

**BULLHEAD CITY ELEMENTARY SCHOOL DISTRICT #15**  
**1004 HANCOCK ROAD**  
**BULLHEAD CITY, AZ. 86442**  
**(928) 704-5754**  
**(928) 758-4996 FAX**

**APPLICATION FOR EMPLOYMENT**  
**CLASSIFIED POSITIONS**

(Please print or type)

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

2. Present Address \_\_\_\_\_  
Street/P.O. Box City State Zip

3. Telephone # (\_\_\_\_\_) \_\_\_\_\_ Message Telephone # (\_\_\_\_\_) \_\_\_\_\_

4. Please list the specific position for which you are applying and are qualified:

\_\_\_\_\_

Part Time       Full Time       Either

5. Have you ever interviewed, worked or volunteered for the Bullhead City Elementary School District?  
 Yes     No    If yes, give dates/position: \_\_\_\_\_

6. Do you have any relatives or family members currently employed by the Bullhead City Elementary School District?  Yes     No    If yes, name(s)/position: \_\_\_\_\_

\_\_\_\_\_

7. Are you fluent in any languages other than English?  Yes  No    If yes, what language(s) do you speak/read/write \_\_\_\_\_

8. If hired, can you provide verification of your legal right to work in the United States?  Yes  No

**9. EDUCATION**

| Name of High School | Location (City, State) | Diploma/GED Attained |
|---------------------|------------------------|----------------------|
|---------------------|------------------------|----------------------|

\_\_\_\_\_

| Colleges/Universities | Location (City, State) | Major | Diploma Attained/<br>Credits Earned |
|-----------------------|------------------------|-------|-------------------------------------|
|-----------------------|------------------------|-------|-------------------------------------|

\_\_\_\_\_

| Technical or<br>Business School | Location (City, State) | Area of Study | Diploma Attained/<br>Certificate Obtained/<br>Credits Earned |
|---------------------------------|------------------------|---------------|--|
|---------------------------------|------------------------|---------------|--|

\_\_\_\_\_

\_\_\_\_\_

10. **EMPLOYMENT HISTORY** (List in order your past **ten years**, starting with your most recent employment. Account for all employment gaps. Attach additional pages as necessary.)

Name of Employer: \_\_\_\_\_

Location (City, State): \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Position or Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer if you are considered for the position?  Yes  No

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Name of Employer: \_\_\_\_\_

Location (City, State): \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Position or Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer if you are considered for the position?  Yes  No

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Name of Employer: \_\_\_\_\_

Location (City, State): \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Position or Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer if you are considered for the position?  Yes  No

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**EMPLOYMENT HISTORY (CONTINUED)** *(List in order your past **ten years**, starting with your most recent employment. Account for all employment gaps. Attach additional pages as necessary.)*

Name of Employer: \_\_\_\_\_

Location (City, State): \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Position or Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer if you are considered for the position?  Yes  No

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Name of Employer: \_\_\_\_\_

Location (City, State): \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Position or Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer if you are considered for the position?  Yes  No

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Name of Employer: \_\_\_\_\_

Location (City, State): \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Position or Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer if you are considered for the position?  Yes  No

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11. **PROFESSIONAL REFERENCES** (Minimum **three** former supervisors or Business Associates. **Do not list family or close personal friends.**)

| Name | Business Relationship | Telephone # |
|------|-----------------------|-------------|
|      |                       |             |
|      |                       |             |
|      |                       |             |

12. Answering “YES” to any of the following five (5) questions will not necessarily result in denial of employment. Your written explanation will assist the District in determining your eligibility and suitability for employment. **If you answer “YES” to any question, you must provide a complete written account of the incident(s). Attach additional sheets if necessary.**

- No  Yes Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)?
  
- No  Yes Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer “YES” even if the matter was resolved with any form of settlement or severance agreement, regardless of its terms.
  
- No  Yes Have you ever had any license or certificate of any kind (teacher certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private?
  
- No  Yes Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise or by your current or any previous employer)?
  
- No  Yes Have you ever been convicted of, admitted committing, or are you awaiting trial for any dangerous crime against children as defined in ARS 13-604.01?

**PLEASE READ THIS CAREFULLY BEFORE SIGNING THIS APPLICATION**

I authorize each person, school district, firm or corporation listed on my application to answer any questions they are asked and to give any information concerning this application including work habits, character or skills. (The Bullhead City Elementary School District will not contact your current employer without your permission).

Every answer I have provided on this application is complete and truthful. I understand and agree that:

1. If any information is omitted from or not filled in on this application, or if any false information is furnished, the District will reject my application.
  
2. If any information is false, I will be ineligible for future consideration for employment and may be subject to criminal prosecution.
  
3. If I am employed by the District, I may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined I have furnished false information on this application.

I understand, at the time of hire, I will be responsible for expenses incurred to complete fingerprinting and background investigation fees.

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

**Please Note:** Bullhead City School District reserves the right to consider only the most qualified applications for each position. Depending on the position requirements, all District employment is contingent upon the successful completion of drug screening, medical evaluations, verification of previous employment, fingerprinting and criminal background checks through the Dept. of Public Safety and the Federal Bureau of Investigation.

**Unless we are notified in writing to keep this application on file, it will be discarded after one year.**

It is the policy of Bullhead City Elementary School District #15 not to discriminate on the basis of sex, race, color, creed, age, disability, political affiliation, marital status or national origin in its education programs, activities, or employment policies as required by Federal Law.

Compliance Officer: Superintendent, Bullhead City Elementary School District #15  
1004 Hancock Road  
Bullhead City, AZ. 86442  
(928) 758-3961

Bullhead City Elementary School District 15  
1004 Hancock Road  
Bullhead City AZ 86442

## SUPPORT STAFF HIRING

### CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, \_\_\_\_\_, [applicant's name] have applied for employment with Bullhead City School

District to work as a \_\_\_\_\_ [job title]. 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 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, positions(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 District by any educational institution.

According to Arizona Revised Statutes 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 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 District will not further consider my application if it cannot complete its background investigation.

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

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

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Applicant)