

Human Resources  
 1801 E Fir Street  
 Cottonwood, AZ 86326  
 928.634.8901  
 www.muhs.com

## Classified Employment Application

Note: Information typed on this form within this PDF file will not be saved when the document is closed. (You must have the full version of Acrobat to save information typed into the form.)

### GENERAL INFORMATION:

Please type or print

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Message/Cell Phone: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Full Time     Part time     Substitute    Date available: \_\_\_\_\_

Would you be willing to accept a position less than one (1) year duration?     Yes     No

Have you been or are you currently an employee of MUHS District # 4?     Yes     No

If yes, when? \_\_\_\_\_ Position: \_\_\_\_\_

Please list other names, or nicknames, which will help us, verify work or educational records:

\_\_\_\_\_

\_\_\_\_\_

### EDUCATION:

Highest grade completed in school (select one):

8     9     10     11     HS Diploma     GED     13     14     15     16     Post-Graduate

Undergraduate

Last School or university attended:

Degree?     Yes     No    Major: \_\_\_\_\_

Additional education and/or vocational, technical or military training information:

\_\_\_\_\_

\_\_\_\_\_

### NONDISCRIMINATION NOTICE

MUHS District #4 does not unlawfully discriminate on the basis of race, color, national origin, sex, age, and marital status or disability in admission or access to, or treatment or employment in, its educational programs or activities. Inquiries regarding Title VI, Title IX, Section 504, and ADA may be referred to the Office for Civil Rights, U.S. Department of Education, 1244 N. Speer Blvd., Suite 310, Denver, CO 80204, 303-844-5695. For employment issues contact the Human Resources Office, 1801 E Fir Street, Cottonwood, AZ 86326, 928-634-8901.

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**Additional information**

Are you licensed or certified in any skill or trade?  Yes  No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

For driving jobs only: Do you have a valid driver's license?  Yes  No

Do you carry the required endorsement(s) for school bus driving?  Yes  No

Have you ever had your driver's license suspended or revoked in the last three years?  Yes  No

Indicate your experience by checking in the appropriate boxes:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Keyboarding ____ (wpm) | <input type="checkbox"/> Data Entry              | <input type="checkbox"/> Heavy Equipment          |
| <input type="checkbox"/> Cashier                | <input type="checkbox"/> Multi-Line Phone System | <input type="checkbox"/> Bus Driving              |
| <input type="checkbox"/> Macintosh PC           | <input type="checkbox"/> Bookkeeping             | <input type="checkbox"/> Custodial                |
| <input type="checkbox"/> Windows PC             | <input type="checkbox"/> Accounting              | <input type="checkbox"/> Grounds                  |
| <input type="checkbox"/> Microsoft Word         | <input type="checkbox"/> Bilingual _____         | <input type="checkbox"/> Herbicide/Pesticide      |
| <input type="checkbox"/> Microsoft Excel        | <input type="checkbox"/> Tutoring                | <input type="checkbox"/> Motor Maintenance/Repair |
| <input type="checkbox"/> Microsoft PowerPoint   | <input type="checkbox"/> Other _____             |   |

Additional information, which might qualify you for the position:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Can you perform the functions of the job for which you are applying with or without reasonable Accommodations?  Yes  No

Are you age 18 or older?  Yes  No

**Employment history**

**Start with your present or most recent job, include any relevant volunteer work**

Name, address, and telephone number of employer	Dates		Supervisor's name and title	May we contact this employer?	
	From	To		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reason for Seeking Other Employment:

Name, address, and telephone number of employer	Dates		Supervisor's name and title	May we contact this employer?	
	From	To		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reason for Seeking Other Employment:

Name, address, and telephone number of employer	Dates		Supervisor's name and title	May we contact this employer?	
	From	To		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reason for Seeking Other Employment:

List three people who are not related to you and who know your business or professional qualifications for the position for which you are applying. (Please use names other than supervisors listed under employment history.)

1. Name \_\_\_\_\_ Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Name \_\_\_\_\_ Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

3. Name \_\_\_\_\_ Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## References

I certify that all statements on this application are true and complete. I understand that false statements on this application shall be considered sufficient cause for rejection of application or reason for dismissal, if employed. MUHS District # 4 is authorized to make any investigation regarding past employment history. Past employment and reference checks are confidential.

I certify that I have read the job announcement for this position and that I meet the entire job requirements stated on the announcement, except as I have explained on this application.

As a condition of employment, I understand that a job offer may be conditioned upon my satisfactory completion of a physical exam and skill performance exam. The physical exam is to certify that I can perform the physical requirements of the job for which I am applying with or without reasonable accommodation. The skill performance exam is to certify that I have the skills necessary to perform the job requirements.

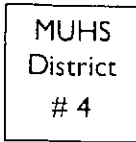
Please note that all documents submitted with this application become the property of MUHS District #4.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Thank you for your interest in a position with Mingus Union High School District # 4**

## Statement of understanding



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### Classified Employee Applicant Oath

Name: \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle/Maiden

I have applied for the following position: \_\_\_\_\_

I am the above listed applicant and I do hereby certify under penalty of perjury, either:

- I have never been convicted of committing a felony\* or misdemeanor\* (other than a misdemeanor traffic offense or infraction).

**Please specify all convictions and attach an additional sheet of paper, if necessary**

- I have been convicted\*\* of committing a felony or misdemeanor (not including a misdemeanor traffic infraction). Information specifying the felony or misdemeanor for which I was convicted is as follows:

Conviction(s) \_\_\_\_\_

Court(s) \_\_\_\_\_

Date(s) \_\_\_\_\_

Conviction(s) \_\_\_\_\_

Court(s) \_\_\_\_\_

Date(s) \_\_\_\_\_

Conviction(s) \_\_\_\_\_

Court(s) \_\_\_\_\_

Date(s) \_\_\_\_\_

\* A person is deemed to have been convicted of committing a felony or misdemeanor if such person has been convicted under the laws of any state, The United States, or any territory subject to the jurisdiction of the U.S. of an unlawful act, which, if committed within this state, would be a felony or misdemeanor.

\*\* "Convicted" means a conviction by a jury or by a Court and shall also include the forfeiture of any bail, bond or other security deposited to secure appearance by a person charged with having committed a felony or misdemeanor, the payment of a fine, a plea of *nolo contendere* (no contest) and the imposition of a deferred or suspended sentence by the court.

I hereby affirm that all information on and with this oath is true and completed. I understand that any misrepresentation of facts may result in my termination and that falsification of statements on and with this attestation may be punishable by law.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date