

CLASSIFIED STAFF APPLICATION PROCEDURES AND INFORMATION

Your interest in employment with our District is appreciated. In order to assist you in obtaining your goal, we ask that you read these instructions:

APPLICATIONS WILL ONLY BE ACCEPTED FOR CURRENTLY ADVERTISED JOB VACANCIES

Procedures: You must submit a completed application to Human Resources by the close of business on the deadline date given on the job bulletin. **LATE APPLICATIONS CANNOT BE CONSIDERED.** You are responsible for assuring that if you mail OR Fax an application and/or have any name, address or telephone number changes, that they are received in Human Resources Department by the close of business, on the closing date. A legible copy of the application is acceptable **IF** it contains a **signature, date, position title.** This application and all attached documents become the official records of Gila Crossing Community School and cannot be returned. Please copy your records prior to submitting.

Record of Criminal Conviction: Having a record of criminal conviction will not necessarily disqualify you from employment; however, a false or incomplete answer may result in rejection of your application or dismissal from employment. Fingerprints will be checked through the Arizona Department of Public Safety and Federal Bureau of Investigation. Conviction report must be completed, dated and signed.

Minimum Requirements: Review the required minimum qualifications of the position advertised before you apply. The job announcement describes the minimum requirements for each advertised position classification. You are responsible for ensuring that the minimum requirements are reflected on the application. Applications that do not reflect the minimum requirements **OR** are not complete **WILL NOT** be considered. Applicants who successfully reflect the minimum requirements on their applications are still **NOT** guaranteed further consideration for a job interview; generally, additional screening is required. The additional screening criteria should be generally described on the job announcement and is determined by the hiring department and/or Human Resources Department. The actual size of the applicant pool can influence the screening outcome.

The information you provide is subject to review and verification. When a position requires a district-administered examination, the announcement will provide instructions regarding such examination(s). Qualifying scores from applicable examinations must be on file or completed before the closing date. Copies of other required certificates or licenses must be submitted with the application in order to be considered.

Disability Accommodation: If the position for which you are applying requires testing and you need accommodations due to a physical or behavioral condition that requires accommodations, please call the Human Resources Department, as soon as possible, to arrange accommodations to meet your needs (Executive Order 11914-Section 504; Americans with Disabilities Act).

Qualifying Education and Experience: Include all your education and experience that you feel would qualify you for the position for which you have applied. You **MUST** include your most recent employer, supervisor name and phone number. Unpaid or volunteer experience does count. In order to receive credit for experience, you **MUST** list dates and types of experience.

Before Placement you will be required to:

- A. Must Provide an Arizona fingerprint clearance card.
- B. Pass a physical examination in accordance with the Americans with Disabilities Act.
- C. Prove your identity and eligibility to work in the United States (I-9 Document).
- D. If born after January 1, 1957, provide documentation of measles immunization.
- E. If born after January 1, 1942 provide documentation of rubella (German measles) immunization.
- F. ARS 15-512 Conviction Affidavit.
- G. Any and all other federal and state law requirements.

PERSONAL DATA (Please type or print)

1. Name _____
2. If less than five years at current address, list previous address (es): _____
 _____ How Long? _____
3. Will you accept (check all that apply): PERMANENT _____ TEMPORARY _____ SEASONAL/SUMMER _____
4. Will you work: FULL-TIME ONLY _____ PART-TIME ONLY _____ SUBSTITUTE _____
5. Will you work (check one only): DAY SHIFT ONLY _____ NIGHT SHIFT ONLY _____ EITHER _____
6. Date you will be available for work: _____
7. Do you have a driver's license? Yes _____ No _____ If yes, number: _____
 Do you have a commercial driver's license? Yes _____ No _____ If yes, number: _____
8. List any relative(s) currently employed by the Gila Crossing Community School District.

NAME	RELATIONSHIP	DEPARTMENT/SCHOOL

9. Have you ever used a different name? Yes _____ No _____. If yes, please list the name and the dates the name(s) were used. _____

WORK EXPERIENCE (PLEASE COMPLETE ALL INFORMATION)

10. List all employers, including telephone numbers and addresses, over the past ten (10) years – most recent first. If you need additional space, please attach additional pages. **“SEE ATTACHED RESUME” IS NOT SUFFICIENT.**

Dates (Month/Year) Employed		Employer's Name, Address, and Telephone Number	Supervisor's Name	Reason for Leaving	Position/Title Salary
From					
To					\$
From					
To					\$
From					
To					\$
From					
To					\$

NOTE: If you are being considered for employment, we will contact the above for references. If you are currently employed, we will contact your present employer.

11. PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT OF OVER 30 DAYS.

12. Have you ever been dismissed from a position? Yes No

If yes, please explain _____

13. Have you ever been asked to resign from a position? Yes No

If yes, please explain _____

14. Have you ever resigned rather than face disciplinary action? Yes No

If yes, please explain _____

15. Are you a former Gila Crossing Community School District employee? Yes No

If yes, dates of employment (if not listed in work experience section): From: _____ To: _____

16. What language(s), other than English, do you speak? _____ Write? _____

Read? _____

EDUCATION

17. Circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED COLLEGE 13 14 15 16 Graduate

NAME OF SCHOOL	CITY, STATE	GRADUATE (YES/NO)	DEGREE	MAJOR	MINOR
High School					
College or Technical					

18. Describe additional training not listed above (trade/business school, etc.) and list any professional organizations you belong to, special awards you have received, etc. _____

PROFESSIONAL EXPERIENCE AND/OR TRAINING

Administrative Support Applicants:

Please check the area(s) for which you have training and or experience:

Word Processing WPM Access Internet Powerpoint Payroll
 Word Excel Printshop Website

List other software programs: _____

Data Processing Secretary Clerk Typist Manual Dictation Bookkeeping/Accounting

Instructional Applicants:

High School Diploma: Yes No AA Degree or 60 semester hours of college credit: Yes No

List any previous experience working with children: _____
 If employed as an Instructional Assistant, you may be asked to provide a copy of your high school diploma and, if applicable, college transcripts.

Bus Driver Applicants:

Have you received a moving violation within the past 3 years? Yes No

If yes, please explain _____

Maintenance/Custodial:

Note the length of experience in the applicable area(s)

Carpentry _____ Mechanical _____ Refrigeration _____
 Painting _____ Electrical _____ Custodial _____
 Grounds _____ Building Maintenance _____

Have you received a citation for a moving violation in the past 3 years? Yes No If yes, please explain: _____

PERSONAL REFERENCES

19. Provide the names, telephone numbers and complete addresses of two or three ***non-family*** references who are familiar with your personality, character and work habits. **(Note: If you are being considered for employment, we may contact these individuals.)**

Name	Years Known	Occupation	Address			
			Street	City	State	Telephone

MILITARY RECORD

Military Status: _____ Branch of Service: _____

Type of Discharge: _____

Are You Now in the Reserves or National Guard? _____

20. IMMUNIZATION RECORD INFORMATION

Arizona State Department of Health Services regulations (R9-6-729 and R9-6-742) require that an immunization record for each school employee be on file prior to employment. It shall be a condition of employment that the employee, provide the district with proof of immunization for Rubella or Rubeola unless employee falls within one of the exceptions provided in district policy.

If you are under the age of 45, you must provide documentation of Rubella (German Measles) immunity.

If you were born after January 1, 1957, you must provide documentation of Measles (Rubeola) immunity.

Exceptions:

1. Statement signed by licensed physician or state/local health officer affirming that immunization is medically inappropriate.
2. Employee provided statement indicating that religious reasons preclude compliance.

SUPPORTING DOCUMENTS. Submit copies of the following items with your application:

1. A current resume.
2. GED, High School Diploma and/or Paraprofessional (ADE-Assessment).
3. Current Arizona Fingerprint Clearance Card
4. Immunization record.
5. May include three letters of professional recommendation,

21. CONVICTION REPORT

CONVICTION means a final judgment on a verdict or a finding of guilt, or a plea of nolo contendere (No Contest), in any state or Federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does NOT include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

REQUIRED FOR ALL CATEGORIES OF EMPLOYEES: The following information is needed regarding criminal convictions. A record of conviction does not prohibit employment; however, failure to complete this report accurately and completely shall result in disqualification from consideration for employment, or may be cause for dismissal or result in prosecution for filing false information with a public agency. **A.** (1) Length of time since the conviction; (2) Circumstances of the offense; (3) Number of convictions; (4) Employment record since the conviction; (5) Rehabilitation; (6) Nature of the job for which the applicant has applied; and (7) Any other relevant information. Applicants and employees must also report any convictions that occur subsequent to completing this report. Questions regarding this report may be directed to the Human Resources Department at (520) 550-4834. Please read carefully, answer each question and sign and date the bottom.

B. NOTE: The District may refuse to hire applicants and may discharge employees who have falsified answers to inquires about their conviction record or fail to accurately and completely answer such questions. The District may also file a criminal report against an applicant/employee

Social Security Number: _____ - _____ - _____

Last Name: _____	First Name: _____	M.I. _____
Other Name Used: _____	Date of Usage: _____	

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Have you ever been convicted of a minor offense other than traffic violations? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever been convicted of a felony? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever been convicted of a drug-related offense? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever been convicted of a sex-related offense? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever been convicted of any of the following? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
- a. Sexual abuse of minor
 - b. Incest
 - c. First or second degree murder
 - d. Kidnapping
 - e. Arson
 - f. Sexual assault
 - g. Sexual exploitation of a minor
 - h. Felony offenses involving contributing to the delinquency of a minor
 - i. Commercial sexual exploitation of a minor
 - j. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or illicit drugs
 - k. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs
 - l. Misdemeanor offenses involving the possession or use of marijuana and/or dangerous drugs
 - m. Burglary in the first degree
 - n. Burglary in the second or third degree
 - o. Aggravated or armed robbery
 - p. Robbery
 - q. A dangerous crime against children as defined in ARS 13-604.01
 - r. Child abuse
 - s. Sexual conduct with a minor
 - t. Molestation of a child
 - u. Manslaughter
 - v. Aggravated assault
 - w. Assault
 - x. Exploitation of minors involving drug offenses
 - y. Driving under the influence of intoxicating liquor or drugs as prescribed in ARS 28-1381 or aggravated driving under the influence of intoxicating liquor or drugs as prescribed in ARS 28-1383
 - z. Offenses involving domestic violence

If any of the above answers are marked "YES", fill in the information below.

Conviction Charge(s): _____	
Date(s) of Conviction(s): _____	
City/State: _____	Amount of fine: _____
Length of jail term: _____	Length and Terms of Probation: _____
Comments: _____	

CERTIFICATION

NOTIFICATION/AFFIDAVIT/SIGNATURE

My signature below indicates that I HAVE READ, I UNDERSTAND, AND I AGREE to the following:

It is the policy of the Gila Crossing Community School ("GCCS") not to discriminate on the basis of race, color, religion, gender (including sexual harassment as described in the District's policies concerning sexual harassment), sexual orientation, age, national origin, disability, marital status, political affiliation, or veteran status in its educational programs, activities or employment policies as required by federal law. The District abides by federal laws regarding people with disabilities. If you have a special need, reasonable accommodations will be made in accordance with the American Disabilities Act of 1990. Inquiries regarding compliance with any of the above may be directed to the District's Personnel Department or to the Director of the Office for Civil Rights, U.S. Department of Education, Federal Office Building, 1244 Speer Blvd., Suite 310, Denver, CO 80204-3582.

Every answer I have provided on this application is both complete and truthful. I understand and agree that: (1) if any information is omitted from, or not filled in on this application, or if any false information is furnished, the District will reject my application; (2) if any false information is furnished, I will be ineligible for any consideration for employment and may be subject to criminal prosecution; and (3) if I am employed by the District, I may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined that I have furnished false information on this application.

I understand that in order for the District to determine my eligibility, qualifications and suitability for employment, the District will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution I have attended about my education training, or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reason for not rehiring (if applicable), and similar information. In addition, I understand that the District will confirm my fingerprint clearance card is still valid.

If I am employed by the District, employment is conditional and rests upon (a) satisfactory pre-employment reference checks, (b) results of fingerprint check, and is subject to (c) the policies and regulations of the District, (d) submitting documentary proof of authorization to work in the United States, (e) and, if required, appropriate state certification/licensing. Employment will not be finalized until the background investigation has been completed. Misrepresentation or omission of pertinent facts may be cause for termination. Parties providing this information will be released from any liability in connection with reference and fingerprint checks made by the District.

I authorize the Gila Crossing Community School District to make reference checks prior to employment and I will execute such documents to facilitate this investigation.

I further understand and acknowledge that any promise or offer of employment by any Gila Crossing Community School District employee other than the Superintendent, Administrative Services Manager, or Personnel Director is not valid and that no employment decisions are final until approved by the Governing Board.

I hereby certify that the information presented on this application is true, accurate and complete. I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of pertinent facts shall be cause for not considering my candidacy or in the event hired dismissal from the District.

Please PRINT Your Name Here _____

Applicant's signature

Date

PROFESSIONAL STAFF HIRING

**CONSENT TO CONDUCT BACKGROUND INVESTIGATION
AND RELEASE**

GILA CROSSING COMMUNITY SCHOOL

I, _____ (applicant's name) have applied for employment with this School

District 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) my right to see any written reference or other information provided to the School District by any educational institution.

According to the 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) 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.

Dated this _____ day of _____, 20_____.

Applicant's Signature