

Application for Employment

GILA COUNTY EDUCATION SERVICE AGENCY

• 1400 East Ash Street • Globe, Arizona 85501 •

Phone (928) 402-8784/Fax (928) 402-0038

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? _____

POSITION SOUGHT: _____

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

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 Education Service Agency 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 • • •

Please provide an accurate, complete history of full and part-time employment, including military service in chronological order, with present or most recent employer first. Please account for gaps in employment. Use extra page(s) if needed.

| | | | | |
|------------------|-----------------------------|---------------------------|--------------|------------|
| EMPLOYER | FROM _____ Month/Year | TO _____ Month/Year | NO. OF YEARS | FT? or PT? |
| ADDRESS | | | TELEPHONE | |
| POSITION/DUTIES | | | | |
| SUPERVISOR/TITLE | SALARY | REASON FOR LEAVING | | |

| | | | | |
|------------------|-----------------------------|---------------------------|--------------|------------|
| EMPLOYER | FROM _____ Month/Year | TO _____ Month/Year | NO. OF YEARS | FT? or PT? |
| ADDRESS | | | TELEPHONE | |
| POSITION/DUTIES | | | | |
| SUPERVISOR/TITLE | SALARY | REASON FOR LEAVING | | |

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|------------------|-----------------------------|---------------------------|--------------|------------|
| EMPLOYER | FROM _____ Month/Year | TO _____ Month/Year | NO. OF YEARS | FT? or PT? |
| ADDRESS | | | TELEPHONE | |
| POSITION/DUTIES | | | | |
| SUPERVISOR/TITLE | SALARY | REASON FOR LEAVING | | |

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|------------------|-----------------------------|---------------------------|--------------|------------|
| EMPLOYER | FROM _____ Month/Year | TO _____ Month/Year | NO. OF YEARS | FT? or PT? |
| ADDRESS | | | TELEPHONE | |
| POSITION/DUTIES | | | | |
| SUPERVISOR/TITLE | SALARY | REASON FOR LEAVING | | |

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: _____

Have you ever resigned rather than face disciplinary action and/or nonrenewal by an employer and/or disciplinary action against license/certificate? _____ If yes, please explain: _____

• • • EDUCATIONAL PREPARATION • • •

List all colleges or universities attended for undergraduate and graduate study in chronological order. Begin with first undergraduate study and include institutions attended even though no degree was earned. Use additional page if necessary.

| College or University and Location | Dates of Attendance | Major | Sem. Hrs. in Major | Minor | Sem. Hrs. in Minor | Degree Earned | Date Earned |
|------------------------------------|---------------------|-------|--------------------|-------|--------------------|---------------|-------------|
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• • • CERTIFICATION • • •

What Arizona certificates do you hold? Type of certificate: Elementary, Secondary, Vocational, School Nurse, Psychology, Social Work, etc.

| Certificate (Please note type) | Endorsements | Date of Issue | Expiration Date |
|--------------------------------|--------------|---------------|-----------------|
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• • • REFERENCES • • •

Please provide references qualified to give information demonstrating your fitness for the position you are seeking. List references in chronological order beginning with your most recent supervisor.

| Name | Address | Title/Occupation | Telephone |
|------|---------|------------------|-----------|
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GILA COUNTY EDUCATION SERVICE AGENCY

PROFESSIONAL STAFF

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, _____ [applicant's name], have applied for employment with the Gila County Education Service Agency to work as a _____ [job title]. I understand that in order for the Agency to determine my eligibility, qualifications, and suitability for employment, the Agency may 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 Agency by any educational institution.

According to Arizona Revised Statutes Section 23-1361, any employer that provides a written communication to the Agency 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 Agency 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 Agency by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to the Agency 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 Agency 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____.

Applicant

Witness