

## **Duncan Unified School District #2**

P.O. Box 710 Duncan, Arizona 85534 Ph. (928) 359-2472 Fax (928) 359-2807

# **EMPLOYMENT / JOB APPLICATION**

		PERSONAL INFORMATION				
FULL NAM	E:	Middle Last	DATE:			
ADDRESS:				ot/Suite		
	Mailing Address		A	ov suite		
	City	State	Zip			
E-MAIL:			PHONE:			
POSITION	APPLIED FOR:					
EMPLOYM	ENT DESIRED:	☐ FULL-TIME ☐ PART-TIME	SEASONAL			
		EMPLOYMENT EL	GIBILITY			
		BLE TO WORK IN THE U				
VALID DRI	VER'S LICENSE	BLE TO WORK IN THE USE? IN YES IN NO CLASS	S OF DRIVER'S	LICENSE:		
VALID DRI	VER'S LICENSE	E?	S OF DRIVER'S	LICENSE:		
VALID DRI	VER'S LICENSE	E? I YES INO CLASS	S OF DRIVER'S  ARANCE CARD	LICENSE:		
VALID DRI	VER'S LICENSE	E? YES NO CLASS  IN A FINGERPRINT CLE  EDUCATIO	S OF DRIVER'S  ARANCE CARD  N  TY / STATE:	LICENSE: YES  NO		
VALID DRIV ARE YOU A HIGH SCHO	VER'S LICENSE ABLE TO OBTA  OOL: TO:	E? YES NO CLASS IN A FINGERPRINT CLE  EDUCATIO  CI	S OF DRIVER'S  ARANCE CARD  N  TY / STATE:  E?	LICENSE:		
VALID DRIV ARE YOU A HIGH SCHO FROM: COLLEGE:	VER'S LICENSE ABLE TO OBTA  OOL: TO:	E?	S OF DRIVER'S  ARANCE CARD  N  TY / STATE:  E?	LICENSE:  YES NO  DIPLOMA:		
HIGH SCHO FROM: COLLEGE:	VER'S LICENSE ABLE TO OBTA  OOL: TO: TO:	E?	S OF DRIVER'S  ARANCE CARD  N  TY / STATE:  E?	LICENSE:  PYES PNO  DIPLOMA:  DEGREE:		
HIGH SCHO FROM: COLLEGE: COLLEGE:	VER'S LICENSE ABLE TO OBTA  OOL: TO: TO:	E?	S OF DRIVER'S  ARANCE CARD  N  TY / STATE:  E?	LICENSE:  YES NO  DIPLOMA:  DEGREE:		

# PREVIOUS EMPLOYMENT **EMPLOYER 1:** Company / Individual E-MAIL: \_\_\_\_\_ \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS: City State Zip Code Mailing Address STARTING PAY: \$\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: \$\_\_\_\_ ☐ HOUR ☐ SALARY JOB TITLE: \_\_\_\_\_ TO: \_\_\_\_ TO: \_\_\_\_ **RESPONSIBILITIES:** REASON FOR LEAVING: EMPLOYER 2: Company / Individual \_\_\_\_\_ PHONE: \_\_\_\_ E-MAIL: ADDRESS: State Mailing Address City Zip Code STARTING PAY: \$ □ HOUR □ SALARY ENDING PAY: \$ □ HOUR □ SALARY JOB TITLE: \_\_\_\_\_ TO: \_\_\_\_ TO: \_\_\_\_ RESPONSIBILITIES: REASON FOR LEAVING: \_\_\_\_\_ EMPLOYER 3: Company / Individual E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS: \_ Mailing Address City State Zip Code STARTING PAY: \$\_\_\_\_\_ □ HOUR □ SALARY ENDING PAY: \$\_\_\_\_ □ HOUR □ SALARY JOB TITLE: \_\_\_\_\_ TO: \_\_\_\_\_ TO: \_\_\_\_ **RESPONSIBILITIES:** REASON FOR LEAVING:

	EFERENCES DFESSIONAL ONLY)
FULL NAME:  First Last	RELATIONSHIP:
COMPANY:	
E-MAIL:	PHONE:
FULL NAME:	RELATIONSHIP:
COMPANY:	
E-MAIL:	PHONE:
FULL NAME:  First Last	RELATIONSHIP:
COMPANY:	
E-MAIL:	PHONE:
MILIT	TARY SERVICE
ARE YOU A VETERAN? ☐ YES ☐ NO	
BRANCH: R	ANK AT DISCHARGE:
FROM: TO: T	YPE OF DISCHARGE:
IF NOT HONORABLE, PLEASE EXPLAIN	l:
D	ISCLAIMER
application leads to my eventual employment	e true and honest to the best of my knowledge. If this ent, I understand that any false or misleading may result in my employment being terminated.
I give my consent to the school district to c required in connection with this for employ	obtain such personal and job-related information as ment.
SIGNATURE	DATE
PRINT NAME	

COLLOD	DICTRICT NO	
SCHOOL	DISTRICT NO.	

#### **CERTIFICATION IN ACCORDANCE WITH A.RS. 15-512.D**

Check box if this statement is true) I a committing the criminal offences in this checked below.  A. Sexual abuse of a minor B. Incest C. First or second-degree murde D. Kidnapping E. Arson F. Sexual assault G. Sexual exploitation of a minor H. Contributing to the delinquer I. Commercial sexual exploitation J. Felony or misdemeanor offend drugs K. Burglary L. Robbery M. A dangerous crime against corimes against a minor under physical injury or committed in the committee of the	er awaiting trial of s state or similar or ncy of a minor on of a minor	on, or have been convoffenses in another ju	victed of, or admitted urisdiction which are
committing the criminal offences in this checked below. A. Sexual abuse of a minorB. IncestC. First or second-degree murdeD. KidnappingE. ArsonF. Sexual assaultG. Sexual exploitation of a mineH. Contributing to the delinquerI. Commercial sexual exploitationJ. Felony or misdemeanor offencedrugs	s state or similar or	offenses in another ju	urisdiction which are
physical injury or committed l	hildren as defined	d in A.R.S 13-604.01	
a child for the purpose of pros defined in A.R.S. 13-3212.  N. Child abuse O. Sexual conduct with a minor P. Molestation of a child Q. Voluntary manslaughter R. Assault or aggravated assault S. Exploitation of a minor involuted certify that the above statements are true. I unreceived from the fingerprint check may result in	15 years of age: 1 by the use of a de stitution as defined to the stitution as defined	1) aggravated assault eadly weapon or danged in A.R.S 13-3206,	resulting in a serious gerous instrument, 2) taking or 3) child prostitution as

The Duncan School District does not discriminate on the basis of race, color, religion, national origin, sex, disability, age or sexual orientation in admission and access to its programs, services, activities, or in any aspect of their operations and provides equal access to the Boy Scouts and other designated youth groups. The Duncan School District also does not discriminate in its hiring or employment practices. The following employees have been designated to handle inquiries regarding the nondiscrimination policies.

Title IX Coordinator
Joann Boyd/Business Manager
108 Stadium Blvd., Duncan AZ 85534
PH: 928-359-2472 Email: jboyd@duncanschools.org

Section 504/ADA Coordinator Kara Wagley/SPED Director 1 McGrath Ave., Duncan, AZ 85534

PH: 928-359-2471 Email: <a href="mailto:kwagley@duncanschools.org">kwagley@duncanschools.org</a>

### CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

### **DUNCAN UNIFIED SCHOOL DISTRICT**

ſ,	, have applied for employment v	with this School District to	work as a
qualifications and suitability for emptons and suitable and evaluations reasons for leaving employment, whinformation.	ent. This investigation may included about my education, training, as, as well as confirming my dates	I conduct a background invide asking my current and a experience, qualifications, joint of employment or enrollm	estigation if I am ny former employer and job performance, ent, positions held,
I hereby give my consent for any emwith this background investigation.	ployer or educational institution	to release any information	requested in connection
According to the Family Educational records that are maintained by any education	-	rstand that I have a right to	see most education
I waive/do not waive_information provided to the School I	•		en reference or other
According to the Arizona Revised Stackhool District regarding my current that some employers are unwilling to my do so confidentially, without revisions are my application if it cannot consider my application in the cannot consider my application my applic	or past employment must send or provide factual written reference ealing the references to the empl	me a copy at my last known ces concerning a current or oyee, and that the School D	n address. I acknowledge past employee unless that
I waive/do not waive_communication furnished to the Scho	•	) my rights to receive a cop	y of any written
Whether or not I have waived my rig employers or educational institutions any current or former employer or ec- furnishes written or oral references r	s, I release, hold harmless and ag ducational institution, and any of	ree not to sue or file any cla ficer or employee or either,	aim of any kind against that in good faith
A photocopy of facsimile (fax) copy	of this form that shows my signa	ature shall be as valid as an	original.
DATED thisday of _	, 20	)	
Witness	<del></del>	Applicant	<del> </del>

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