	SUPPORT STAFF EMPLOYMENT	APPLICATION	
5 Unified School Die	Whiteriver Unified School I	District No. 20	
	P.O. Box 190		
	959 S. Chief Aver	nue	
Whiteriver, Sk	Whiteriver, AZ 85	941	
Telepho	ne: (928) 358–5800 Fax: (928) 358–5801	website: www.wusd.us	
	PERSONAL INFORM	ATION	
Position Desired:		Date:	
Applicant Name:	(Please Print your Last, First , M		
	(Please Print your Last, First , M	iddle Initial)	
Mailing Address:			
	City, State, Zip	Contact Phone Home/Cell	
	Location of Residence: Email address:		
In what Language are	you fluent?		
List any valid certificat	e you may hold including fingerprint card:		
-	nployed by the Whiteriver Unified School Dist rere employed		
Do you Possess a Valid	Driver's License? Yes/No		
Type of License	License No	Expire Date	
If yes, state here A : the	nvicted of any crime other than a minor traffic nature of the conviction, B : the date of the co ere convicted, and D : whether the conviction	priving on the second address of	

		Education			
	Name of School & Locations	Course of Study	Number of years Completed	Did you Graduate?	Diploma Or Degree
High School					
Vocational Training					
College					
Other					

Health Are you able to do heavy lifting? 25 lbs. 50 lbs. 75 lbs.

Depending on position desired, you may be required to pass a physical exam.

	Employment	PLEASE FILL OUT AND DON'T JUST WRITE DOWN SEE RESUME.
List in c	nsecutive order beginning with the most recent position. Please give an	accurate and complete record.

Company Name	Address	Supervisor's Name & Title Telephone Nu	
Job Title		Employment (Month & Year) From	То
Reason for Leaving		Description of Work	

Company Name	Address	Supervisor's Name & Title Telephone Num	
Job Title		Employment (Month & Year) From To	
Reason for Leaving		Description of Work	

Company Name	Address	Supervisor's Name & Title Telephone Nur	
Job Title		Employment (Month & Year) From	To
Reason for Leaving		Description of Work	

Company Name	Address	Supervisor's Name & Title	Telephone Number
Job Title		Employment (Month & Year) From To	
Reason for Leaving		Description of Work	

	Re	ferences	
	to forward a current refer		nality and work habits. Please ifications for this position. <u>Do</u>
Name	Position Title	Address	Telephone Number

Community Activities		
List each activity and specify the community.		
Activity	Community	

Consent to Conduct Background Investigation & Release

I, _______ (application's name), have applied for employment with the Whiteriver Unified School District. I understand that in order for the school district to determine my eligibility, qualifications and suitability for employment, the School District will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current employer and educational institution I have attended about my education, training, experience, qualification, job performance, professional conduct and education, 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 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 the 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.

I waive ____/do not waive _____ (initial one) my right to see any written reference or other information provided to the School District by any educational institution.

According to the Arizona Revised Statues Section 23-1361, any employer that provides a written communication to the School District regarding my current or past employment must send me a copy at my last known address, I acknowledge that some employers are willing to provide factual written references concerning a current or past employee unless that maybe so confidentially, without revealing the references to the employee, and that the School District will no further consider my application if it cannot complete its background investigation.

I waive ____/do not waive _____ (initial one) my right to receive a copy of any written reference furnished to the School District my employers or educational institution, I release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educations institution, any officer or employee of either that in food faith furnished written or oral reference requested by the School District to complete background investigation.

Dated this _____ day of _____, ____ (year)

Witness

Signature of Applicant

This signature part does NOT need to be Notarize.

Are you currently employed? Yes 🗌 No 🗌 If yes, rate of pay
Would you be willing to work nights? Yes 🗌 No 🗌
Would you be willing to work on weekends? Yes 🗌 No
When would you be available to start work?

ACKNOWLEDGMENT OF APPLICANT

Every answer I have provided on the application is both complete and truthful. I understand and agree that (I) if any information is omitted from or not filled in the application, or if any false information is furnished, I will be ineligible for any future consideration for employment and may be subject to criminal prosecution, and (3) of I am employed by the district. I may be dismissed from employment criminal prosecuted, if it is later determined that I have furnished false information on this application, I understand acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature of Applicant

Date

COMMENTS

EQUAL EMPLOMENT OPPORTUNITY

Discrimination against any individual for reasons of race, color, religion, sex, natural origin, and handicap is prohibited. Efforts will be main in recruitment and employment to ensure equal opportunity in employment for all qualifies person, Indian Preference will be given as per policy GBAC

FOR DISTRICT USE

Date Application Received:

Application Received by: