



Employment Application (Classified)

P.O. Box 1059
Mayer, Arizona 86333
(928) 642-1000

Applicant Information

Full Name:				Date:			
<i>Last</i>		<i>First</i>		<i>M.I.</i>			
Address:							
<i>Street Address</i>				<i>Apartment/Unit #</i>			
<i>City</i>				<i>State</i>		<i>ZIP Code</i>	
Phone:	()	Cell:	()	E-mail Address:			
Date Available:		Social Security No.:			Date of Birth:		
Position Applied for:							
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 district?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been dismissed or asked to resign from a position?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain:				If yes, explain:			

Education

High School:				Address:			
From:		To:		Major Field		Minor Field	
				Degree:			
College:				Address:			
From:		To:		Major Field		Minor Field	
				Degree:			
Other:				Address:			
From:		To:		Major Field		Minor Field	
				Degree:			
What language other than English do you speak?							

OTHER WORK EXPERIENCE

EMPLOYER	LOCATION (address)	NATURE OF WORK	DATE(S)	Phone #

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list three professional (previous work) references.

Full Name:		Relationship:	
Company:			Phone: ()
Address :			
Full Name:		Relationship:	
Company:			Phone: ()
Address :			
Full Name:		Relationship:	
Company:			Phone: ()
Address :			

Conviction Report

Because of the tremendous responsibility Mayer Unified School District has to its school children and community, the following information is needed from all applicants and employees regarding charges and convictions*. A record on conviction is not an absolute bar from employment; however, failure to complete this form accurately and completely shall constitute sufficient cause for disqualification from consideration for employment or shall be cause for consideration of dismissal if employed and may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the personnel officer. Please read carefully, and answer every question. Please print **clearly**.

Full Name:		Other names used:	
Social Security Number:			
Have you ever been convicted of a minor offense other than traffic violation(s)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a minor offense other than traffic violation(s)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been charged with or convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been charged with or convicted of a sex or drug-related offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been charged with or convicted of a dangerous crime against children as defined in A.R.S. 13.604.01?*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

** A.R.S. 13.604.01 requires applicants to give notice of any conviction of dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse.

If any of the boxes above are marked "Yes", fill in the information below and attach a letter of explanation.

Conviction Charge:		Date of Conviction:		Court of Conviction	
City:	State:	Amt. of Fine:		Length of jail term:	
Remarks:					
Conviction Charge:		Date of Conviction:		Court of Conviction	
City:	State:	Amt. of Fine:		Length of jail term:	

Remarks:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of Mayer Unified School District. I authorize Mayer Unified School District to make reference checks in regards to employment and I execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed and the Governing Board has officially approved my employment. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:		Date:	
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**Mayer Unified School District is
An Equal Opportunity Employer**
The district does not discriminate on the basis of age, race, color,
Religion, sex, marital status, handicap/disability, or national origin.

