

Are you eligible to work in the United States? YES NO

Have you served in the U.S. Armed Forces? YES NO

If yes, Branch of Service _____ Position Held _____

Dates of Service: From _____ To _____

Do you have a valid Arizona Driver's License? YES NO

Driver's License Number _____ Expiration Date _____

Do you have a commercial driver's license? YES NO

Driver's License Number _____ Expiration Date _____

Do you have a valid Arizona school bus driver endorsement? YES NO

Indicate below languages in which you are fluent

Language	Speak	Read	Write

Skills

(Please check all that apply)

- Typing ____ WPM
- Shorthand ____ WPM
- Multi-line phone

- Plumbing
- Refrigeration
- Electrical
- Building
- Janitorial
- Grounds
- Painting
- Mechanical
- Maintenance
- Carpentry
- Other (Please List) _____

Calculator

- by touch
- by sight

- Bookkeeping
- Food Handlers Course
- Fax Machine
- Computer

List Special Skills and Qualifications (accomplishments, publications, awards, etc.)

Education

Elementary Circle highest grade completed

1 2 3 4 5 6 7 8

SCHOOL	NAME OF INSTITUTION	DATE FROM-TO	DIPLOMA OR DEGREE	GRADUATION DATE
HIGH SCHOOL				
COLLEGE				
UNIVERSITY				
OTHER				

Total number of college credits earned:

Additional Training

Describe in the space provided any additional training not listed above (i.e. trade schools, business schools, internships, apprenticeships, etc.)

Work Experience

Important: Do not indicate "see resume" in the spaces below. List your most recent employment or related experiences first and **account for all time and experience during the last 10 years***. Be sure to list each change in title separately, even though with the same employer. Fill in all spaces accurately and a resume may be attached, but this section must be completed. Include military service if occurring within this time. Your qualifications will be evaluated on the basis of the information provided in this application. Attach a separate sheet of paper for continuation if necessary.

***Explain all gaps in employment**

Employment History (List most current first)

EMPLOYER NAME	TELEPHONE #
ADDRESS	DATES OF EMPLOYMENT FROM: TO:
POSITION/TITLE	REASON FOR LEAVING
NAME & TITLE OF SUPERVISOR	FINAL SALARY
WORK PERFORMED AND JOB RESPONSIBILITIES	MAY WE CONTACT YOUR CURRENT EMPLOYER?

EMPLOYER NAME	TELEPHONE #
ADDRESS	DATES OF EMPLOYMENT FROM: TO:
POSITION/TITLE	REASON FOR LEAVING
NAME & TITLE OF SUPERVISOR	STARTING SALARY
WORK PERFORMED AND JOB RESPONSIBILITIES	FINAL SALARY

EMPLOYER NAME	TELEPHONE #
ADDRESS	DATES OF EMPLOYMENT FROM: TO:
POSITION/TITLE	REASON FOR LEAVING
NAME & TITLE OF SUPERVISOR	STARTING SALARY
WORK PERFORMED AND JOB RESPONSIBILITIES	FINAL SALARY

Employment History Continued

EMPLOYER NAME	TELEPHONE #
ADDRESS	DATES OF EMPLOYMENT FROM: TO:
POSITION/TITLE	REASON FOR LEAVING
NAME & TITLE OF SUPERVISOR	STARTING SALARY
WORK PERFORMED AND JOB RESPONSIBILITIES	FINAL SALARY

References

Please provide us with information of at least three (3) individuals that are not related to you.

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN	RELATIONSHIP TO APPLICANT
(1)				
(2)				
(3)				

Please read the following paragraph before signing 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 information is furnished, the District may reject my application; (2) if any false information is furnished, I may 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 this application.

Signature of Applicant _____ Date _____

Return this completed application to:
Human Resources Office
Gadsden Elementary School District #32
P.O. Box 6870/1453 N. Main Street, Suite F
San Luis, AZ 85349

For Principal/Director Use Only

<i>Date</i>	<i>Initial</i>

Ethnic Background Information

Gadsden Elementary School District is an Equal Opportunity Employer and does not discriminate against protected classes in its employment practices. For this reason, the District has eliminated any mention of race, national origin, or sex on the application for employment forms. However, in order to insure that all applicants receive full consideration for all position openings, it is helpful to the District to have general information about the sex and race of its applicants. Providing such information is completely voluntary. If you choose not to provide this information, simply do not fill out this form.

Any information provided will be kept confidential and will be securely stored separate from your application and personnel file.

Specific Position Applied For: _____
(job title i.e., teacher, clerical, instructional aide, etc.)

Race:	Sex:
American Indian	Male
Asian	Female
Black	
Caucasian	
Hispanic*	
Other: _____	

*Includes persons of Mexican, Puerto Rican, Latin American, or other Hispanic Origins.

Please Print

Last Name	First Name	Middle Name
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Signature _____ Date _____

Social Security Number - -	Date of Birth (Month/Day/Year - for identification purposes only) / /
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Full Name (First / Full Middle Name / Last)
Other Names Used (maiden names, AKA names, etc.)

Current Residential Address		
City	State	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Driver's License Number	State of Issue
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NOTICE TO RESIDENTS OF CALIFORNIA, MINNESOTA AND OKLAHOMA ONLY: If you would like to receive a copy of your background information obtained by Universal Background Screening, please indicate by checking the following box: Yes, please send me a copy of my report.

APPLICANT DO NOT WRITE IN THIS BOX – FOR EMPLOYER USE ONLY:

Your standard package will be automatically performed unless you specify otherwise below:	
<input type="checkbox"/> Perform selected services <i>in addition to</i> standard package <input type="checkbox"/> Perform selected services <i>in place of</i> standard package	
<input type="checkbox"/> 39-Month driving record <input type="checkbox"/> Social Security Address/Alias Trace <input type="checkbox"/> Additional County Criminal History Searches (check box next to addresses above)	<input type="checkbox"/> Educational Degree Verification <input type="checkbox"/> Personal/Prof. Reference Verification <input type="checkbox"/> Professional Licensure Verification <input type="checkbox"/> Previous Employment Verification
Phone 602-263-8033 or 1-877-263-8033	Fax orders to 602-274-3551

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING INVESTIGATIVE CONSUMER REPORTS**

I understand that as a condition of my consideration for employment, or as a condition of my continued employment, **GADSDEN ELEMENTARY SCHOOL DISTRICT** (“the company”) may obtain a consumer report and/or investigative consumer report that includes, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent the company and/or its designated agent, Universal Background Screening, to procure such a report. I understand that pursuant to the Federal Fair Credit Reporting Act, **GADSDEN ELEMENTARY SCHOOL DISTRICT** will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making an adverse decision regarding my fitness for employment. I further understand that such report will be made available to me prior to any such adverse decision being made, along with the name and address of the reporting agency that produced the report.

NOTICE TO RESIDENTS OF CALIFORNIA, MINNESOTA AND OKLAHOMA ONLY:
If you would like to receive a copy of your background information obtained by Universal Background Screening, please indicate by checking the following box:
 Yes, please send me a copy of my report.

Signature

Date

Printed Name

Social Security Number

PROFESSIONAL STAFF HIRING

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, _____ [applicant's name], have applied for employment with the Gadsden Elementary 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 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 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 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.

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 School District by any employer.

Whether or not I have waived my right to see or to 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.

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_____.

Witness

Applicant

Gadsden Elementary School District #32

NAME _____ TELEPHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
DATE OF BIRTH _____

1. (Check box if this statement is true) I am not awaiting trial on and I have never been convicted of or admitted any of the 24 criminal offenses, in this State or similar offenses in another jurisdiction, listed below.
2. (Check box if this statement is true) I am awaiting trial on or I have been convicted of or admitted committing one or more of the criminal offenses listed below in this state or similar offenses in another jurisdiction which are checked below.

- | | |
|---|--|
| <input type="checkbox"/> 1. Sexual abuse of a minor. | <input type="checkbox"/> 12. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs. |
| <input type="checkbox"/> 2. Incest. | <input type="checkbox"/> 13. Burglary in the first degree. |
| <input type="checkbox"/> 3. First or second degree murder. | <input type="checkbox"/> 14. Burglary in the second or third degree. |
| <input type="checkbox"/> 4. Kidnapping. | <input type="checkbox"/> 15. Aggravated or armed robbery. |
| <input type="checkbox"/> 5. Arson. | <input type="checkbox"/> 16. Robbery. |
| <input type="checkbox"/> 6. Sexual assault. | <input type="checkbox"/> 17. A dangerous crime against children as defined in section 13-604.01 |
| <input type="checkbox"/> 7. Sexual exploitation of a minor. | <input type="checkbox"/> 18. Child Abuse. |
| <input type="checkbox"/> 8. Felony offenses involving contributing to the delinquency of a minor. | <input type="checkbox"/> 19. Sexual conduct with a minor. |
| <input type="checkbox"/> 9. Commercial sexual exploitation of a minor. | <input type="checkbox"/> 20. Molestation of a child. |
| <input type="checkbox"/> 10. Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute marijuana or dangerous drugs or narcotic drugs. | <input type="checkbox"/> 21. Manslaughter. |
| | <input type="checkbox"/> 22. Aggravated assault. |
| | <input type="checkbox"/> 23. Assault. |
| | <input type="checkbox"/> 24. Exploitation of minors involving drug offenses. |

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE. I UNDERSTAND THAT SUBMITTING INFORMATION INCONSISTENT WITH THAT RECEIVED FROM THE FINGERPRINT CHECK MAY RESULT IN TERMINATION. I ALSO UNDERSTAND THAT THE GADSDEN ELEMENTARY SCHOOL DISTRICT MAY REFUSE TO HIRE OR MAY REVIEW OR TERMINATE PERSONNEL WHO HAVE BEEN CONVICTED OR ADMITTED COMMITTING ANY OF THE CRIMINAL OFFENSES LISTED ABOVE.

SIGNATURE _____ DATE _____