

# ARIZONA SCHOOL FOR THE ARTS

## Employment Application



APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone				E-mail Address					
Date Available			Social Security No.			Desired Salary			
Position Applied for									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Do you have a teaching certificate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes -		State in which it was issued - _____ Date issued - _____ Expiration date - _____		
Has your teaching certificate ever been revoked or suspended?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	If yes, explain in detail on a separate sheet.			

EDUCATION									
High School			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES									
<i>Please list three professional references.</i>									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									

OVER -- >

<b>PREVIOUS EMPLOYMENT (DO NOT INDICATE 'SEE RESUME')</b>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>	
Branch	From                  To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

## Professional Staff Hiring Exhibit

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### CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, \_\_\_\_\_ [applicant's name], have applied for employment with Arizona School for the Arts to work as a \_\_\_\_\_ [job title]. I understand that in order for the School to determine my eligibility, qualifications, and suitability for employment, the School 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 [1]) my right to see any written reference or other information provided to the School by any educational institution.

According to Arizona Revised Statutes Section 23-1361, any employer that provides a written communication to the School 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 will not further consider my application if it cannot complete its background investigation.

In light of the preceding paragraph, I waive \_\_\_ / do not waive \_\_\_ (initial only one [1]) my right to receive a copy of any written communication furnished to the School by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to the School by employers or educational institutions, I

## Professional Staff Hiring Exhibit

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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 to complete its background investigation.

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

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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Applicant

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Witness