



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.**

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

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

<b>C</b> Dates From _____ To _____ Salary Hourly _____ Monthly _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	Employer: _____ Address: _____
	Phone: _____ Job Title: _____
	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) \_\_\_\_\_