

Ontario-Montclair School District

950 West D Street, Ontario, California 91762

(909) 418-6305

Fax: (909) 459-2544

HUMAN RESOURCES

Dear Applicant:

Thank you for your interest in employment with the Ontario-Montclair School District.

Please complete this application in full. Do not leave any sections blank by referring to a resume.

We do not accept FAX or E-mail applications. You may prepare your application online but you must either mail or hand-carry your application, containing your *original* signature, to Human Resources by **3:00 p.m. on the posted closing date**.

Your application will only be accepted when the application is **complete**. The district is not responsible for incomplete applications. Due to the large volume of applications received, it is not possible to give information regarding the status of your application once it has been submitted.

ALL applications must submit a copy of their High School Diploma or its equivalent with their application unless they submit proof of an Associates degree (or higher).

All Instructional Assistant applications must include proof of competency. Proof of competency may be satisfied by one of the following options:

Chaffey Adult School Certification of Competency

Proficiency Test – Instructional Aide

Contact Chaffey Adult School at 983-2010 for details

California High School transcripts

With Competency Record showing a “PASS” on all competency tests.

(Applies only if you graduated from a California High School in 1982 or after)

California Diploma with CAHSEE seal

(applies only if you graduated from California High School in 2004 or after)

All Instructional Assistants are required to be “highly qualified” under NCLB legislation. All Instructional Assistant applicants must attach documentation that they are highly qualified. This requirement can be met in the following ways:

1. Associates degree (or higher) from an accredited institution.
2. 48 semester transferable units
3. District approved test ie (CODESP, CBEST)

Sincerely,

Barbara Mikolasko, Director

Classified Personnel

ONTARIO-MONTCLAIR SCHOOL DISTRICT

950 West "D" Street, Ontario, CA 91762
 (909)459-6307 - Job Line (909) 459-2507 Ext. 1131
 Web Site: www.omsd.k12.ca.us

CLASSIFIED EMPLOYMENT APPLICATION

POSITION APPLIED FOR _____

PLEASE PRINT

ANNOUNCEMENT NUMBER _____

DATE: _____

Last Name		First Name		Middle	Former Name
Mailing Address			City	State/Zip	
Home Phone	Message Phone		Social Security Number		

EXPERIENCE Please list your last four (4) paid jobs starting with the most recent

1	Total Yrs.	Mos.	Employer Name/Address	Phone
	Dates From	To		Supervisor
Job Title			Reason for Leaving	
2	Total Yrs.	Mos.	Employer Name/Address	Phone
	Dates From	To		Supervisor
Job Title			Reason for Leaving	
3	Total Yrs.	Mos.	Employer Name/Address	Phone
	Dates From	To		Supervisor
Job Title			Reason for Leaving	
4	Total Yrs.	Mos.	Employer Name/Address	Phone
	Dates From	To		Supervisor
Job Title			Reason for Leaving	

EDUCATION Circle highest year completed or appropriate certificate.

	HIGH SCHOOL	COLLEGE/UNIVERSITY	CURRENT CERTIFICATES
SCHOOL NAME			Instructional Aide Competency
YEARS COMPLETED	9 10 11 12	1 2 3 4	Bus Driver Certificate / Drivers License
DIPLOMA/DEGREE	Yes - No	Yes - No	First Aid / CPR
COURSE OF STUDY			Other:
		Computer Skills Yes - No	Typing Speed:

DO YOU HAVE ADDITIONAL EDUCATION OR EXPERIENCE RELATED TO THIS POSITION?.....YES NO

DO YOU HAVE VOLUNTEER EXPERIENCE?..... YES NO

DO YOU HAVE BILINGUAL SKILLS?..... YES NO

Please list additional information inside application where appropriate. Although information may be on your resume, it **must** also be listed on your application to be considered for the position.

FOR PERSONNEL OFFICE USE ONLY

Typing WPM	Dictation WPM	High School Competency	Education	In Out	Experience	In Out
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PLEASE USE THIS SPACE FOR ADDITIONAL REMARKS, SPECIAL SKILLS, ETC., AND FOR OTHER COURSES, TRAINING, OR EDUCATION EQUIVALENCIES SPECIFICALLY REQUIRED FOR THE POSITION, AND FOR EXPLANATION OF OTHER ITEMS.

ADDITIONAL EXPERIENCE RELATED TO THIS POSITION

A	Total Yrs.	Mos.	Employer Name/Address	Phone
	Dates From	To		Supervisor
Job Title				
Duties				
B	Total Yrs.	Mos.	Employer Name/Address	Phone
	Dates From	To		Supervisor
Job Title				
Duties				

ADDITIONAL RELATED EDUCATION (Colleges, vocational, or other special schools attended)

Name/Location	From	To	Field of Study

INSTRUCTIONAL AIDE VOLUNTEER EXPERIENCE

From	To	Name/Location	Duties

BILINGUAL SKILLS (Circle appropriate ability)

Language:	Speak	Read	Write
Language:	Speak	Read	Write

REFERENCES (Please list):

In the event that you are one of our final candidates, references will be required.

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

IF YOU ANSWER "YES" TO QUESTION A THROUGH G IN THIS SECTION, EXPLAIN BELOW. A "YES" ANSWER DOES NOT DISQUALIFY YOU FROM CONSIDERATION, BUT MAY BE DISCUSSED WITH YOU BY THE PERSONNEL ADMINISTRATION.

YES NO

- A. AS AN ADULT, HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? Γ Γ
If yes, give date, place, offense, and fine or sentence in each instance.
- B. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A JOB? Γ Γ
If yes, give name of employer and explain situation.
- C. ARE YOU RELATED TO ANY PRESENT EMPLOYEE OF THIS DISTRICT? Γ Γ
If yes, state relationship, name and where employed.
- D. HAVE YOU EVER BEEN EMPLOYED BY THIS DISTRICT? Γ Γ
If yes, give location and dates employed.
- E. MAY WE CONTACT YOUR PRESENT EMPLOYER? Γ Γ
- F. CAN YOU PROVIDE DOCUMENTS TO VERIFY YOUR IDENTITY AND AUTHORIZATION TO WORK IN THE UNITED STATES? Γ Γ
Documents may include, but are not limited to: Birth Certificate or Social Security Card and Driver's License; Citizenship or Naturalization certificate; Passport or Alien registration card; other approved documents.
- G. DO YOU KNOW OF ANY REASON WHY YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATIONS? Γ Γ
Please describe any accommodations required below.

REFERENCE EXPLANATION TO ABOVE QUESTIONS BY LETTER A, B, C, ETC.

If you require special accommodation for testing or interviews due to a disability, please inform the personnel office by the end of the filing period, so your needs can be met.

CERTIFICATE OF APPLICATION

(Please read before signing)

I hereby declare that the statements in this application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained herein. I hereby release from liability all persons and organizations furnishing such information. I understand that I will be subject to disqualification or dismissal if any statement in this application is found to be untrue. Further, if hired I agree to provide the Ontario-Montclair School District within 24 hours documents evidencing employment authorization to work in the United States.

NOT VALID UNLESS SIGNATURE APPEARS HERE: _____ DATE: _____

The Ontario-Montclair School District is committed to providing equal employment opportunities for both sexes and is an Affirmative Action Employer.

NOTICE OF NONDISCRIMINATION IN EMPLOYMENT

The Governing Board prohibits unlawful discrimination against and/or harassment of district employees and job applicants on the basis of actual or perceived race, color, national origin, ancestry, religion, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender or sexual orientation at any district site and/or activity. The Board also prohibits retaliation against any district employee or job applicant who complains, testifies or in any way participates in the district's complaint procedure instituted pursuant to this policy. Board Policy 4030 and Administrative Regulation 4030 and Administrative Regulation 4031 are available upon request or on the district's website at <http://www.omsd.k12.ca.us/persdiv/pers.html>.

Ontario-Montclair School District
950 West D Street
Ontario, CA 91762
Human Resources

PLACE
STAMP
HERE

Your Name

Your Address

City State Zip

This will not be mailed without necessary postage

-----Please Fold Here-----

The purpose of this form is to provide you with a prompt reply on the status of your application.
Please remember to affix a stamp if you would like a reply in regards to this position.

-----Please Fold Here-----

Position and Announcement # _____

- | | |
|--|--|
| <input type="checkbox"/> Minimum qualifications have not been met.
applied. | <input type="checkbox"/> More experienced candidates |
| <input type="checkbox"/> Test Date: _____
Passed <input type="checkbox"/> Not Passed <input type="checkbox"/> | <input type="checkbox"/> Position is not being filled at
this time. |
| <input type="checkbox"/> We are notifying you at this time that you were
not among those selected for an interview. | <input type="checkbox"/> Incomplete Application |
| <input type="checkbox"/> We are notifying you at this time that you have
not been selected for the position. | <input type="checkbox"/> Other: _____ |