

OFFICE USE ONLY
DATE RECEIVED

MORRISTOWN SCHOOL DISTRICT NO. 75

P. O. Box 98

Morristown, Arizona 85342

APPLICATION FOR EMPLOYMENT

Fill out the application carefully and completely. The information will assist us in determining your eligibility for employment. Any additional information you wish to include must be attached to the application before the application is submitted.

Employment decisions are based solely upon the individual's qualification for the positions being filled. The School District recruits, hires and promotes for all job classifications without regard to race, color, creed, sex, age, national origin or handicap.

Position Desired:(be specific) _____

Application Date: _____

PERSONAL

1. Name: _____
Last First Middle

2. Address: _____

City: _____ State: _____ Zip: _____

3. Home Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

E-mail Address _____

4. *Are you 18 years old or older? ____Yes ____No
(*The law requires bus drivers to be at least 21 years of age.)

5. Have you ever been convicted or pled "no contest" for any violation of law, other than minor traffic offenses?

____ Yes ____ No. If yes, please describe including when, where, and disposition of case.

6. Have you made application with this system before? ____ Yes ____No
If so, when? _____

7. Do you have any condition which may limit your ability to perform the job tasks?
____Yes ____No.

8. Do you need full-time employment? ____Yes ____No
Will you consider part-time? ____Yes ____No
Temporary? ____Yes ____No
Date Available: _____

For Certified Personnel Only:

What Arizona certificate(s) do you hold? Type of certificate: Elementary, Secondary, CDC, School Bus Driver, etc. If you do not hold an Arizona Certificate, for what Arizona certificate are you eligible as informed by the Teacher Certification Services, Arizona Department of Education?

Certificate	Date Issued	Date of Expiration

EDUCATION

Name of Last High School	Address	Date Graduated

Colleges-Universities	Address	Dates Attended	Degree

Business or Technical Schools	Address	Dates Attended	Certificate

EMPLOYMENT RECORD

List all jobs you have held, including U.S. military service and periods of unemployment. Start with your most recent employment and go back at least 10 years. If additional space is required, attach sheets as necessary.

May we contact your current employer? ____Yes ____No

Name of Employer	Address	Position	Dates
Name of Supervisor	Phone Number	Reason for Leaving	
Name of Employer	Address	Position	Dates
Name of Supervisor	Phone Number	Reason for Leaving	
Name of Employer	Address	Position	Dates
Name of Supervisor	Phone Number	Reason for Leaving	
Name of Employer	Address	Position	Dates
Name of Supervisor	Phone Number	Reason for Leaving	

PROFESSIONAL REFERENCES

Please list people who are familiar with your professional abilities.

Name	Address	Phone Number	Current Position
Name	Address	Phone Number	Current Position
Name	Address	Phone Number	Current Position
Name	Address	Phone Number	Current Position
Name	Address	Phone Number	Current Position

I hereby authorize each person, school district, firm and corporation listed on my application to answer any questions that may be asked and to give any information that may be sought concerning this application, my work, habits, character or skills. (We will not contact your current employer without your permission.)

I certify that to the best of my knowledge all answers and statements herein contained are true and I understand that any misstatement or omission of fact will subject me to dismissal or disqualification.

Signature: _____ Date: _____