



# YOUNG SCHOOL DISTRICT #5

P. O. Box 390 - 46878 Highway 288

Young, Arizona 85554

Phone: (928)462-3244

Fax: (928)462-3283

## APPLICATION FOR CLASSIFIED PERSONNEL

POSITION APPLYING FOR: \_\_\_\_\_

Date: \_\_\_\_\_ (This application will remain on file for one year from this date. It may be renewed by written request.)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobil Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ SSN: \_\_\_\_\_

Were you ever employed under a different name? No Yes

If yes, explain: \_\_\_\_\_

If selected for this position, when would you be available to begin? \_\_\_\_\_

Availability: Full-time Days/Hours \_\_\_\_\_

Part-time Days/Hours \_\_\_\_\_

Are you a permanent resident of the U.S.? Yes No

Are you a U.S. citizen? Yes No

If the answer in "no", please specify visa/immigration status \_\_\_\_\_

Were you previously employed by Young Public School Dist. #5?: Yes No

Are you 18 years or older? Yes No

Have you been convicted of, or pled no contest or guilty to a felony or crime involving theft, dishonesty, violence, or sexual misconduct? Yes No If yes, explain on additional pages.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you hold any of the following certifications?

- School Bus Driver's Certificate
- CDL License
- Paraprofessional Certificate
- Substitute Teaching Certificate
- Emergency Medical Certificate

Why do you think you are uniquely qualified for this position?

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**Employment Record:** In the space below, give a complete statement of your work history beginning with the most recent. Put any additional data on an attached sheet. A resume may be attached, but be sure the information requested below is included.

Name, Address, Phone Number of Company	Dates of Employment	Job Title	Description of Duties	Reason for Leaving	Name of Supervisor	May We Contact? Y or N
	From: To:					
	From: To:					
	From: To:					
	From: To:					

**Educational Background:**

	Name and Address of High School and/or College	Course of Study	Years Completed	Did You Graduate Y or N	List Diploma Or Degree
College					
College or Vocational					
High School					

**Personal References: (No former employers or relatives)**

Name:	Address:	Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**PLEASE INCLUDE ANY OTHER DOCUMENTATION THAT SUPPORTS THE SPECIAL QUALIFICATIONS YOU FEEL YOU CAN BRING TO THIS POSITION.**

**AGREEMENT**

I hereby apply for employment by Young Public School (YPS) and state that the information contained in this application is true to the best of my knowledge and belief. I understand and agree that any misrepresentation of false statement by me in connection with this application will constitute justifiable cause for YPS not to employ me or, if employed, to terminate my employment for cause.

I understand and agree that all information furnished in this application may be verified by YPS or its authorized representative. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give YPS all information relative to such verification and hereby release such individuals, organizations, and YPS from any and all liability for any claim or damage resulting therefrom.

I understand that, if I am employed by YPS, and as a condition of my continued employment by YPS, I may be required to furnish proof of age. In addition, in compliance with the Immigration Reform and Control Act of 1986, I will be required to furnish proof of my identity and eligibility to be employed in the U.S. All job offers extended are contingent upon the ability to verify such status. In addition, I will be required to execute a Loyal Oath to support the United States, the U.S. Constitution, and the laws of the State of Arizona, as required by ARS 38-231.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

YOUNG PUBLIC SCHOOL is an equal opportunity/affirmative action employer. All qualified applicants will be considered with regard to race, religion, color, sex, national origin, age, handicap, or status as a disabled or Vietnam Era veteran.



\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date signed

Subscribed, sworn to, and acknowledged before me by \_\_\_\_\_

\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

in \_\_\_\_\_ County, Arizona.

My Commission Expires

\_\_\_\_\_

\_\_\_\_\_

Notary Public

**GCF-EA ©**

EXHIBIT

**PROFESSIONAL STAFF HIRING****CONSENT TO CONDUCT BACKGROUND  
INVESTIGATION AND RELEASE**

I, \_\_\_\_\_ [applicant's name], have applied for employment with the Young Public School District No. 5 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 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