### Heber-Overgaard Unified School District #6 P.O. Box 547; 3375 Buckskin Canyon Rd. Heber, Arizona 85928 Telephone (928) 535-4622 Fax (928) 535-5146 Email: <u>HR@h-oschools.org</u> <u>www.heberovergaardschools.org</u>

APPLICATION FOR CLASSIFIED EMPLOYMENT

1. I	PERSO	NAL INFORMATIO	N:	Date Received:	
Name				Social Security No	
Mailing A	Address:		Physical Add	ress:	
City		State:	Zip	Phone:	
Email:					
Position(s	s) desired	(Indicate one or more prefe	erence of position	ıs):	
First Choi	ice		Second C	hoice	
Third Cho	oice		Fourth Ch	oice	
Working	time desir	red (Indicate one or more)			
Fu	ull-Time	Part-Time	Temporary	Substitute	Shift Work
2. (	CURRE	CNT EMPLOYMENT	DATA:		
а	a. A	Are you currently employed	? <u> </u>	No	
а	a. V	Vhen will you be available	to begin work		<u> </u>
С	c. H	Iave you ever been employ	ed by Heber-Ove	rgaard USD #6?	YesNo
	I	f yes, please list dates	to	/Positi	on:
Ċ	d. L	ist types of Driver's Licens	ses you possess:_		
e	e. I	n what languages are you fl	uent?		

IMPORTANT: Before consideration will be given for employment, the candidate must have on file in the District Office a completed application with any required supporting materials. A resume is recommended but not required. It is the candidate's responsibility to see that all materials are provided for the employee file. All successful applicants must be fingerprinted prior to and as a condition of employment. All successful candidates will be placed on a probationary period of sixty (60) working days before a recommendation is made to the Governing Board for hire. The successful candidates will not be officially hired by the Governing Board until fingerprint clearance has been obtained by the District Office

#### Section 504 of the Rehabilitation Act and Americans with Disabilities Act

#### Notice of Nondiscrimination

Applicants for admission and employment, students, parents, persons with disabilities, employees, and all unions or professional organizations holding collective bargaining or professional agreements with the Heber-Overgaard Unified School District are hereby notified that this district does not discriminate on the basis of race, sex, color, national origin, age, or disability in admission or access to, or treatment or employment in, its programs and activities.

Any person having inquiries concerning the district's compliance with the regulations implementing Title VI, Title IX, The Americans with Disabilities Act (ADA) or Section 504 is directed to contact the following individual who has been designated by the school to coordinate efforts to comply with the regulations regarding nondiscrimination: Ron Tenney, 928-535-4622 x 5000 **3.** 

#### WORK EXPERIENCE:

Provide information about at least the last ten years of your employment history with the most recent experience first. Please list complete employer information. The district reserves the right to contact your current and former employers.

Dates Employed	Employer's Name and address	Supervisor's Name & Phone No.	Reason for leaving
From <u>: / / .</u> To <u>: / / .</u>			
From <u>: / / .</u> To <u>: / / .</u>			
From <u>: / / .</u> To <u>: / / .</u>			
From <u>: / / .</u> To <u>: / / .</u>			

A. Have you ever been dismissed from a position? \_\_\_\_Yes \_\_\_\_No

If yes, please explain:

B. Have you ever been asked to resign from a position? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain

C. Have you ever resigned from a position rather than being non-renewed or dismissed? \_\_\_\_\_Yes \_\_\_\_No

\_\_\_\_\_

If yes, please explain\_\_\_\_\_

#### 4. EDUCATION AND PROFESSIONAL TRAINING:

List schools attended and special training received. Please note that "See Resume" is not an appropriate response to any question.

	Location	Dates Attended	Year Graduated	Degree/ Certificate	Major/ Minor	Grade Point Average
High School						
College/Trade School						

#### 5. **PROFESSIONAL EXPERIENCE OR TRAINING:**

Check all items in which you have had twelve (12) months experience and/or formal training:

Computer Analyst/Programmer	Electronic Technician	Plumbing/Pipefitting
Audio/Visual	Engine Repair	Refrigeration
Auto/Truck Service	Food Services	Carpentry
Bookkeeping/Accounting	Landscape Maintenance	Clerk/Typist
Bus Driver	Roofing	Sheet Metal
Library Clerk	Secretary	Custodial
<u>         Computer Operation</u>	Warehouse/Receiving	Masonry
Concrete/Block work	Mechanical Work	Welding
Diesel Mechanic	Office Machine Repair	Electrical Work
Payroll	Word Processing	Painting
Day Care Provider	Instructional Assistant	Heating/AC
Data Entry	Phototypesetter	Printer

In your own words <u>and in your own handwriting</u>, please provide in the area below a brief explanation of why you should be considered for a position with the Heber-Overgaard Unified School District.

#### 6. PERSONAL AND PROFESSIONAL REFERENCES:

List the names of persons who are familiar with your character, personality, aptitudes and work habits. Do not include relatives on this list of references.

Name	Relationship to Applicant	Address (if known)	Phone Number

#### 7. ACKNOWLEDGEMENT OF APPLICANT:

I certify that every answer and statement I have provided on and accompanying this application is complete, truthful, and current. I understand and agree that:

- a. If any information is omitted from or not completed on this application, or if any false information is furnished, the District may reject my application.
- b. If any false information is furnished, I will be ineligible for any future consideration for employment and may be subject to criminal prosecution.
- c. If I am employed by the District and if it is later determined that I have furnished false information on this application, I may be dismissed from employment, criminally prosecuted, and, if certified, have my certificate revoked.

I authorize investigation of all statements on this application form and other material provided as part of my application for this position.

Applicant Signature		Date	
Pleas	se email, mail, or deliver this	s application and all related ma	aterials to:
	Heber-Overgaard Un P.O. Box 547; 33 Heber, A Phone (928) 535-4	he Superintendent nified School District No. 6 75 Buckskin Canyon Rd. Arizona 85928 622 FAX (928) 535-5146	
	Email: <u>H</u>	<u>R@h-o.k12.az.us</u>	

#### 8. BACKGROUND CHECK AND INFORMATION:

Due to the responsibility the Heber-Overgaard Unified School District No. 6 has to its children and community, the following information is required from all applicants and employees regarding convictions.\* A record of conviction does not disqualify an applicant from consideration; however, failure to provide complete and accurate information may cause disqualification from consideration for employment, may be cause for dismissal if employed, and may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions that occur subsequent to the time they initially complete this form. Questions regarding this information should be directed to the Superintendent's office. Please read carefully and answer each question legibly.

\*CONVICTION means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid. \*\*Please note that prior to hiring, you must submit a notarized statement attesting to the fact that you are not now awaiting trial on, or have ever been convicted of, or admitted in open court or pursuant to a plea agreement, committing any of the crimes listed in ARS 15-512D and ARS 13-604.01. In conjunction with this, you will submit fingerprints for a background check.

The crimes required to be disclosed on the affidavit are:

***ARS 13-604.01				ARS 15-512D	
Prohibits any of the	following with a mi	nor under	1.	Sexual abuse of a minor	12. Misdemeanor offenses
The age of 15:			2.	Incest	of the possession or
1. Second degree	murder		3.	First or second degree murder	use of marijuana or
2. Aggravated as	sault resulting in ser	ious	4.	Kidnapping	dangerous drugs
	or committed by th		5.	Arson	13. Burglary in the first degree
	n or dangerous instru	iment	6.	Sexual assault	14. Burglary in the second or
<ol><li>Sexual assault</li></ol>			7.	Sexual exploitation of a minor	third degree
<ol><li>Molestation of</li></ol>			8.	Felony offenses involving	15. Aggravated or armed robbery
<ol><li>Sexual contact</li></ol>				contributing to the delinquency	16. Robbery
	exual exploitation of			of a minor	17. A dangerous crime against
	defined in ARS 13-	3623.B.1	9.	Commercial exploitation of a minor	children as per ARS 13-604.1
8. Kidnapping			10.	Felony offenses involving sale,	18. Child abuse
9. Sexual abuse				distribution, or transportation of,	19. Sexual conduct with a minor
	for the purpose of p	rostitution		offer to sell, transport or distribute	20. Molestation of a child
11. Child prostitut		<u></u>		marijuana or dangerous or	21. Voluntary manslaughter
12. Involving or u	sing minors in drug	offenses	11	narcotic drugs	<ol> <li>Aggravated assault</li> <li>Assault</li> </ol>
			11.	Felony offenses involving the	
				possession or use of marijuana, dangerous drugs, or narcotic	24. Exploitation of minors involving drug offenses
				drugs	involving drug offenses
				-	
Name:					er
	Last	First	Ν	liddle	
Other r	names used:			Dates u	ised:
1	II	. 1	<b>f</b>	an affanaa athan than traffia	
1.				or offense other than traffic	
				onsidered a minor traffic offens	e) <u>Yes</u> No
2.	2. Have you ever been convicted of a felo			ny?**	Yes No
3.	3. Are you awaiting trial on a felony charg				Yes No
4.	4. Have you ever been convicted of a sex of			or drug related offense?	Yes No
5. Have you ever admitted to or been con					
5.		en as defined by A			Yes No
	against cillure		110 15-	007.01	105100

# IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, 1 THROUGH 5, PLEASE COMPLETE THE "APPLICATION SUPPLEMENTAL CONVICTION INFORMATION" ON THE NEXT PAGE.

#### APPLICATION SUPPLEMENTAL CONVICTION INFORMATION

(the following information will be retained in the district office and not available to other personnel in the district)

Conviction Charge		CONVICTION INFORMATION Date of Conviction	Court of Conviction			
City	State	Amount of Fine	Length of Jail Term			
Remarks						
Length and Term of Probation						
**If you have more than one reportable offense, copy this sheet to provide the information**						

6. Is there any other information, not required by this application, that you should disclose to the District so that it may accurately evaluate your fitness to work in a position of public trust with minor students? (If you are uncertain as to the relevance or necessity to disclose a matter, trait, etc., disclose and the District will determine whether the information is pertinent.)

## IF YOU ANSWERED "YES" TO QUESTION 6, PLEASE FULLY EXPLAIN THE ANSWER ON AN ATTACHED, SEPARATE PIECE OF PAPER.

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application and supporting material is true, accurate, and complete. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the Heber-Overgaard Unified School District No. 6.

I authorize the Heber-Overgaard Unified School District No. 6 to make reference checks prior to employment, and I will execute documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed and the Governing Board has officially approved my employment. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

Applicant Signature

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#### FBI NOTIFCATION OF APPLICANT PRIVACY RIGHTS

Your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit based on information in the criminal history record. {Reasonable opportunity is defined as being decided upon by a case by case basis with the applicant, in regards to position applied for.}

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at <u>www.fbi.gov</u> under "Criminal History Summary Checks" or by calling (304)625-5590.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602)223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.dps.gov).

By signing I acknowledge that I have received these Privacy Rights as outlined above.

Signature

Date

(to be given to applicant if they desire this information)

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at <u>www.fbi.gov</u> under "Criminal History Summary Checks" or by calling (304)625-5590.

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