

APPLICATION FOR CLASSIFIED EMPLOYMENT

Pinon Unified School District No. 4

P.O. Box 839

Pinon, Arizona 86510

(928) 725-3450 / (928) 725-2115 / FAX (928) 725-2123

PERSONAL INFORMATION

POSITION APPLIED FOR : _____

NAME (Last-First-Middle): _____

PRESENT ADDRESS: _____
(STREET OR BOX NUMBER) (CITY-STATE-ZIP)

TELEPHONE NUMBER: _____ SOCIAL SECURITY NUMBER: _____

EDUCATION & TRAINING

Last High School (HS/GED) school. Give the school's name, city, state, ZIP code (if known) and year diploma or GED received:

Mark highest level completed:				Some HS <input type="checkbox"/>	HS/GED <input type="checkbox"/>	Associate <input type="checkbox"/>	Bachelor <input type="checkbox"/>	Master <input type="checkbox"/>	Doctoral <input type="checkbox"/>
Colleges and universities attended. Please attach a copy of your transcript.			Total Credits Earned		Major(s)	Degree (if any), Year Received			
			Semester	Quarter					
Name									
City	State	Zip Code							
Name									
City	State	Zip Code							
Name									
City	State	Zip Code							
Name									
City	State	Zip Code							

For secretary and clerical positions only: Typing : _____ WPM List software you have experience using:	Maintenance/Custodial/Bus Driver: (indicate experience in specified trades) Masonry: Yes <input type="checkbox"/> No <input type="checkbox"/> Electrical: Yes <input type="checkbox"/> No <input type="checkbox"/> Plumbing: Yes <input type="checkbox"/> No <input type="checkbox"/> Mechanic: Yes <input type="checkbox"/> No <input type="checkbox"/> Carpentry: Yes <input type="checkbox"/> No <input type="checkbox"/> Heavy Equipment Operator: Yes <input type="checkbox"/> No <input type="checkbox"/> Bus Driver: Yes <input type="checkbox"/> No <input type="checkbox"/> CDL: Yes <input type="checkbox"/> No <input type="checkbox"/> First Aid/CPR: Yes <input type="checkbox"/> No <input type="checkbox"/> AZ Bus Drivers Certificate : Yes <input type="checkbox"/> No <input type="checkbox"/> Physical Exam : Yes <input type="checkbox"/> No <input type="checkbox"/>
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U.S. MILITARY SERVICE

DATES: _____ BRANCH: _____ TYPE OF DISCHARGE: _____

The Pinon Unified School District No. 4 is an Equal Opportunity Employer and has adopted Indian Preference in Employment. Documents to be attached must be duplicated by the applicant before submission. Documents submitted become the property of Pinon Unified School District No. 4 and will not be returned.

EXPERIENCE

List in consecutive order beginning with the most recent position.

From:	To:	Name of Employer & Address:	Supervisor's Name and Title:	Supervisor's Phone:
Title:			Reason for leaving (Please be specific):	
Duties:				
From:	To:	Name of Employer & Address:	Supervisor's Name and Title:	Supervisor's Phone:
Title:			Reason for leaving (Please be specific):	
Duties:				
From:	To:	Name of Employer & Address:	Supervisor's Name and Title:	Supervisor's Phone:
Title:			Reason for leaving (Please be specific):	
Duties:				
From:	To:	Name of Employer & Address:	Supervisor's Name and Title:	Supervisor's Phone:
Title:			Reason for leaving (Please be specific):	
Duties:				
From:	To:	Name of Employer & Address:	Supervisor's Name and Title:	Supervisor's Phone:
Title:			Reason for leaving (Please be specific):	
Duties:				

REFERENCES

List three (3) persons who are not related to you and who has definite knowledge of your qualifications and fitness for the position for which you are applying.

NAME	ADDRESS	PHONE NUMBER

GENERAL INFORMATION

Are you a citizen of the United States? Yes No

Do you have any physical limitations? Yes No If yes, please describe : _____

Does the Pinon Unified School District employ any relatives of yours (by blood or by marriage)? Yes No

If yes, please give name and relationship: _____

READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM:

A false answer to any question in this application form may be grounds for not employing you.

CERTIFICATION

I certify that all of the statements made in this Application for Employment are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE: _____ **DATE:** _____

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BACKGROUND CHECK AND INFORMATION

In addition to the following information a thorough background check may be made at the option of the governing board. If additional space is needed, begin your explanation here and attach additional sheets and clearly identify as *Background Check and Information: A, B, C, and D respectively*.

“Yes” answers to the following questions will not necessarily result in denial of employment. The District will consider all the circumstances, including, the date and nature of events which have led to the actions described below. Your written explanation will assist the district in determining your eligibility and suitability for employment.

- A. Have you ever been convicted of, admitted committing, pleaded no contest, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any alleged drug or alcohol impairment)? You must answer “YES”, even if the matter was later dismissed, deterred, reversed, vacated or expunged. If you answer “YES”, you must provide dates of the proceedings, the name and address of the court where the proceeding occurred, a statement of the accusation against you and the final disposition of the case(s).
- Yes No

Explanation:

- B. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer? You must answer “YES”, even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “YES”, you must provide the date of termination of employment, the name, address, and telephone number of the employer(s) and a statement of the alleged reasons for termination.
- Yes No

Explanation:

- C. Have you ever had any license or certification of any kind (Teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification, or other regulatory agency or body, public, or private? If you answer “YES”, you must provide the dates of where the proceedings took place, a statement of the accusations against you, the final disposition and/or current status of the charge or complaint.
- Yes No

Explanation:

- D. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory (teacher certification or otherwise) or by your current or any previous employer? If you answer “YES” you must provide the name, address, and telephone number of the employer or licensing body and a statement of the accusations against you.
- Yes No

Explanation:

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

Read this section carefully and sign in the presence of the witness who also shall sign below.

I, _____ have applied for employment with the Pinon Unified School District No. 4, (District). I understand that in order for the District to determine my eligibility, qualifications and suitability for employment, the District will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution I have attended and other individuals about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of my employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired reasons for not rehiring (if applicable) and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with the background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution.

I waive ___ / do not waive ___ (initial only one) my right to see any written reference or other information to the District by any education institution.

According to Arizona Revised Statutes Section 23-1361, any employer that provides a written communication to the District regarding my current or past employment must send me a copy at my last known address. I acknowledge that some employers are unwilling to provide factual written reference concerning a current or past employee unless they do so confidentially, without revealing the references to the employee, and that the District will not further my application if it cannot complete its background investigation.

I waive ___ / do not waive ___ (initial only one) my rights to receive a copy of any written communication furnished to the District by any employer.

Whether or not I have waived my right, to see or to receive copies of written references furnished to the District by employers or educational institutions, I release, hold harmless and agree not to sue or file any claim of any against any current or former employer or educational institution, and any officer or employee or either, that in good faith furnishes written or oral references requested by the District to complete its background investigation.

A photocopy or facsimile (FAX) copy of this form that shows my signature shall be as valid as an original.

DATED this _____ Day of _____

Witness Signature

Applicant Signature

Type or Print Full Name

Type or Print Full Name

Position or Title