

**Mobile Elementary School District No 86** 

"Partnership in Learning for ALL"

42798 South 99th Ave \* Maricopa AZ 85139 \* Phone 520-568-2280 \* Fax 520-568-9361

## **APPLICATION FOR CLASSIFIED EMPLOYMENT**

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

(PLEASE PRINT)			Date of application:					
Position(s) applied f	or:							
	Advertisement			Employment AgencyOther				
Name:				Telephone:				
	Last	Fir	st	Middle				
Address	Street	City	State	Social Security No				
Tumber	Sheet	City	State					
Are you employed n	ow? Yes	No	May we c	contact your present employer? Yes No				
Are you prevented fi	rom lawfully becom	ing employed	l in the count	ry because of Visa or Immigration Status? Yes No				
Date available to wo	rk:		Full Time	Part TimeShift WorkTemporary				
Have you been conv	icted of a felony?	Yes	_No If yes	, please explain below and use the back of the page if you				
need additional roon	n							
Veteran of the U.S. I	Military Services?	Yes	No If	yes, give branch:				

## **EDUCATION**

Name of School or College	Dates of Attendance	Major Field	Semester Hours (Major)	Minor Field	Semester Hours (Minor)	Degree Earned or Expected	Date Earned or Expected

Describe special training, apprenticeship, skills, and extra-curricular activities:

Honors received:

State any additional information you feel may be helpful to us in considering your application:

## **EMPLOYMENT EXPERIENCE**

Please list the most recent position first. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin.

Employer:			Phone:
Address:			
Job Title:		Wage Per Hour:	Supervisor:
From: Month	Year	<b>To</b> : Month:	Year
Employer:			Phone:
Address:			
Job Title:		Wage Per Hour:	Supervisor:
From: Month	Year	<b>To</b> : Month:	Year
Employer:			Phone:
Address:			
Job Title:		Wage Per Hour:	Supervisor:
From: Month	Year	<b>To</b> : Month:	Year
		REFERENCES	
Please list three (3) reference related to you.	es that can give us info	prmation regarding your person	ality, character, or work performance that are not
Name:			Phone:
Address:			
Name:			Phone:
Address:			
Name:			Phone:
Address:			
		LCIATANT'S STATEM	

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal. I understand, also, that I am required to abide by all the regulations of the school district.

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