

The Tuba City Unified School District No. 15 is and Equal Opportunity Employer and has adopted Indian Preference in Employment.

## APPLICATION FOR NON-CERTIFICATED EMPLOYMENT

### Tuba City Unified School District No. 15

Post Office Box 67

Tuba City, Arizona 86045

(928) 283-1000

POSITION APPLIED FOR: \_\_\_\_\_

NAME (LAST-FIRST-MIDDLE): \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
(STREET OR BOX NUMBER) (CITY-STATE-ZIP)

TELEPHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

#### **EDUCATION**

NAME OF HIGH SCHOOL: \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 \_\_\_\_\_

NAME OF COLLEGE: \_\_\_\_\_

MAJOR: \_\_\_\_\_ TOTAL CREDIT HOURS: \_\_\_\_\_

MINOR: \_\_\_\_\_ TOTAL CREDIT HOURS: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GRADUATE SCHOOL OR OTHER SPECIAL TRAINING: (Vocational School, Armed Forces, etc.)  
SPECIFY: \_\_\_\_\_ DEGREE OR CERTIFICATE: \_\_\_\_\_

#### **EXPERIENCE: LIST FOUR (4) POSITIONS HELD BEGINNING WITH YOUR MOST RECENT JOB.**

NAME & ADDRESS OF EMPLOYER	TELEPHONE NUMBER	POSITION AND DUTIES	DATES OF EMPLOYMENT	NAME OF SUPERVISOR	REASON FOR LEAVING

May inquiry be made of your past or present employers regarding your character, qualifications, and record of employment? YES: \_\_\_\_\_ NO: \_\_\_\_\_

**DOCUMENTS TO BE ATTACHED MUST BE DUPLICATED BY THE APPLICANT BEFORE SUBMISSION. DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE PERSONNEL OFFICE AND WILL NOT BE RETURNED.**

Do you claim Indian preference? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Documents verifying Tribal membership must be attached or be made available within thirty (30) days upon application, to be given preference in employment.

List special qualification skills (licenses, skills with machines, language, typing, shorthand, etc.)

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**REFERENCES**

List three (3) persons who are not related to you and who had definite knowledge of your qualifications and fitness for the position for which you are applying:

NAME	ADDRESS	PHONE NUMBER

**U.S. MILITARY SERVICE**

DATES: \_\_\_\_\_ BRANCH: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

**GENERAL INFORMATION**

Are you a citizen of the United States? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Have you ever been convicted of an offense other than a misdemeanor against the law? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Do you have any physical limitations? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

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Does the Tuba City Unified School District employ any relatives of yours (by blood or by marriage)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please give name and relationship: \_\_\_\_\_

READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM:

A false answer to any question in this application form may be grounds for not employing you.

**CERTIFICATION**

I certify that all of the statements made in this Application for Employment are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This information will assist us in determining your eligibility for employment. Any additional information you wish to include must be attached to the application before the application is submitted. Employment decisions are based solely upon the individual's qualifications for the position being filled. The Tuba City Unified School District is committed to a policy of non-discrimination in relation to race, color, creed, sex, age, national origin or handicap.

I certify that to the best of my knowledge all answers contained are true and complete. I also understand that any misstatement or omission of fact will subject me to dismissal or disqualification. My signature below also will authorize the release of the information requested below.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

-----APPLICANTS: DO NOT WRITE BELOW THIS LINE-----

TO: \_\_\_\_\_ FROM: Tuba City Unified School District #15  
Personal Department  
P.O. Box 67  
Tuba City, AZ. 86045

The above listed applicant has applied for a position with the Unified School District, and has listed you as a previous employer. We would appreciate your evaluation as to suitability for employment in our school district. Please fill out the following to the best of your ability.

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties performed:

Would you rehire him/her? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Comments:

ARS Sec. 15-512 requires Arizona school districts to make documented, good faith efforts to contact previous employers of a person to obtain information relating to a person's fitness for employment. A previous employer who provides information pursuant to this subsection is immune from civil liability unless the information provided is false and is acted on to the harm of the employee by the school district and the previous employer knows the information is false or acts with reckless disregard of the information's truth or falsity.

To the best of your knowledge, is the above applicant awaiting trial or has ever been convicted of or admitted committing any of the following criminal offenses in the State of Arizona or similar offenses in another jurisdiction:

- Sexual abuse of a minor
- Incest
- First or second-degree murder
- Kidnapping
- Arson
- Sexual assault
- Sexual exploitation of a minor
- Felony offenses involving contributing to the delinquency of a minor
- Commercial sexual exploitation of a minor
- Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute, or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs
- Felony offenses involving the possession or use of marijuana, dangerous drugs, or narcotic drugs
- Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs
- Burglary in the first degree
- Burglary in the second or third degree
- Robbery
- A dangerous crime against children as defined in ARS Sec. 13-604.01
- Child abuse
- Sexual conduct with a minor
- Molestation of a child
- Voluntary manslaughter
- Aggravated assault
- Assault
- Exploitation of minors involving drug offense

\_\_\_\_ No, to the best of my knowledge, the above applicant has never been convicted of or admitted in open court pursuant to plea agreement committing, and is not now awaiting trial for committing of any of the above criminal offenses in the State of Arizona or similar offenses in another jurisdiction.

\_\_\_\_ Yes, comments. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

**CONSENT FOR BACKGROUND CHECK  
AND CRIMINAL RECORDS INVESTIGATION**

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I, \_\_\_\_\_, acknowledge that I have applied for employment or have been offered a contract with the Tuba City Unified School District, and hereby consent to a background investigation and criminal records check in addition to a fingerprint check, pursuant to A.R.S. Sec. 15-512. I specifically authorize the Navajo Police to review criminal history information at the state or national level, and authorize the Navajo Police or the school district to conduct a background investigation including, but not limited to, communication with former employers, schools, colleges or local agencies concerning my education, training, experience, qualifications and job performance. I understand that this information will be used for the purpose of evaluating my suitability for employment with the Tuba City Unified School District. Information from a background investigation may be shared with other school districts, public schools, or public schools in accordance with A.R.S. Sec. 15-512

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name in full

\_\_\_\_\_  
Social security number