

AJO UNIFIED SCHOOL DISTRICT #15

111 Well Road
Ajo, Arizona 85321

APPLICATION OF SUPPORT STAFF

This application will remain active for one year.

Ajo Unified School District is an Equal Opportunity Employer. The District ensures equal employment opportunities regardless of race, creed, gender, color, national origin, religion, age, sexual orientation or disability. Any individual needing assistance in making application for any opening should contact the Superintendent's office.

Name: _____
Last First Middle (or initial)

Current Address: _____
Street City State Zip

Message Phone E-Mail Home or cell phone

Position(s) Desired (*indicate one or more*) ___ Full time ___ Part time ___ Temporary

a. _____ b. _____ c. _____
(Please list the position you would like to be considered for: **teacher's aide**, **cafeteria**, **maintenance**, **custodian**, **secretary**, etc.)

This application must be completed and all questions answered. No references such as "see resume" will be accepted. Attach supplemental sheet if necessary, identifying question(s) to which you are responding.

PERSONAL DATA (Please type or print)

- Are you legally authorized to work in the United States of America? Yes ___ No ___
If no, have you applied for work authorization? Yes ___ No ___
- When will you be available? _____
- Other names used: _____
Date(s) of use _____
- Provide type and expiration date of driver's license(s) (if applicable to the position for which you are applying).
_____ \ _____ \
- Licenses/certifications held (if applicable to the position for which you are applying)

- List languages, **including English**, in which you are proficient.
a. _____ b. _____ c. _____
___ Speak ___ Speak ___ Speak
___ Read ___ Read ___ Read
___ Write ___ Write ___ Write

WORK EXPERIENCE

7. (Provide information below for employer for at least last ten years with most recent experience first. Be sure to list complete information, including the employer's phone number. Attach supplemental sheets if necessary.

*Dates Employed Month/Yr	Employer's Name (Include address/phone)	Supervisor's Name	Position Title	Reason for leaving
From: To:				
From To:				
From: To:				
From: To:				
From: To:				

* You are required to provide the month and year for each date required.

If you are being considered for employment, the District will contact your current and past employers. If you do not authorize us to contact one or more of the above employers/supervisors, indicate her, listing the employers that you do not authorize us to contact.

8. Please explain any gaps in employment of over 30 days for the past 10 years, except for summer break if your employment was in a school that had summer break. Attach supplemental sheet if necessary.

EDUCATION, TRAINING AND INTERESTS

9. List schools attended and special training received.

Circle highest year completed High School Diploma

G.E.D.

Trade/business school I did not graduate. Highest grade completed was: 7 8 9 10 11 12

NAME	LOCATION	DIPLOMA (If you did not receive a degree, state the number of credit hours you received).	MAJOR AREA OF STUDY

College

NAME	LOCATION	DEGREE (If you did not receive a degree, state the number of credit hours you received).	MAJOR AREA OF STUDY

Describe additional training not listed above: _____

Describe special abilities or talents applicable to position requested: _____

Are there extracurricular activities which you would be interested in supervising? _____

PERSONAL REFERENCES

10. Give names and complete addresses of 3 references who are familiar with your personality, character and work habits. **(Do not use relatives as references)**

NAME	*DATES KNOWN	OCCUPATION/ RELATIONSHIP	EMAIL	PHONE
	From		EMAIL	
	To:		EMAIL	
	From		EMAIL	
	To:		EMAIL	
	From		EMAIL	
	To:		EMAIL	

* Provide month and year.

11. **“Yes” answers to any of 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. Your written explanation will assist the District in determining your eligibility and suitability for employment. Attach supplemental sheets if necessary.

Have you ever been nonrenewed or 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 or request for resignation.

___ Yes ___ No Explanation: _____

Have you been interviewed or hired for a position at the Ajo Unified School District? If so, what position and how long were you employed? What was your reason for leaving the Ajo Unified School District?

___ Yes ___ No Explanation: _____

Have you ever had a professional or trade license or certificate of any kind (state certificate or otherwise) revoked or suspended, or is any charge or complaint against you before any professional or trade licensing or certification agency or body? 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: _____

Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any professional or trade licensing, certification or other regulatory body (state 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: _____

12. CONVICTION DISCLOSURE

Because of the responsibility the Ajo Unified School District No. 15 has to its school children and community, the following information is required from all applicants and employees regarding background and convictions.* A record of conviction does not necessarily disqualify an applicant from consideration; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of 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 after they initially completed this form. Questions regarding this information should be directed to the Superintendent’s Office. In conjunction with this, if you were not fingerprinted by the Arizona Department of Education when you received a professional certificate, you will be required to submit fingerprints for a background check.

Have you ever been convicted* of, admitted to committing, plea bargained or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? A DUI conviction is not considered a minor traffic offense. *You must answer yes if the matter was later dismissed, vacated or expunged.*

Yes___ No ___

***CONVICTION** means the final judgment on a verdict or a finding of guilty, 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.

IF YOU ANSWERED YES COMPLETE THE FOLLOWING CONVICTION INFORMATION. Attach additional sheets as necessary.

CONVICTION INFORMATION			
1. Conviction Charge		Date of Conviction	Court of Conviction
City	State	Amt.of Fine	Length of Jail Term
Remarks:			
Length and Terms of Probation			
2. Conviction Charge		Date of Conviction	Court of Conviction
City	State	Amt.of Fine	Length of Jail Term
Remarks:			
Length and Terms of Probation			

ACKNOWLEDGMENT OF APPLICANT: READ CAREFULLY 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 from or not filled in on this application, or if any false or misleading information is furnished, the District may reject my application, (2) if any false or misleading information is furnished, I will be ineligible for consideration for employment, and (3) if I am employed by the District, I may be dismissed from employment if it is later determined that I have furnished false or incomplete information on this application.

I authorize the investigation of all statements contained on this application and understand that any document relevant to this information may be reviewed by the agents of the Ajo Unified School District.

I authorize the Ajo Unified School District to make reference checks regarding my fitness for employment and I will execute such documents as are necessary to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed and the Governing Board has officially approved my employment.

I authorize the use of any information in this application to verify statements I have made in it. I authorize past and current employers, all references and any other person to answer all questions asked concerning my ability, character, reputation, education and previous employment record. I hereby release all such persons from any liability or damages on account of having furnished such information.

Signature

Date