

# BAGDAD UNIFIED SCHOOL DISTRICT

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

APPLICATION FOR **CLASSIFIED** EMPLOYMENT

## Office Use Only

Rec'd on: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

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

Signed: \_\_\_\_\_

## 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.)

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## 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

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