

OWENS WHITNEY ELEMENTARY DISTRICT #6

APPLICATION FOR CLASSIFIED EMPLOYMENT

- The Owens Whitney Elementary District #6 intends to comply with the spirit of the law and regulations and will not discriminate on the basis of race, religion, color, national origin, ancestry, disability, medical condition, marital status, sex, age, sexual orientation or any other unlawful basis in its educational programs, activities, or employment policies as required by Title IX of the 1972 Education amendments, Section 504 of the Rehabilitation act of 1973, the Americans with Disabilities Act, and any other applicable laws and regulations.

Name: _____

Date: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip code: _____

- The Application for Classified Employment must be completed in full to be considered for employment. Please make sure to read all sections.
- The section marked conviction report must be completed. Any "yes" answers must be fully explained.
- If you are selected to become an employee of Owens Whitney School District #6, you will be required to provide fingerprints, in accordance with the Arizona Revised Statutes Section 15-512. Failure to be fingerprinted within the specified time is a violation of statute and will result in termination procedures. Employees are responsible for the cost of the fingerprint check.
- If you have any problems or questions regarding the accurate completion of your application, please ask. We will be glad to help you.
- **I have read and understand the above information**

Signature:

OWESD
An equal opportunity organization

OWENS WHITNEY ELEMENTARY DISTRICT # 6
Classified Employment Application



APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone			E-mail Address						
Date Available			Social Security No.			Desired Salary			
Position Applied for		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
In case of Emergency Contact:									
EDUCATION									
High School			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Describe additional training not listed above (i.e. business school, etc), list any Certificates, licenses, or other proof of technical or professional competence:									
REFERENCES									
<i>Please list three professional references.</i>									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									

PREVIOUS EMPLOYMENT									
Company				Phone					
Address				Supervisor					
Job Title				Starting Salary		\$		Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company				Phone					
Address				Supervisor					
Job Title				Starting Salary		\$		Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company				Phone					
Address				Supervisor					
Job Title				Starting Salary		\$		Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
PROFESSIONAL EXPERIENCE OR TRAINING									
Check any items in which you have had 12 months experience or training									
Bookkeeping/Accounting			Food Service			Secretary/manual dictation			
Gardener			Carpentry/Woodworking			Heavy Equipment Operator			
Clerk Typist			Computer			Warehouse/Receiving			
Mechanical Work			Custodial			Painting			
Word Processing			Data Processing (other than word)			Payroll			
Receptionist			Plumbing			Electrical Work			
Electrical Technician			Other:			Other:			
Can you perform the essential functions of the job for which you are applying? Please explain.									

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I agree that the District shall not be held liable in any respect if my employment is terminated because of false or misleading information in my application or interview. I authorize Owens Whitney Elementary District #6 to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation or governmental agency to disclose to Owens Whitney District any information they may have regarding me. In consideration of the School District's review of this application, I hereby release the district as well as all providers of information from any liability and any damage which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such. NOTE: Any misstatements of material fact in your application may be cause for dismissal.

Signature of Applicant

Date

**Your application will remain in our active file approximately for one year.*

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:			