

Desert Marigold School Application for Employment

Applications are considered for all positions without regard to race, color, religion, age, sex, marital status, national origin, veteran status, ancestry, sexual orientation, genetic information or the presence of a non-job related medical condition, disability or handicap.

Thank you for completing this application form and for your interest in employment with Desert Marigold School. Employment will be subject to satisfactory reference checks and verification of all or some of the information provided on this application.

Personal Information

Name	Date
Social Security Number	
Driver's License State and Number	
Street Address	Home Phone
City, State, Zip	Work Phone
	Email Address
Position Applied for	Salary Desired
Source of Referral	Potential Start Date

Work Experience:

Are you currently employed?	Yes	No
Current Employer: _____		
Title: _____		Dates: <i>from</i> _____ <i>to</i> _____
Skills Utilized: _____		Salary: _____
Reason for leaving: _____		
Previous Employer: _____		
Title: _____		Dates: <i>from</i> _____ <i>to</i> _____
Skills Utilized: _____		Salary: _____
Reason for leaving: _____		
Previous Employer: _____		
Title: _____		Dates: <i>from</i> _____ <i>to</i> _____
Skills Utilized: _____		Salary: _____
Reason for leaving: _____		

Education

School	Name	Course of Study	# of years completed	Did you graduate?	Degree Earned
Graduate School					
College					
High School or Technical School					

Language Proficiency (Please indicate the languages and indicate the level; native, fluent or proficient)

Other Experience (other interests and volunteer activities)

References (Please provide references, at least one character and one professional, that can speak to your experience and/or skills)

Name: _____ Phone:(H)_____ (W)_____ Title: _____ Company: _____ Nature of Relationship: _____ Years Known: _____	Name: _____ Phone:(H)_____ (W)_____ Title: _____ Company: _____ Nature of Relationship: _____ Years Known: _____
Name: _____ Phone:(H)_____ (W)_____ Title: _____ Company: _____ Nature of Relationship: _____ Years Known: _____	Name: _____ Phone:(H)_____ (W)_____ Title: _____ Company: _____ Nature of Relationship: _____ Years Known: _____

- Do you have the ability to prove employment eligibility in the United States? Yes No
- Have you ever been convicted of a crime? Yes No
 If Yes, please give details (Note: a "yes" answer will not be an automatic disqualification from employment; factors such as nature and timing of the offense will be considered) : _____

- I understand that employment will be subject to my submitting:
 - ⇒ Documentary proof of my identity and legal eligibility to work (I-9 form).
 - ⇒ Copies of my College or High School Diploma (or equivalent) and my Teacher Certification (if applicable). (Applicants for teacher positions must include certified transcripts from the institution granting the highest and most recent degree).
 - ⇒ Copies of my CPR and First Aid certification.
 - ⇒ A record of immunization and proof of recent TB test.
 - ⇒ A valid State of Arizona Department of Public Safety Fingerprint Clearance Card.
 - ⇒ A notarized Criminal History Background Affidavit.
 - ⇒ One written character and one written professional reference.
- I understand that the employer follows an "employment at will" policy, in that the employer or I may terminate my employment at any time or for any reason consistent with applicable state or federal law.
- I understand that this application is not a contract of employment.
- I understand that the school will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release all parties involved from all liability for damage in providing this information.
- I certify that all the statements herein are true and understand that any falsification, misleading information or omission shall be sufficient cause for dismissal or refusal or employment.

Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____