3315 N. Toltec Rd. · Eloy, Arizona 85231 · 520/466-2300 · Fax: 520/466-2399

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 this application before submitted.

Employment decisions are based solely upon the individual's qualifications 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:				
1 st Choice:		2 nd Choice:		
	P	PERSONAL		
1. Name:				S.S. No
Other names or maiden:				
2. Address where correspondence can be	directed:			
Number and Street/or P.O. Box	C	ity	State	Zip
3. Telephone Number: Home: ()	Work: ()		
4. Are you at least 18 years of age?	_ Yes No			
5. Have you ever been convicted or pled <i>NOT</i> constitute an automatic bar to your background check is a condition of employee.	being hired.) No			*
6 . Have you made application with this so	chool district before?	_ NoYes.		
If so, when? Under wha	t name?			

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7. *Do you possess a valid Arizona driver's license Yes *The law requires bus drivers to be at least 21 years of age.	_ No Class 1 2 3	4
8. List any languages other than English which you speak fluently:		
9. List any languages other than English which you write fluently:		
10. List job related professional societies, licenses, registrations, and/o		
11. Resume (Optional): Attached In transit		
FOR CERTIFIED PERSONNEL ONLY		
12. What Arizona certificate(s) do you hold? Type of certificate (Electronical Control of Control o	mentary, Secondary, etc.)	
Certificate	Date Issued	Date of Expiration
	1: 11 : 6 1	by the Teacher Certification Services, Arizona

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EDUCATION

13. Name of last High School	Address		Dates Attended	Diploma Obtained
14. Colleges/Universities	Address	Dates Attended	Major 	Degree Obtained
15. Technical or Business Schools	Address	Dates Attended	Area of Study	Diploma/Cert Obtained

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EMPLOYMENT RECORD

16. List in order, starting with your most recent employment.

Name of Employer	Address	Dates	Supervisor	Position	Reason for Leaving	Phone
	P	ROFESSION	IAL REFERE	ENCES		
17. Name	Present Address Phone No.		Official Position at Present			

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Name:	
Address:	
Telephone: ()	
19. I hereby authorize each person, school district, firm, and corporation listed on my application to answer any questions that give any information that may be sought concerning this application, my work, habits, character, or skills. (We will not conta employer without your permission.)	•
20. If presently employed, may we contact your employer? Yes No	
I certify that to the best of my knowledge all answers and statements herein contained are true and I understand that any miss of fact will subject me to dismissal or disqualification.	statement or omission
Signature Date	

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