

BAGDAD UNIFIED SCHOOL DISTRICT

P.O. BOX 427
BAGDAD, ARIZONA 86321
Phone – 928-633-4101 Fax – 928-633-4345

Office Use Only

Rec'd on: ___/___/___ By: _____

Interviewed: Yes / No (circle one)
If Yes then follow through with an Interview Selection Form

Signed: _____

APPLICATION FOR **CLASSIFIED** EMPLOYMENT

Date: _____

PERSONAL INFORMATION

Date: _____

Mr. Mrs. Miss Ms.	_____	_____	_____	_____
	Last Name	First	MI	Social Security Number
	_____	_____	_____	_____
	Address Street /Mailing	City	State	Zip Code
	_____	_____	_____	_____
	Phone	Email Address		
	_____	_____		

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

A. _____ B. _____ C. _____

Submission of resume recommended, not required.
Application will be retained for one (1) year from date.

An Equal Opportunity Organization

The District does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap, or national origin.

PERSONAL DATA (Please type or print)

When will you be available?

Other names used _____ Date of use _____

Previous mailing address _____
Street City State Zip

Do you have a driver's license? _____ Commercial driver's license? _____

Provide information below for employer for at least the previous ten years with most recent experience first. (List employer's phone number)

Dates Employed Month/Year	Employer's Name Address/Phone	Supervisor's Name	Reason For Leaving	Position Title
From To				
From To				
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.

Attach supplemental sheet if necessary. Identify question(s) to which you are responding.

Please explain any gaps in employment of over 30 days in the past ten (10) years.

Have you ever been dismissed from a position?

Yes No

If yes, explain.

Have you ever been asked to resign from a position?

Yes No

If yes, explain.

Have you ever resigned from a position rather than being dismissed?

Yes No

If yes, explain.

Do you have any physical limitations that would prevent you from performing your assigned duties?

Yes No

If yes, explain.

EDUCATION AND TRAINING

List schools attended and special training received.

Circle highest year completed High School 9 10 11 12 College 13 14 15 16

School	Name	Location	Dates Attended	Year Graduated	Degree	Major Area of Study
High						
College						
Other						

Describe additional training not listed above (i.e. trades schools, business schools, etc.)

PROFESSIONAL EXPERIENCE OR TRAINING

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Analyze/Programmer | <input type="checkbox"/> 13 Electrical Work | <input type="checkbox"/> 25 Painting |
| <input type="checkbox"/> 2 Audio-Visual | <input type="checkbox"/> 14 Electronic Technician | <input type="checkbox"/> 26 Payroll |
| <input type="checkbox"/> 3 Auto/Truck Service | <input type="checkbox"/> 15 Engine Repair | <input type="checkbox"/> 27 Plumbing |
| <input type="checkbox"/> 4 Book keeper/Accounting | <input type="checkbox"/> 16 Food Service | <input type="checkbox"/> 28 Printer/Photographic |
| <input type="checkbox"/> 5 Brailist/Interpreter | <input type="checkbox"/> 17 Landscaping | <input type="checkbox"/> 29 Purchasing Buyer |
| <input type="checkbox"/> 6 Bus/Truck Driver | <input type="checkbox"/> 18 Heavy Equipment Operator | <input type="checkbox"/> 30 Refrigeration Repair |
| <input type="checkbox"/> 7 Carpentry/Woodworking | <input type="checkbox"/> 19 Library/Bookstore | <input type="checkbox"/> 31 Roofer |
| <input type="checkbox"/> 8 Clerk /Secretarial | <input type="checkbox"/> 20 Locksmith | <input type="checkbox"/> 32 Sheet Metal |
| <input type="checkbox"/> 9 Computer/Data Processing | <input type="checkbox"/> 21 Masonry | <input type="checkbox"/> 33 Upholsterer |
| <input type="checkbox"/> 10 Concrete/Blockwork | <input type="checkbox"/> 22 Mechanical Work | <input type="checkbox"/> 34 Warehouse Receiving |
| <input type="checkbox"/> 11 Custodial | <input type="checkbox"/> 23 Nutritionist | <input type="checkbox"/> 35 Welding |
| <input type="checkbox"/> 12 Diesel/Gas Mechanic | <input type="checkbox"/> 24 Office Machine Repair | <input type="checkbox"/> 36 |

PERSONAL REFERENCES

Give names and complete address of three (3) references that are familiar with your personality, character, and work habits. (Do not use relatives as references.)

Name	Dates Known	Occupation	Address	Phone
	From: To:			
	From: To:			
	From: To:			

Please note that prior to hiring, you must submit a notarized statement attesting to the fact that you are not now awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the crimes listed in A.R.S. 13-705. In conjunction with this you will submit fingerprints for a background check. The crimes required to be disclosed on the affidavit are:

A.R.S. 15-512(D)

- Sexual abuse of a minor
- Incest
- First or second degree murder
- Kidnapping
- Arson
- Sexual assault
- Sexual exploitation of a minor
- Felony offenses involving contributing to the delinquency of a minor
- Commercial exploitation of a minor
- Felony offenses involving sale, distribution, transportation of, or offer to; sell transport of or distribution of marijuana or dangerous or narcotic drugs
- Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs
- Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs
- Burglary in the first degree
- Burglary in the second or third degree
- Aggravated or armed robbery
- Robbery
- A dangerous crime against children as defined in section 13-604.01***
- Child abuse
- Sexual conduct with a minor
- Molestation of a child
- Voluntary manslaughter
- Aggravated assault
- Assault
- Exploitation of minors involving drug offenses

***A.R.S. 13-705: "Dangerous Crime Against Children" means any of the following committed against a minor under the age of fifteen (15) years of age:

- Second Degree Murder
- Aggravated assault resulting in serious physical injury or committed by the use of a deadly weapon or dangerous instrument.
- Sexual assault
- Molestation of a child
- Sexual conduct with a minor
- Commercial sexual exploitation of a minor
- Child abuse as defined in 13-3623, subsection B
- Kidnapping
- Sexual abuse
- Taking a child for the purpose of prostitution
- Child prostitution
- Involving or using minors in drug offenses

CONVICTION INFORMATION			
1. Conviction Charge		Date of Conviction:	Court of Conviction
City	State	Amount of Fine	Length of Jail Term
Remarks: _____			

Bagdad Unified School District, #20
Bagdad, Arizona

AUTHORIZATION FOR RELEASE OF INFORMATION

Last Name: _____, First Name: _____, Middle: _____

Date of Birth: _____ Sex: ___ F ___ M SSN: _____

I _____, do hereby authorize a review of and full disclosure and release of all records, or any part thereof, concerning myself, by and to the duly authorized agent of the BAGDAD UNIFIED SCHOOL DISTRICT, #20 (BAGDAD USD, BUSD 20) whether the said records are of a public and/or private nature.

The intent of this authorization is to give my consent for fully and complete disclosure of any and all records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me, medical and/or psychological treatment information and/or records, records of complaint, arrest, trial, and/or convictions for alleged or actual violation of law, including criminal, civil, and /or traffic records; the results of any polygraph examinations and/or fingerprint check(s); records of complaint of a civil nature made by or against me, wherever located and to include the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have or have had an interest; employment and personnel records of any nature whatsoever and records and information relating in any way to my education training experience, qualifications, professional conduct, evaluation(s), advancement, demotion, termination, dismissal and /or job performance.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, and employment history, for the specific purpose of pursuing a background investigation, which may provide pertinent data to Bagdad USD for consideration in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein. I further understand this information will become the property of Bagdad USD and will not be returned to me, and I hereby waive and release any right to receive copies of any such documentation provided to Bagdad USD in connection with its background investigation.

I agree to release, remise, indemnify, defend, and hold harmless, the person or persons to whom this request is presented, as well as Bagdad USD and their respective agents, representatives, and/or employees, from and against all liability, demands, claims, damages, losses, and expenses, causes of actions, or possible causes of action whatsoever, arising out of or related to any loss, damage, or injury including reasonable attorney's fees and costs, arising out of their negligent acts or omissions by reason of their compliance with this request. I further understand that Bagdad USD will use information furnished in conjunction with employment procedures.

I understand and authorize the use of as many copies of this release as Bagdad USD deems necessary, so as to enable Bagdad USD to obtain the above outlined information, in light of the potential for numerous entities being contacted regarding my personal and employment information.

I further authorize Bagdad USD to provide any information obtained by it in connection with its background investigation to any other potential or actual employer, past, present, or future, upon request by such other employer, I also acknowledge that any provision, dissemination, and/or consideration of records and information, as set forth herein, shall be privileged and shall be deemed to be in good faith. I also agree and authorize that any court of competent jurisdiction may interpret and enforce the terms and provisions of this agreement and that a judge of such court may summarily rule, and enter judgment regarding the effect and intent of this agreement, and that there shall be no requirement that a jury be empanelled to interpret or enforce this agreement, except to the limited extent that the court determines that there are genuine issues of material fact precluding the judge's adjudication thereof; to the extent that any contrary rights or remedies may be available to me under applicable law, I hereby waive, release and relinquish any and all such rights and remedies in their entirety.

APPLICANT MUST READ THIS ENTIRE DOCUMENT PRIOR TO SIGNING AND MUST SIGN THIS DOCUMENT IN THE PRESENCE OF A COMMISSIONED NOTARY PUBLIC. DO NOT SIGN THIS DOCUMENT IF YOU DO NOT UNDERSTAND IT.

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application 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 Bagdad Unified School District #20.

I authorize the Bagdad Unified School District #20 to make reference checks prior to employment and I will execute such 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.

Signature: _____ Date: _____

Printed Name: _____

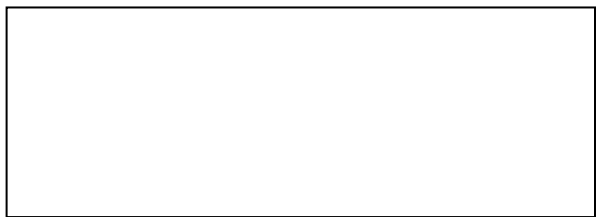
Street Address City State Zip

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires on the _____ day of _____, 20____.

County of _____, State of Arizona.

Notary Signature



Notary Seal