

Heber-Overgaard Unified School District #6
P.O. Box 547; 3375 Buckskin Canyon Rd.
Heber, Arizona 85928

Telephone (928) 535-4622 Fax (928) 535-5146

Email: HR@h-oschools.org

www.heberovergaardschools.org

APPLICATION FOR CLASSIFIED EMPLOYMENT

1. PERSONAL INFORMATION:

Date Received: _____

Name _____ Social Security No _____

Mailing Address: _____ Physical Address: _____

City _____ State: _____ Zip _____ Phone: _____

Email: _____

Position(s) desired (Indicate one or more preference of positions):

First Choice _____ Second Choice _____

Third Choice _____ Fourth Choice _____

Working time desired (Indicate one or more)

_____ Full-Time _____ Part-Time _____ Temporary _____ Substitute _____ Shift Work

2. CURRENT EMPLOYMENT DATA:

a. Are you currently employed? _____ Yes _____ No

a. When will you be available to begin work _____.

c. Have you ever been employed by Heber-Overgaard USD #6? _____ Yes _____ No

If yes, please list dates _____/_____/_____ to _____/_____/_____ Position: _____

d. List types of Driver's Licenses you possess: _____

e. In what languages are you fluent? _____

IMPORTANT: Before consideration will be given for employment, the candidate must have on file in the District Office a completed application with any required supporting materials. A resume is recommended but not required. It is the candidate's responsibility to see that all materials are provided for the employee file. All successful applicants must be fingerprinted prior to and as a condition of employment. All successful candidates will be placed on a probationary period of sixty (60) working days before a recommendation is made to the Governing Board for hire. The successful candidates will not be officially hired by the Governing Board until fingerprint clearance has been obtained by the District Office

Section 504 of the Rehabilitation Act and Americans with Disabilities Act

Notice of Nondiscrimination

Applicants for admission and employment, students, parents, persons with disabilities, employees, and all unions or professional organizations holding collective bargaining or professional agreements with the Heber-Overgaard Unified School District are hereby notified that this district does not discriminate on the basis of race, sex, color, national origin, age, or disability in admission or access to, or treatment or employment in, its programs and activities.

Any person having inquiries concerning the district's compliance with the regulations implementing Title VI, Title IX, The Americans with Disabilities Act (ADA) or Section 504 is directed to contact the following individual who has been designated by the school to coordinate efforts to comply with the regulations regarding nondiscrimination: Ron Tenney, 928-535-4622 x 5000

3.

WORK EXPERIENCE:

Provide information about at least the last ten years of your employment history with the most recent experience first. Please list complete employer information. The district reserves the right to contact your current and former employers.

Dates Employed	Employer's Name and address	Supervisor's Name & Phone No.	Reason for leaving
From: ____ / ____ / ____. To: ____ / ____ / ____.			
From: ____ / ____ / ____. To: ____ / ____ / ____.			
From: ____ / ____ / ____. To: ____ / ____ / ____.			
From: ____ / ____ / ____. To: ____ / ____ / ____.			

A. Have you ever been dismissed from a position? Yes No

If yes, please explain: _____

B. Have you ever been asked to resign from a position? Yes No

If yes, please explain _____

C. Have you ever resigned from a position rather than being non-renewed or dismissed?

Yes No

If yes, please explain _____

4. EDUCATION AND PROFESSIONAL TRAINING:

List schools attended and special training received. Please note that “See Resume” is not an appropriate response to any question.

	Location	Dates Attended	Year Graduated	Degree/Certificate	Major/Minor	Grade Point Average
High School						
College/Trade School						

5. PROFESSIONAL EXPERIENCE OR TRAINING:

Check all items in which you have had twelve (12) months experience and/or formal training:

- | | | |
|--|--|---|
| <input type="checkbox"/> Computer Analyst/Programmer | <input type="checkbox"/> Electronic Technician | <input type="checkbox"/> Plumbing/Pipefitting |
| <input type="checkbox"/> Audio/Visual | <input type="checkbox"/> Engine Repair | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Auto/Truck Service | <input type="checkbox"/> Food Services | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Bookkeeping/Accounting | <input type="checkbox"/> Landscape Maintenance | <input type="checkbox"/> Clerk/Typist |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Roofing | <input type="checkbox"/> Sheet Metal |
| <input type="checkbox"/> Library Clerk | <input type="checkbox"/> Secretary | <input type="checkbox"/> Custodial |
| <input type="checkbox"/> Computer Operation | <input type="checkbox"/> Warehouse/Receiving | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Concrete/Block work | <input type="checkbox"/> Mechanical Work | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Diesel Mechanic | <input type="checkbox"/> Office Machine Repair | <input type="checkbox"/> Electrical Work |
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Day Care Provider | <input type="checkbox"/> Instructional Assistant | <input type="checkbox"/> Heating/AC |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Phototypesetter | <input type="checkbox"/> Printer |

In your own words **and in your own handwriting**, please provide in the area below a brief explanation of why you should be considered for a position with the Heber-Overgaard Unified School District.

6. PERSONAL AND PROFESSIONAL REFERENCES:

List the names of persons who are familiar with your character, personality, aptitudes and work habits. Do not include relatives on this list of references.

Name	Relationship to Applicant	Address (if known)	Phone Number

7. ACKNOWLEDGEMENT OF APPLICANT:

I certify that every answer and statement I have provided on and accompanying this application is complete, truthful, and current. I understand and agree that:

- a. If any information is omitted from or not completed on this application, or if any false information is furnished, the District may reject my application.
- b. If any false information is furnished, I will be ineligible for any future consideration for employment and may be subject to criminal prosecution.
- c. If I am employed by the District and if it is later determined that I have furnished false information on this application, I may be dismissed from employment, criminally prosecuted, and, if certified, have my certificate revoked.

I authorize investigation of all statements on this application form and other material provided as part of my application for this position.

Applicant Signature

Date

Please email, mail, or deliver this application and all related materials to:

Office of the Superintendent
Heber-Overgaard Unified School District No. 6
P.O. Box 547; 3375 Buckskin Canyon Rd.
Heber, Arizona 85928
Phone (928) 535-4622 FAX (928) 535-5146
Email: HR@h-o.k12.az.us

APPLICATION SUPPLEMENTAL CONVICTION INFORMATION
 (the following information will be retained in the district office and not available to other
 personnel in the district)

Conviction Charge		CONVICTION INFORMATION	
		Date of Conviction	
City	State	Amount of Fine	Length of Jail Term
Remarks			
Length and Term of Probation			
<p align="center">**If you have more than one reportable offense, copy this sheet to provide the information**</p>			

6. Is there any other information, not required by this application, that you should disclose to the District so that it may accurately evaluate your fitness to work in a position of public trust with minor students? (If you are uncertain as to the relevance or necessity to disclose a matter, trait, etc., disclose and the District will determine whether the information is pertinent.)

IF YOU ANSWERED "YES" TO QUESTION 6, PLEASE FULLY EXPLAIN THE ANSWER ON AN ATTACHED, SEPARATE PIECE OF PAPER.

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application and supporting material is true, accurate, and complete. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the Heber-Overgaard Unified School District No. 6.

I authorize the Heber-Overgaard Unified School District No. 6 to make reference checks prior to employment, and I will execute documents 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 understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

Applicant Signature

Date

FBI NOTIFICATION OF APPLICANT PRIVACY RIGHTS

Your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit based on information in the criminal history record. {Reasonable opportunity is defined as being decided upon by a case by case basis with the applicant, in regards to position applied for.}

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under “Criminal History Summary Checks” or by calling (304)625-5590.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602)223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.dps.gov).

By signing I acknowledge that I have received these Privacy Rights as outlined above.

Signature

Date

(to be given to applicant if they desire this information)

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