Name) _____
- Referred by employee (Name) _____
- Other (specify) _____