

OFFICE USE ONLY  
DATE RECEIVED

**MORRISTOWN SCHOOL DISTRICT NO. 75**

**P. O. Box 98**

**Morristown, Arizona 85342**

**APPLICATION FOR EMPLOYMENT**

Fill out the application carefully and completely. The 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 qualification for the positions being filled. The School District recruits, hires and promotes for all job classifications without regard to race, color, creed, sex, age, national origin or handicap.

Position Desired:(be specific) \_\_\_\_\_

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

**PERSONAL**

1. Name : \_\_\_\_\_  
Last First Middle

2. Address : \_\_\_\_\_

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

3. Home Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

4. \*Are you 18 years old or older? \_\_\_\_ Yes \_\_\_\_ No  
(\*The law requires bus drivers to be at least 21 years of age.)

5. Have you ever been convicted or pled "no contest" for any violation of law, other than minor traffic offenses?

\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please describe including when, where, and disposition of case.

6. Have you made application with this system before? \_\_\_\_ Yes \_\_\_\_ No  
If so, when? \_\_\_\_\_

7. Do you have any condition which may limit your ability to perform the job tasks?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.

8. Do you need full-time employment? \_\_\_\_ Yes \_\_\_\_ No  
Will you consider part-time? \_\_\_\_ Yes \_\_\_\_ No  
Temporary? \_\_\_\_ Yes \_\_\_\_ No  
Date Available: \_\_\_\_\_

For Certified Personnel Only:

What Arizona certificate(s) do you hold? Type of certificate: Elementary, Secondary, CDC, School Bus Driver, etc. If you do not hold an Arizona Certificate, for what Arizona certificate are you eligible as informed by the Teacher Certification Services, Arizona Department of Education?

<b>Certificate</b>	<b>Date Issued</b>	<b>Date of Expiration</b>

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**EDUCATION**

<b>Name of Last High School</b>	<b>Address</b>	<b>Date Graduated</b>

<b>Colleges-Universities</b>	<b>Address</b>	<b>Dates Attended</b>	<b>Degree</b>

<b>Business or Technical Schools</b>	<b>Address</b>	<b>Dates Attended</b>	<b>Certificate</b>

## EMPLOYMENT RECORD

List all jobs you have held, including U.S. military service and periods of unemployment. Start with your most recent employment and go back at least 10 years. If additional space is required, attach sheets as necessary.

May we contact your current employer? \_\_\_\_Yes \_\_\_\_No

<b>Name of Employer</b>	<b>Address</b>	<b>Position</b>	<b>Dates</b>
<b>Name of Supervisor</b>	<b>Phone Number</b>	<b>Reason for Leaving</b>	
<b>Name of Employer</b>	<b>Address</b>	<b>Position</b>	<b>Dates</b>
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<b>Name of Supervisor</b>	<b>Phone Number</b>	<b>Reason for Leaving</b>	

## PROFESSIONAL REFERENCES

Please list people who are familiar with your professional abilities.

Name	Address	Phone Number	Current Position
Name	Address	Phone Number	Current Position
Name	Address	Phone Number	Current Position
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Name	Address	Phone Number	Current Position

I hereby authorize each person, school district, firm and corporation listed on my application to answer any questions that may be asked and to give any information that may be sought concerning this application, my work, habits, character or skills. (We will not contact your current employer without your permission.)

I certify that to the best of my knowledge all answers and statements herein contained are true and I understand that any misstatement or omission of fact will subject me to dismissal or disqualification.

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