

HACKBERRY ELEMENTARY SCHOOL DISTRICT NO.3
CEDAR HILLS SCHOOL
9501 NELLIE DRIVE, KINGMAN AZ 86401
928.692.0013 Fax: 928.692.1075

SUPPORT STAFF EMPLOYMENT APPLICATION

The District does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap or national origin. BOTH MALE AND FEMALE ARE URGED TO APPLY.

ACKNOWLEDGEMENT OF APPLICANT READ THIS PARAGRAPH BEFORE SIGNING THIS EMPLOYMENT APPLICATION:

- A. Every answer I have provided on this employment application is both complete and truthful. I understand and agree that:
1. If any information is omitted from or not filled in on this application, or if any false information is furnished, the District will reject my application.
 2. I will be ineligible for any future consideration for employment and may be subject to criminal prosecution, and
 3. If I am employed by the District, I may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined that I have furnished false information on this application.

If hired, you will need to provide a copy of your Fingerprint clearance

NO QUESTION ON THIS EMPLOYMENT APPLICATION SHOULD BE ANSWERED IN SUCH A MANNER AS TO DISCLOSE RACE, COLOR, CREED, NATIONAL ORIGIN, ANCESTRY, AGE, MARITAL STATUS, SEX OR THE EXISTENCE OF ANY PHYSICAL HANDICAPS, OR MENTAL CONDITION UNRELATED TO THE PERFORMANCE OF THE POSITION FOR WHICH YOU ARE APPLYING.

PERSONAL DATA (please type or print)

Name _____

Other Names Used _____ Dates of Usage _____

Home Mailing Address:

Phone: _____ Alternate Phone: _____

Position you are applying for _____

When will you be available? _____ Present Position _____

Salary _____ Reason for leaving your present position

Present (or most recent) administrative supervisor(s):

Name: _____ Phone: _____

Have you ever been dismissed from a position? _____ Yes _____ No

If yes, please explain

Have you ever been asked to resign from a position? _____ Yes _____ No

If yes, please explain

Have you been employed by HESD#3 before? _____ When: _____

List any friends or relatives employed by HESD#3 _____

PERSONAL INFORMATION AND REFERENCES

Give names and complete addresses of three (3) references that are familiar with your personality, character and work performance. Also be sure to include accurate phone numbers, including area code.

Name	Years Known	Official Position	Address	Phone (with area code)

SELECTIVE SERVICE REGISTRATION: (In compliance with Arizona HB2193)

Are you required to be registered with the Selective Service System? _____ Yes _____ No

IMMUNIZATION RECORD INFORMATION:

Arizona State Department of Health Services regulations (R9-6-729 and R9-6-742) require that an immunization record for each school employee be on file prior to employment. It shall be a condition of employment that the employee provide the District with proof of immunization of Rubella or Rubeola unless employee falls within one of the exceptions provided in the District policy (GBE(2)-R-Staff Health and Safety).

ALL Employees are required to take a medical test for active Infectious Pulmonary Tuberculosis.

If any of the following questions are answer is YES, attached additional information.

Are you receiving Arizona retirement? _____ Yes _____ No

Have you ever claimed Industrial Compensation for an injury? _____ Yes _____ No

EDUCATION - List name of school, years attended and graduated or not:

Elementary _____

High School _____

Other _____

SKILLS

Please check the skills you have acquired and/or experience you have had in the area for which you are applying for.

Cafeteria

Serving Line _____ Food Handlers Card _____ expires: _____

Food Preparation _____ Other _____

Are you allergic to any external food handling or cleaning agents? _____ yes _____ no

Custodial

Floor/Carpet machines _____ Office Cleaning _____

Stripping/Rewaxing _____ Other _____

Maintenance

Heating/AC _____ Painting _____

Carpentry _____ Equip. Repair _____

Electrician _____ Landscaping _____

Grounds Keeping _____ Heavy Equipment Operator _____

Other _____

Secretarial

Typing _____ #WPM _____ Phone _____ 10 Key _____

Word Processing _____ List _____

Computers _____ List _____

Bookkeeping _____ Receptionist _____

Teacher Assistant

Typing _____ #WPM _____ Special Education _____

Other _____

Transportation

Bus Driver _____ AZ CDL # _____

Expiration: _____

Truck/Bus Mechanic _____

Certified _____ Other _____

EMPLOYMENT HISTORY:

Company Name: _____
Address: _____
Phone: _____ Contact/Supervisor: _____
Position Held: _____ Date of Employment: _____
Reason for Leaving: _____

Company Name: _____
Address: _____
Phone: _____ Contact/Supervisor: _____
Position Held: _____ Date of Employment: _____
Reason for Leaving: _____

Company Name: _____
Address: _____
Phone: _____ Contact/Supervisor: _____
Position Held: _____ Date of Employment: _____
Reason for Leaving: _____

Signature of Applicant

Date