



**CLASSIFIED APPLICATION**  
**ROUND VALLEY UNIFIED SCHOOL DISTRICT NO. 10**  
**POST OFFICE BOX 610**  
**SPRINGERVILLE, ARIZONA 85938**  
**PHONE: (928) 333-6592 FAX: (928) 333-2823**

<b>P E R S O N A L  I N F O R M A T I O N</b>	Last Name	First	Middle	Date of Application
	Address – Physical location and Mailing (need both, not just post office box number)			Home Telephone ( )
	City, State, Zip Code			Cellular Telephone ( ) Business Telephone ( )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location/Position _____			Social Security Number
	Position(s) Applying for:			Desired Salary
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what days/hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States of America?			When will you be available to begin work?

<b>E D U C A T I O N</b>	School	Name & Location of School	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
	Elementary/Junior High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>R E F E R E N C E S</b>	List names and telephone numbers of three business/work references <b>who are not related to you and are not previous supervisors.</b> If not applicable, list three school or personal references <b>who are not related to you.</b>		
	Name of Reference	Telephone Number(s)	Years Known

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

We consider all applicants without regard to race, color, religion, national origin, gender, age, marital status, the presence of non-job related medical condition or disability, or any other legally protected status.

Provide the following information for your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

E M P L O Y M E N T H I S T O R Y	EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
			FROM	TO	
	ADDRESS				
	JOB TITLE		HOURLY RATES/SALARY STARTING		
	IMMEDIATE SUPERVISOR & TITLE		\$	PER	
	REASON FOR LEAVING		FINAL HOURLY RATE/SALARY		
			\$	PER	
	EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
			FROM	TO	
	ADDRESS				
	JOB TITLE		HOURLY RATES/SALARY STARTING		
	IMMEDIATE SUPERVISOR & TITLE		\$	PER	
	REASON FOR LEAVING		FINAL HOURLY RATE/SALARY		
			\$	PER	
	EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
			FROM	TO	
ADDRESS					
JOB TITLE		HOURLY RATES/SALARY STARTING			
IMMEDIATE SUPERVISOR & TITLE		\$	PER		
REASON FOR LEAVING		FINAL HOURLY RATE/SALARY			
		\$	PER		
		FROM	TO		
EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
		FROM	TO		
ADDRESS					
JOB TITLE		HOURLY RATES/SALARY STARTING			
IMMEDIATE SUPERVISOR & TITLE		\$	PER		
REASON FOR LEAVING		FINAL HOURLY RATE/SALARY			
		\$	PER		
		FROM	TO		

May we contact references, both listed and otherwise, upon receipt of application?  Yes  No

**Skills and Qualifications** – Summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position(s) for which you are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments** - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information provided in this application is true and correct and I understand that, if employed, false statements shall be considered sufficient cause for dismissal. I authorize the verification of this information and the release of information pertinent to my employment from the sources identified in this application. I also agree that, should I become a finalist for a position within this District, I will provide an official fingerprinting for a background check through the Arizona Department of Public Safety.

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

\_\_\_\_\_  
Date

I understand that, if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations, or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purposes of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this employer's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that, if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

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

\_\_\_\_\_  
Date Signed