Application for Classified Employment

GILA COUNTY REGIONAL SCHOOL DISTRICT #49

www.gilacountyschools.org

~ An Equal Opportunity Employer ~

Please print in black ink or use typewriter. Date_____

IDENTIFYING INFORMATION:

Name_____ Social Security No._____
Last First Middle

Address_____
Street Apt. City/State Zip

Telephone: Home_____ Office_____ Message_____

Driver License No._____ State_____ Type_____

If you have lived in Arizona less than two years, give previous address:
Address_____
Street Apt. City/State Zip
How long at this address?_____

DESIRED (TYPE OF) POSITION:_____

Will you accept? (mark all that apply) ☐ Full Time ☐ Part Time ☐ Substitute ☐ Will Substitute

List languages that you fluently: Speak_____ Speak_____ Write_____

No question on this application should be answered in such a manner as to disclose race, color, creed, national origin, ancestry, age, marital status, sex, or the existence of any physical or mental condition unrelated to the performance of the position for which you are applying.

If employed by the Gila County Regional School District you will be required to provide the following information:

1. Fingerprint Clearance Card.
2. Selective Service registration number (if applicable).
3. Proof of immunization from measles/rubella unless exempt because of age, medical or religious reasons.
4. Proof of citizenship with a) one of the following documents: Valid U.S. Passport, Certificate of U.S. Citizenship, Certificate of Naturalization, unexpired foreign passport with attached Employment Authorization, Alien Registration Card with photo **or** b) one document from List A **and** one from List B below:

LIST A

State issued Driver's license or I.D. card
U.S. Military Card

LIST B

Original Social Security Card
Valid Birth Certificate
Unexpired INS Employment Authorization

• • • EMPLOYMENT EXPERIENCE • • •

IMPORTANT: do not indicate "see resume." List your most recent employment or related volunteer experience first and account for all time and experience during the last ten (10) years. Explain all gaps in employment. Be sure to list each change in title separately, even though it was with the same employer. Fill in all spaces. Be accurate and complete. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, but **this section** must be completed nonetheless. Include military service if it occurred during the last ten (10) years. Attach a separate sheet of paper for continuation, if necessary.

Date of Employment from _____ month/year to _____ month/year Start Salary _____ per month or year Final Salary _____ per month or year	**Job Title**	**Avg. hrs. per week** _____
	Employer Name	Address
	Telephone	Name & Title of Supervisor
	Description of Work	
Date of Employment from _____ month/year to _____ month/year Start Salary _____ per month or year Final Salary _____ per month or year	**Job Title**	**Avg. hrs. per week** _____
	Employer Name	Address
	Telephone	Name & Title of Supervisor
	Description of Work	
Date of Employment from _____ month/year to _____ month/year Start Salary _____ per month or year Final Salary _____ per month or year	**Job Title**	**Avg. hrs. per week** _____
	Employer Name	Address
	Telephone	Name & Title of Supervisor
	Description of Work	

Have you ever been dismissed from a position?_____If yes, please explain:_____

Have you ever been asked to resign from a position?_____If yes, please explain:_____

• • • EDUCATION • • •

Circle the highest year completed: **High School** 7 8 9 10 11 12 *or* **GED? ☐ Yes ☐ No** **College** 13 14 15 16 17

	Name	City/State	Dates Attended	Yr. Graduated	Degree	Major
HIGH SCHOOL					N/A	N/A
					N/A	N/A
COLLEGE OR TRADE SCHOOL						

Describe additional training not listed above (i.e., trade or business schools, CEUs, etc.)_____

_____

• • • REFERENCES • • •

Please provide the names, addresses and telephone numbers for three former employers who can provide recommendations for you.

Name	Company & Address	City/State/Zip	Telephone Number

In your own handwriting, list qualities or characteristics you possess that you believe will contribute to your success as an employee of the Gila County Regional School District No. 49 in the position for which you are applying.

_____

_____

_____

_____

_____

• • • CLERICAL APPLICANT • • •

Do you type? ☐ Yes ☐ No WPM_____ Do you take shorthand? ☐ Yes ☐ No WPM_____

Most recent test date _____ Most recent test date _____

Check Experience: ____ Bookkeeping ____ Ten Key ____ Computer

____ MS Word ____ MS Excel ____ Word Perfect

____ Quatro Pro ____ Other Computer Software_____

_____

• • • INSTRUCTIONAL ASSISTANT (TEACHER'S AIDE) • • •

List previous experience working with children_____

_____

_____

_____

_____

• • • CONVICTION REPORT • • •

State Law (Arizona Revised Statutes §§ 15-512 and 15-534) requires that School Districts collect the following information regarding convictions from all applicants.* A record of conviction does not prohibit employment, however, failure to complete this form accurately and completely **will** mean disqualification from employment or **will** be cause for dismissal if employed, and may result in prosecution for filing false information with a public agency. Applicants and employees **must** report any convictions that occur subsequent to the time they initially complete this form.

ALL APPLICANTS NOT FINGERPRINTED PREVIOUSLY WILL BE FINGERPRINTED PRIOR TO EMPLOYMENT. The background check is conducted by the Arizona Department of Public Safety (DPS) and the F.B.I. The fingerprint clearance card is issued by DPS.

Please read carefully and answer every question. Please print clearly.

1. Name_____ Social Security No._____
   Last First Middle

Other Names Used_____ Dates of Usage_____

2. Have you ever been convicted of a minor offense other than traffic violation(s)? ☐ Yes ☐ No
3. Have you ever been convicted of a felony? ☐ Yes ☐ No
4. Have you ever been convicted of any type of sex or drug-related crime? ☐ Yes ☐ No
5. Have you ever been convicted of a dangerous crime against children as defined in ARS § 13.604.01?** ☐ Yes ☐ No

If any of the answers above are marked "Yes", fill in the information below and attach a letter of explanation.

Conviction Charge		Date of Conviction	Court of Conviction
City	State	Amount of Fine	Length of Jail Term
Remarks		Length and Terms of Probation	

Conviction Charge		Date of Conviction	Court of Conviction
City	State	Amount of Fine	Length of Jail Term
Remarks		Length and Terms of Probation	

Conviction* means the final judgment on a verdict or a finding of guilty, or a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid. * ARS § 13.604.01 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping, and sexual abuse.*

READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE.

I certify that all information given on this application and any supporting information is true and complete, and I understand that any falsification or material omission of this information is grounds for refusal to hire or, if hired, termination. I authorize the district to investigate completely my application. I further authorize the District to contact all former and current employer references and educational institutions listed. All references are authorized to release all information they might have with regard to any of the subjects covered by this application, and I release this District and all references from any liability or damages which might result or be claimed because of information provided. I agree that, if hired, I will follow all District policies, rules, procedures, and other directions.

_____ _____

Applicant's Signature **Date**

GILA COUNTY REGIONAL SCHOOL DISTRICT #49

CLASSIFIED STAFF

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, _____ [applicant's name], have applied for employment with the Gila County Regional School District to work as a _____ [job title]. I understand that in order for the School District to determine my eligibility, qualifications, and suitability for employment, the School District will conduct a background investigation to determine if I am to be considered for an offer of employment. This investigation may include asking my current employer, any former employer, and any educational institution I have attended about my education, training, experience, qualifications, job performance, professional conduct, and evaluations, as well as confirming my dates of 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 this 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.

In light of the preceding paragraph, I waive _____/do not waive _____ (initial only one [1]) my right to see any written reference or other information provided to the School District by any educational institution.

According to Arizona Revised Statutes Section 23-1361, any employer that provides a written communication to the School 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 references concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that the School District will not further consider my application if it cannot complete its background investigation.

In light of the preceding paragraph, I waive _____/do not waive _____ (initial only one [1]) my right to receive a copy of any written communication furnished to the School District by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to the School District by employers or educational institutions, I release, hold harmless, and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by this School 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 _____, 20___.

_____ _____

Witness Applicant

GILA COUNTY REGIONAL SCHOOL DISTRICT #49

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION INFORMATION

NAME _____ DATE _____
Last First Middle

The Gila County Regional School District No. 1 is an Equal Opportunity/Affirmative Action Employed and attempts to be completely unbiased and fair in its employment practices. For this reason, we have eliminated any mention of race, national origin, or sex on application forms. However, we are required to keep a separate record to verify that female and/or national and/or ethnic minority applicants receive full consideration for all position openings. From this standpoint, it would be helpful to us if you would provide the information requested below. This information will be kept confidential and will not be filed with nor made a part of your application.

PLEASE CHECK THE APPROPRIATE ITEMS IN EACH OF THE FOLLOWING CATEGORIES:

RACE
( ) American Indian
( ) Asian
( ) Black
( ) Caucasian
( ) Hispanic*
( ) Other _____

*Includes persons of Mexican, Puerto Rican, Latin American or other Hispanic origins.

SEX
( ) Male
( ) Female

Are you a veteran? ☐ Yes ☐ No
Dates of Service _____

Are you handicapped? ☐ Yes ☐ No

How did you hear of this job? _____
_____

SPECIFIC POSITION APPLIED FOR: _____

Signature: _____