

***PIMA ACCOMMODATION
SCHOOL DISTRICT NO. 00***

EMPLOYMENT APPLICATION

Mail Application Materials To:

Office of the Pima County School Superintendent
c/o Ricky Hernandez
200 N. Stone Avenue
Tucson, AZ 85701

1. Personal Information

APPLYING FOR: _____

NOTE: PRINT NAME AS IT APPEARS ON SOCIAL SECURITY CARD

Last Name:		First Name:	M.I.
Mailing Address:			
City:		State:	Zip:
Home Phone: () -		Cell Phone: () -	
Email Address:			

2. Placement Information

LANGUAGES (please ✓ if applicable)

Language	Read	Speak	Understand	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Are you a current Regular/Benefits eligible Pima Accommodation employee? Yes No
2. Are you a current Temporary or Substitute Pima Accommodation employee? Yes No
3. Are you a former employee of the Pima Accommodation School District? Yes No

If "Yes" to #3, please list position(s) held and date(s) of employment below

Position Held	Dates of Employment	Reason for Leaving

4. Education/Certification

Colleges/Universities

Name and Location	Credit Hours Earned		Dates of Attendance (Month/Year)	1. Major/2. Minor or Field of Study	Type of Degree Earned
	Sem.	Qtr.			
				1. / 2.	
				1. / 2.	
				1. / 2.	
				1. / 2.	

Certifications and Endorsement Areas

Certifications	Dates		Endorsements	Dates	
	From:	To:		From:	To:

5. Work history (begin with most recent employer)

Name of employer:	Phone: () -
Address:	City, State, Zip: , ,
Supervisor:	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	Employed from: to:
Duties performed:	

(6.) Previous Employment (continued)

Name of employer:	Phone: () -
Address:	City, State, Zip: , ,
Supervisor:	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	Employed from: to:
Duties performed:	

Name of employer:	Phone: () -
Address:	City, State, Zip: , ,
Supervisor:	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	Employed from: to:
Duties performed:	

Name of employer:	Phone: () -
Address:	City, State, Zip: , ,
Supervisor:	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	Employed from: to:
Duties performed:	

7. Additional information

Have you been known by a first or last name(s) other than the one provided on this application? Yes No

List Name(s):

List any additional skills, knowledge or experience which you have acquired and would like considered in assessing your qualifications for this position (i.e. volunteer work, family business, training, etc.), please indicate dates:

PLEASE SUBMIT A RESUME IF THERE IS ADDITIONAL WORK HISTORY THAT YOU WISH TO HAVE CONSIDERED

Professional References: Give name and complete address of three references who are familiar with your personality, character and/or work habits (Must be within the last 3 years):

Name	Years Known	Occupation	Address/City/State	Email Address	Phone
					() -
					() -
					() -

9. Signature

I certify that all information I have supplied on this form is true and correct to the best of my knowledge. I understand that omissions or deliberate misinformation will disqualify my application and, if hired, would serve as grounds for dismissal.

I understand that my employment is not finalized until the background investigation has been completed.

I agree to abide by all applicable Governing Board and Pima Accommodation School District policies upon my acceptance of employment.

THIS PAGE MUST BE SIGNED AND DATED

Applicant Signature: _____

Date: _____

PLEASE INCLUDE THE FOLLOWING MATERIALS WITH YOUR APPLICATION
FAILURE TO DO SO WILL RESULT IN AN INCOMPLETE APPLICATION:

- **COPY OF YOUR VALID ARIZONA TEACHING CERTIFICATE**
- **COPY OF YOUR EDUCATION PROFICIENCY RESULTS**
- **COPY OF YOUR VALID ARIZONA FINGERPRINT CLEARANCE CARD**
- **COPIES OF YOUR OFFICIAL OR UNOFFICIAL TRANSCRIPTS**

**CONSENT TO CONDUCT
BACKGROUND INVESTIGATION AND RELEASE**

I, _____, have applied for employment with the Pima Accommodation School District to work as a(n) _____. I understand that in order for the School District to determine my eligibility, qualifications, and suitability for the 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 Private 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 Arizona Revised Statutes §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 current or past employees 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 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__

Applicant Signature

PROFESSIONAL / SUPPORT STAFF / VOLUNTEER
CERTIFICATION & CREDENTIALING REQUIREMENTS

Name

Position

I, _____, being duly sworn, do hereby certify that I have never been convicted of or admitted in open court or pursuant to a plea agreement committing, and am not awaiting trial for committing, any of the following criminal offenses in the State of Arizona or similar offenses in any other jurisdiction:

- | | |
|---|--|
| <ol style="list-style-type: none">1. Sexual abuse of a minor2. Incest3. First or Second degree murder4. Kidnapping5. Arson6. Sexual assault7. Sexual exploitation of a minor8. Felony offenses involving contributing to the delinquency of a minor9. Commercial sexual exploitation of a minor10. Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana or dangerous or narcotic drugs.11. Felony offenses involving the possession or use of marijuana, dangerous drugs, or narcotic drugs | <ol style="list-style-type: none">12. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs13. Burglary in the first degree14. Burglary in the second or third degree15. Aggravated or armed robbery16. Robbery17. A dangerous crime against children as defined in A.R.S. §13-604.0118. Child Abuse19. Sexual conduct with a minor20. Molestation of a child21. Manslaughter22. Assault or aggravated assault23. Exploitation of minors involving drug offenses |
|---|--|

Signature

Date Signed

Notary Public Certification:

Subscribed, sworn to, and acknowledged before me by _____, this _____ day of _____, 20____, in _____ County, Arizona.

Notary Signature _____

NOTARY SEAL

My Commission expires on _____

VOLUNTARY DISCLOSURE
FOR FEDERAL REPORTING PURPOSES ONLY

This part of your application will not be considered nor used in the screening and/or selection process of the position you are seeking. The information is voluntary and not required for employment. This information will be used solely for Federal and State reporting purposes only.

Applicant Name:	Date:
Position Applied For:	

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your race?	Please Select from the List: If Other, Please Specify:
Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No

It is the policy of the Pima Accommodation School District No. 00 not to discriminate on the basis of race, ethnicity, religion, gender, age, national origin, disability, marital status, political affiliation, sexual orientation, or veterans' status in its educational programs, activities or employment policies as required by Federal or State laws. The Office of the Pima County School Superintendent abides by federal and state laws regards people with disabilities. If you have a special need, reasonable accommodations will be made in accordance with the Americans with Disabilities Act of 1990.