

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Mailing Address City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ FROM: _____ TO: _____

RESPONSIBILITIES:

REASON FOR LEAVING: _____

EMPLOYER 2: _____

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Mailing Address City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ FROM: _____ 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: _____ FROM: _____ TO: _____

RESPONSIBILITIES:

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO

BRANCH: _____ **RANK AT DISCHARGE:** _____

FROM: _____ **TO:** _____ **TYPE OF DISCHARGE:** _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

DISCLAIMER

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

I give my consent to the school district to obtain such personal and job-related information as required in connection with this for employment.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

SCHOOL DISTRICT NO. _____

CERTIFICATION IN ACCORDANCE WITH A.R.S. 15-512.D

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

(Check box if this statement is true) I am awaiting trial on, or have been convicted of, or admitted committing the criminal offences in this state or similar offenses in another jurisdiction which are checked below.

- _____ A. Sexual abuse of a minor
- _____ B. Incest
- _____ C. First or second-degree murder
- _____ D. Kidnapping
- _____ E. Arson
- _____ F. Sexual assault
- _____ G. Sexual exploitation of a minor
- _____ H. Contributing to the delinquency of a minor
- _____ I. Commercial sexual exploitation of a minor
- _____ J. Felony or misdemeanor offenses involving marijuana or dangerous/narcotic drugs
- _____ K. Burglary
- _____ L. Robbery
- _____ M. A dangerous crime against children as defined in A.R.S 13-604.01, including the following crimes against a minor under 15 years of age: 1) aggravated assault resulting in a serious physical injury or committed by the use of a deadly weapon or dangerous instrument, 2) taking a child for the purpose of prostitution as defined in A.R.S 13-3206, or 3) child prostitution as 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 involving drug offenses

I certify that the above statements are true. I understand that submitting information inconsistent with that received from the fingerprint check may result in termination.

Signature _____

Date _____

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
Calista Tuttle / SPED Director
1 McGrath Ave., Duncan, AZ 85534
PH: 928-359-2471 Email: ctuttle@duncanschools.org

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

DUNCAN UNIFIED SCHOOL DISTRICT

I, _____, have applied for employment with this School District to work as a _____. 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 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, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, positions held, reasons 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.

I waive _____/do not waive _____ (initial only one) my rights 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 that my 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.

I waive _____/do not waive _____ (initial only one) my rights 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 or either, that in good faith furnishes written or oral references requested by this School District to complete its background investigation.

A photocopy of facsimile (fax) copy of this form that shows my signature shall be as valid as an original.

DATED this _____ day of _____, 20_____.

Witness

Applicant

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.

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