

PAYSON UNIFIED SCHOOL DISTRICT #10

P.O. BOX 919 ** 902 WEST MAIN STREET
PAYSON AZ 85547
(928) 472-5739 FAX (928) 472-2013

APPLICATION FOR CLASSIFIED EMPLOYMENT

Mr. _____
Mrs. _____
Miss _____
Ms. _____

LAST First Middle

Address: _____
Street Mailing

City State Zip Code

Phone Number: _____ Message Phone: _____ Cell: _____

Emergency Contact: _____ Phone Number: _____

Email Address: _____ Bilingual: Yes _____ No _____ Language _____

POSITION(S) DESIRED

(Indicate one or more and order of preference)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Office Worker (Clerical/Secretarial/Bookkeeping) | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Custodial |
| <input type="checkbox"/> Special Education Paraprofessional | <input type="checkbox"/> Transportation | <input type="checkbox"/> |
| <input type="checkbox"/> Instructional Assistant | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Temporary |

*Submission of resume' recommended, not required.
Applications will be retained for one year.*

**Successful applicants in the job areas of maintenance, custodial, transportation, food service and instructional aides where lifting is required may not be eligible for employment until they have successfully passed a physical examination. Results are Confidential.
Successful applicants in the job area of transportation may not be eligible for employment until they have successfully passed a drug screening.**

An Equal Opportunity Organization

The District does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap, or national origin.

PERSONAL DATA

(Please type or print)

- When will you be available for work? _____
- Other names used (include maiden name): _____ Date of use: _____
- Previous mailing address: _____
Street City State Zip Code
- Do you have a driver's license? YES NO Driver's License # _____
State: _____ Exp. Date: _____ Type: _____ Commercial License? YES NO

WORK EXPERIENCE

(Provide information below for employer for at least the last ten years with most recent experience first.)

"See Resume" is not responsive.

Dates Employed Month/Year*	Employer's Name Address/Phone Number	Supervisor's Name	Reason for Leaving	Position Held
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

**You are required to provide the month and year for each date required.*

If you are being considered for employment, the District will contact your current and past employers.

5. Please explain any gaps in employment of over 30 days (within the past 20 years). Attach supplemental sheet if necessary. Identify question(s) to which you are responding.

6. If employed now, may we make inquiries of your present employer? YES NO

7a. Have you ever been dismissed from a position? YES NO
If yes, explain:

7b. Have you ever been asked to resign from a position? YES NO
If yes, explain:

7c. Have you ever resigned from a position rather than being dismissed? YES NO
If yes, explain:

EDUCATION

8. List schools attended.

High School	Address / Phone Number			
College	Address / Phone Number	Dates Attended	Year Graduated	Major Area Of Study
		From: To:		
		From: To:		
		From: To:		

What is your highest year of education: High School - 9, 10, 11 or 12 ____ College - 1yr ____ 2yr ____ 3yr ____ 4yr ____

DESCRIBE ADDITIONAL TRAINING NOT LISTED ON PREVIOUS PAGE.
 (i.e. , trade schools, business schools, etc.)

PROFESSIONAL EXPERIENCE OR TRAINING

9. Check items in which you have had 12 months' experience or training.

<input type="checkbox"/> Analyst / Programmer	<input type="checkbox"/> Engine Repair	<input type="checkbox"/> Photo typesetter / Paste Up
<input type="checkbox"/> Audio-Visual	<input type="checkbox"/> Food Services	<input type="checkbox"/> Printer / Photographer
<input type="checkbox"/> Auto/Truck Service	<input type="checkbox"/> Gardener	<input type="checkbox"/> Purchasing / Buyer
<input type="checkbox"/> Bookkeeper / Accounting	<input type="checkbox"/> Heavy Equip. Operator	<input type="checkbox"/> Refrigeration Repair
<input type="checkbox"/> Brailist / Interpreter	<input type="checkbox"/> Key punch / Verifier	<input type="checkbox"/> Roofer
<input type="checkbox"/> Bus or Truck Driver	<input type="checkbox"/> Library / Bookstore	<input type="checkbox"/> Secretary / Manual Dictation
<input type="checkbox"/> Carpenter / Woodworking	<input type="checkbox"/> Locksmith	<input type="checkbox"/> Security / Messenger / Guard
<input type="checkbox"/> Clerk / Typist	<input type="checkbox"/> Masonry	<input type="checkbox"/> Sheet Metal
<input type="checkbox"/> Computer	<input type="checkbox"/> Mechanical Work	<input type="checkbox"/> Steam Fitter
<input type="checkbox"/> Concrete / Block Work	<input type="checkbox"/> Nutritionist	<input type="checkbox"/> Upholsterer
<input type="checkbox"/> Custodial	<input type="checkbox"/> Office Machine Repair	<input type="checkbox"/> Warehouse / Receiving
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Painting	<input type="checkbox"/> Welding
<input type="checkbox"/> Diesel / Gas Mechanic	<input type="checkbox"/> Payroll	<input type="checkbox"/> Word Processing
<input type="checkbox"/> Electrical Work	<input type="checkbox"/> PBX Receptionist	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Electronic Technician	<input type="checkbox"/> Plumbing / Pipefitting	

Please list all software programs you are familiar with: _____

Example: Microsoft Office (Word, Excel _____

 Power Point, Access, _____

 Publisher, etc.) _____

 Windows XP, 7 or other _____

PERSONAL REFERENCES

10. Give names and complete address and phone number of 3 references who are familiar with your personality, character and work habits. (DO NOT use relatives as references).

NAME	DATES KNOWN (Provide Month & Year)	OCCUPATION	ADDRESS	PHONE #
	From: To:			
	From: To:			
	From: To:			

"PLEASE NOTE THAT SUCCESSFUL CANDIDATES WILL BE REQUIRED TO SIGN AN EMPLOYEE'S AUTHORIZATION FOR RELEASE OF RECORDS FROM THE INDUSTRIAL COMMISSION OF ARIZONA."

CONVICTION REPORT

11. Because of the responsibility the Payson Unified School District No. 10 has to its school children and community, the

STATEMENT OF COMPLIANCE WITH THE
MILITARY SELECTIVE SERVICE ACT

PLEASE PRINT

Last Name First Name Full Middle Name

Address

City State Zip Code

Date of Birth Social Security Number (Optional Pending Employment Offer)

I certify that I am registered with Selective Service.

I certify that I am not required to be registered with Selective Service because:

I am female;

I am in the services on active duty;

(NOTE: Members of the Reserves and National Guard are not considered on active duty).

I have not reached my 18th birthday;

I have passed my 26th birthday;

I am a permanent resident of the Trust Territory of the Public Islands or the No. Mariana Islands.

I am a member of the United States Armed Forces Reserves or National Guard.

Signature Date