

Do not forget to sign form after printing.

APPLICATION FOR CLASSIFIED PERSONNEL

St Johns Unified School District #1

PO Box 3030 - St. Johns, AZ 85936
928-337-2255 (Phone)
928-337-2263 (Fax)
www.sjUSD.net

Instructions: Complete the following application for classified positions, print, sign, and return to the District Office.

Questions?

Contact Tanya Sparks at:
(928-337-2255 x1104
tsparks@sjUSD.net

Position Applied For (please be specific)	Date of Application:
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Last Name	First Name	Middle Name
Address	City	State Zip
Telephone No. Home: Business:	Social Security Number	

Have you ever been employed with us before? Yes No

If Yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

ST. JOHNS UNIFIED SCHOOL DISTRICT #1 IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	ELEMENTARY	HIGH SCHOOL	COLLEGE/UNIVERSITY	TECHNICAL SCHOOL
SCHOOL NAME				
LOCATION				
DATES ATTENDED				
YEARS COMPLETED				Area of study
DIPLOMA/DEGREE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT RECORD

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Length of Service
Address	Salary
Telephone	Supervisor
Job Title	Identify 2 persons & tel.# from this employment
Reason for Leaving	

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If you need additional space, please continue on a separate piece of paper.

REFERENCES

Give name, email and telephone of three references who are not related to you and are not previous employers.		
1. Name:	Email:	Phone:
2. Name:	Email:	Phone:
3. Name:	Email:	Phone:

Special Skills and Qualifications

Please check any of the following categories for which you have acquired proficient skills.

<input type="checkbox"/> Typing	<input type="checkbox"/> Shorthand	<input type="checkbox"/> 10 Key Calculator	<input type="checkbox"/> Dictaphone
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Copier	<input type="checkbox"/> Word Processing
<input type="checkbox"/> Custodial	<input type="checkbox"/> Bus driver	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Classroom aide
Labor trade skills: list below		<input type="checkbox"/> Computers: list below	
Summarize special job related skills and qualifications acquired from employment or other experience.			

In case of an emergency, contact: _____
Name Phone

READ THIS PARAGRAPH BEFORE SIGNING THIS APPLICATION

Every answer I have provided on this application is both complete and truthful. I understand and agree that (1) if any information is omitted or not filled in on this application, or if any false information is furnished, the District will reject my application, (2) if any false information is furnished, I will be ineligible for any future consideration for employment and may be subject to criminal prosecution, and (3) if I am employed by the District, I may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined that I have furnished false information on the application.

Signature: _____ Date: _____

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For Office Use Only

Date Application Received

Date to Destroy File

Status of File: A (active)

I (inactive)

Inactive if applicant is no longer pursuing employment with the St. Johns Unified School District #1. File will be destroyed one year after receipt of application.

Phone Calls	Letters	Visits	Nature of Inquiry	Dates

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

ST. JOHNS UNIFIFED SCHOOL DISTRICT #1

I, _____ (applicant's name), have applied for employment with this 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 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 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.

Release calls
for initials not
checkmarks.

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.

I waive _____ /do not waive _____ (initial only one) 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.

I waive _____ /do not waive _____ (initial only one) 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 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.

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

DATED this _____ day of _____, 20__.

Witness

Applicant

REQUIRED APPLICATION QUESTIONS

"YES" answers to the following 4 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. Attach additional sheets if necessary.

1. Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer "YES" even if the matter was later dismissed, deferred, vacated or expunged. If you answer "YES" you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the cases(s)
YES NO Explanation: _____
2. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? 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: _____
3. Have you ever had an license or certificate 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 proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.
YES NO Explanation: _____
4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (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: _____

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Applicant: _____ Date: _____