

EDUCATION:

4. List Schools attended and special training received:

Check highest year completed

High School: 7 8 9 10 11 12 College: 13 14 15 16

	Name	Location	Dates Attended	Year Graduated	Diploma/ Degree	GED
High School						
College or Technical School						

Indicate college hours completed or degree awarded _____

5. Describe additional training not listed above (i.e., trade school, business school, etc.)

6. Please explain any gaps in employment of over 30 days.

7. Have you ever been dismissed from a position? If yes, please explain.

8. Have you ever been asked to resign from a position? If yes, please explain.

9. Have you ever resigned from a position rather than being dismissed, face disciplinary action, and/or nonrenewal by an employer? If yes, please explain.

PERSONAL INFORMATION:

10. Are you a former CUSD#24 employee? Yes No Dates of employment _____

11. Names of relatives employed with CUSD #24 _____

12. Are you a Veteran? Yes No

13. Do you have reliable transportation? Yes No If not, how will you get to work? _____

PERSONAL REFERENCES:

14. Give names and complete addresses of two or three references who are familiar with your personality, character, and work habits. **(Do not use relatives as references.)** Please give numbers of references that can be contacted Monday through Friday between 9:00 a.m. and 5:00 p.m.

Name	Years Known	Official Position	Address	Phone

AFFIDAVIT

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with Chinle Unified School District policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of the Chinle Unified School District, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Chinle Unified School District or myself. I understand that no representative of Chinle Unified School District has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand that I shall be fingerprinted as a condition of my employment, and that the FBI will conduct a background check. I certify that I am not awaiting trial on, have not been convicted of, or admitted committing any of the following offenses: sexual abuse of a minor, incest, first and second degree murder, arson, kidnapping, sexual assault, sexual exploitation of a minor, contributing to the delinquency of a minor, commercial sexual exploitation of a minor, felony offenses involving distribution of marijuana or dangerous or narcotic drugs, burglary, robbery, a dangerous crime against children as defined in ARS 13-604.01, child abuse, sexual conduct with a minor, or molestation of a child.

An Equal Opportunity Employer / Indian Preference law is enforced

Date: _____

Signature: _____

The following documents must be submitted in addition to the application: Resume, Official Transcripts, and Three reference/recommendation letters



**CHINLE UNIFIED SCHOOL DISTRICT #24
CERTIFICATION IN ACCORDANCE WITH A.R.S. 15-512. D**

NAME: _____ TELEPHONE #: _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP CODE: _____ DATE OF BIRTH: _____ SSN: _____

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

- Sexual abuse of a minor
- Incest
- First or second degree murder
- Kidnapping
- Arson
- Sexual assault
- Sexual exploitation of a minor
- Contributing to the delinquency of a minor
- Commercial sexual exploitation of a minor
- Felony offenses involving distribution of marijuana or dangerous or narcotic drugs
- Burglary
- Robbery
- 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, 3.) child prostitution as defined in A.R.S. 13-3212, or 4.) involving or using minors in drug offenses.
- Child abuse
- Sexual conduct with a minor
- Molestation of a child
- Voluntary Manslaughter
- Aggravated assault

(Check box if this statement is true) I am NOT awaiting trial or NOR have I been convicted of NOR admitted committing any of the offenses listed above.

I understand I am required to pay for the cost of the fingerprint check.

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.

NOTE: Please sign in the presence of a NOTARY PUBLIC.

Signature

Date

The above named, who is known to me or has provided proper identification, signed his/her name on this document in my presence on the day _____ of _____, 20 _____.

NOTARY PUBLIC: _____

PROFESSIONAL STAFF HIRING

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, _____ [applicant's name], have applied for employment with the Chinle Unified School District to work as a _____ [job title]. 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 to determine if I am to be considered for an offer of employment. This investigation may include asking my current employer, any former employer, and any 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, position(s) held, reason(s) 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.

In light of the preceding paragraph, I waive _____/do not waive _____ (initial only one) my right to see any written reference or other information provided to the School District by any educational institution.

According to 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 they may 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.

In light of preceding paragraph, I waive _____/do not waive _____ (initial only one) my right to receive a copy of any written communication furnished to the School District by any employer.

EXHIBIT

EXHIBIT

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 of either, that in good faith furnishes written or oral references requested by this School District to complete its background investigation.

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

DATED this _____ day of _____, 20 ____.

Witness

Applicant