



# Prescott Valley School

9500 Lorna Lane, PO Box 27348

Prescott Valley, AZ 86314

Phone:(928) 772-8744 • Fax: (928) 775-4457

[www.prescottvalleyschools.com](http://www.prescottvalleyschools.com)

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

### PLEASE PRINT

NAME (Last)	(First)	(Middle)
ADDRESS (Street)	(City)	(State) (Zip Code)
TELEPHONE NUMBER	CELLULAR PHONE	EMAIL ADDRESS

Position applying for: \_\_\_\_\_  Part-time  Full-time  Substitute

Salary desired: \_\_\_\_\_ Date available to work: \_\_\_\_\_

Note: In order to be considered for employment, your file must include a completed application, satisfactory background check and/or IVP Fingerprint Clearance Card, including but not limited to, a Valid Teaching Certificate or proof of passing score on Para-Professional exam for teaching and aid positions.

Your application may not be reviewed without a valid IVP Fingerprint Clearance Card from the Department of Public Safety, a copy of your card should be included when submitting your application.

Do you have a valid IVP Fingerprint Clearance Card?  Yes  No

Please enter your FP Clearance Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please enter the IVP number on the front of your card: \_\_\_\_\_

Are you a U.S. Citizen or a Permanent Resident Alien?  Yes  No

If no, what is your immigration status? \_\_\_\_\_

How were you referred to the company? \_\_\_\_\_

May we contact your current employer for reference?  Yes  No

Have you ever been employed under another name(s)?  Yes  No

If yes, list name(s) \_\_\_\_\_



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## EMPLOYMENT HISTORY

List your most recent job first. Account for all time including paid and non-paid experience.

Most Recent Position Held	Salary	Inclusive Dates	No. of Yrs.
Company Name		Type of Business	
Company Address		City	State Zip Code
Name of Supervisor		Phone Number ( )	Reason for Leaving
Describe your Duties			

Position Held	Salary	Inclusive Dates	No. of Yrs.
Company Name		Type of Business	
Company Address		City	State Zip Code
Name of Supervisor		Phone Number ( )	Reason for Leaving
Describe your Duties			

Position Held	Salary	Inclusive Dates	No. of Yrs.
Company Name		Type of Business	
Company Address		City	State Zip Code
Name of Supervisor		Phone Number ( )	Reason for Leaving
Describe your Duties			

FOR PERIODS OF NON-EMPLOYMENT (FOUR WEEKS OR LONGER), LIST THE DATE AND REASON:

Date	Reason



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## EDUCATION

	School Name	City/State	# of Years Attended	# of Credits Completed	Degree Received	Major
<b>HIGH SCHOOL</b>						
<b>COLLEGE</b>						
<b>GRADUATE SCHOOL</b>						
<b>OTHER</b>						

## HIGHLY QUALIFIED STATUS – Instructional Positions Only

Are you a Highly Qualified Teacher / Para-Professional:  Yes  No  N/A

Core Academic Subject Area(s): \_\_\_\_\_

## SKILLS

Languages spoken other than English: \_\_\_\_\_

- Typing, WPM \_\_\_\_\_     
  Medical Training     
  Computer Training     
  Music  
 First Aid/CPR     
  Drama     
  Coaching (Sports)     
  Other

List special training or noteworthy achievements and applicable dates:


## PROFESSIONAL REFERENCES

Please provide the name, address, and telephone number of three individuals not related to you who can provide information relative to your ability to perform work.

Name	Address	Phone Number

## MILITARY SERVICE

Branch of Service	Active Duty Dates	Reserve Status
Service Schools	Specialized Training	



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Prescott Valley School has a tremendous responsibility to its school children and community, the following information is needed from all applicants and employees regarding prior employment and/or criminal history. Answering “Yes” to any of the following questions will not necessarily result in denial of employment. The District will consider all circumstances, including the date and nature of the events that led to the actions described below. Your written explanation will assist the District in determining your eligibility, qualifications, and suitability of employment.

1. Have you ever been convicted of, admitted committing, or are you waiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? “Conviction” means the final judgment on a verdict or finding guilty, 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. You must answer, “Yes” even if the matter was later dismissed, deferred, vacated or expunged. If you answer “Yes”, you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).  
 Yes    No
2. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer “yes” even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “Yes”, you must provide the date of termination of employment, the name, address, and telephone number of the employer(s) and a statement of the alleged reasons for termination.  
 Yes    No
3. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way be sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer “Yes”, you must provide the dates of proceedings, name, address, and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.  
 Yes    No
4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer “Yes”, you must provide the name, address, and telephone number of the employer or licensing body and a statement of the accusations against you.  
 Yes    No

**If you answered “Yes” to any of the questions above, you must attach an explanation for your application to be reviewed.**



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Prescott Valley School is an Equal Employment Opportunity Employer and in compliance with the Americans with Disabilities Act (ADA). Prescott Valley School does not discriminate on the basis of race, color, religion, national origin, sex, disability or age in the employment process or in any of its educational programs or in the provisions of benefits and services to students.

### PLEASE READ CAREFULLY

MY SIGNATURE INDICATES I understand and agree to all of the conditions listed below:

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate, and complete. I authorize investigation of all the statements in this application including investigation of previous employment experiences and criminal background. I will execute such documents as may be necessary to facilitate this investigation. I understand that agents of Prescott Valley School may review any document relevant to this information. I understand that my employment is not finalized until the background investigation has been completed and I understand that falsification or omission of facts on this application will be considered sufficient cause for disqualification or dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Reference Check Form

**\*\*\*Applicant: Please complete only the top section of this form and return with all pages of application.**

### THIS SECTION TO BE COMPLETED BY APPLICANT

Name: \_\_\_\_\_ Last 4 digits of SSN #: \_\_\_\_\_

Position Held: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

I have applied to Prescott Valley School for employment. Please accept this as authorization to supply the information requested below. I specifically consent to disclosure in accordance with the provisions of all applicable federal and state laws.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

### THIS SECTION TO BE COMPLETED BY FORMER EMPLOYER

Is the above information correct?  Yes  No

If no, what is the correct information? \_\_\_\_\_

Is Employee Eligible for rehire?  Yes  No

	Below Average	Average	Above Average	Comments
Punctuality				
Quality of Work				
Dependability				
Team Player				

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

Thank you for your time and consideration. It is our policy to check job references of all applicants. Your answers will be held in confidence. Please call our office at (928) 772-8744, if you have any questions.



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