



WILLIAMS UNIFIED SCHOOL DISTRICT #2
P. O. BOX 427 802 S. 6TH STREET
WILLIAMS, ARIZONA 86046
928-635-4473 FAX 928-635-4767

The vision of the Williams Unified School District is to place each child in the best position to succeed intellectually, academically, emotionally, physically, and socially.

SUPPORT PERSONNEL APPLICATION

The Williams Unified School District operates according to policy adopted by the Governing Board on December 4, 2006. The Policy Manual is available for review at each school office and the district office, as well as online through the District website www.wusd2.org or on the webpage of The Arizona School Boards Association www.azsba.com

NAME: _____ DATE: _____

ADDRESS: _____
 (home address) (City) (State) (Zip)

ADDRESS: _____
 (mailing address) (City) (State) (Zip)

HOME PHONE: _____ MESSAGE PHONE: _____ CELL PHONE: _____

POSITION APPLIED FOR: _____ FULL TIME: _____ PART TIME: _____

WHEN WILL YOU BE AVAILABLE? _____ E-MAIL ADDRESS: _____

SUBMISSION OF A RESUME IS RECOMMENDED.

LIST BELOW IN ORDER OF SKILL OR ABILITY THE TYPE OF WORK YOU CONSIDER YOURSELF BEST QUALIFIED FOR:

1. _____ 2. _____ 3. _____ 4. _____

PLEASE CHECK ANY AREA IN WHICH YOU HAVE EXPERIENCE:

- Bookkeeping
- Computer Use
- Payroll
- Bus Driving
- Accounts Payable
- Working with Children
- Food Service
- Custodian
- Maintenance/ Mechanics
- Other (list) _____

EDUCATIONAL RECORD

NUMBER OF YEARS COMPLETED: ELEMENTARY SCHOOL _____ HIGH SCHOOL _____ COLLEGE _____

PLEASE LIST SCHOOLS ATTENDED:

	<u>NAME</u>	<u>NO. OF YEARS</u>	<u>DATE GRADUATED</u>	<u>DEGREE</u>
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE/UNIV.	_____	_____	_____	_____

DESCRIBE ADDITIONAL TRAINING NOT LISTED ABOVE: _____

WORK EXPERIENCE

DATES	EMPLOYER'S NAME (INCLUDE ADDRESS/PHONE)	SUPERVISOR'S NAME	REASON FOR LEAVING	POSITION HELD
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FROM

TO

FROM

TO

FROM

TO

FROM

TO

HAVE YOU EVER BEEN DENIED EMPLOYMENT? _____

IF SO, STATE REASON: _____

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM A POSITION? _____

IF SO, STATE REASON: _____

REFERENCES

LIST THE NAME, ADDRESS AND PHONE NUMBER OF THREE REFERENCES. PLEASE DO NOT LIST RELATIVES.

1. _____

2. _____

3. _____

WILLIAMS UNIFIED SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

The Williams Unified School District affirms that it does not discriminate on the basis of race, color, national origin, religion, marital status, gender, age or disability in admission or access to, or treatment or employment in its educational programs or activities.

I GIVE PERMISSION FOR AN OFFICIAL FROM WILLIAMS USD #2 TO CONTACT MY CURRENT EMPLOYER.

_____ YES _____ NO (please initial your choice)

I VERIFY THAT I HAVE REVIEWED THE STATEMENTS ON THIS APPLICATION AND THAT THE INFORMATION PROVIDED BY ME IS TRUE AND ACCURATE.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

CONVICTION REPORT

Because of the responsibility the Williams Unified School District has to its school children and community, the following information is needed from all applicants and employees regarding convictions.* A record of conviction does not necessarily disqualify an applicant from consideration: however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of dismissal if employed and may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions that occur subsequent to the time they initially complete this form. Questions regarding this information should be directed to the superintendent's office. Please read carefully and answer every question. (Please print clearly)

- a. Name: _____
- b. Have you ever been employed under another name? If so, what was that name?

- c. Have you ever been convicted of a minor offense other than a traffic violation? Yes No
- d. Have you ever been convicted of a felony? ** Yes No
- e. Are you now awaiting trial on a felony charge? Yes No
- f. Have you ever been convicted of a sex or drug related offense? Yes No
- g. Have you ever admitted or been convicted of a dangerous crime against Children as defined in A.R.S. 13-604.01? *** Yes No

IF YOU HAVE ANSWERED YES TO ANY QUESTION C-G, ATTACH THE SUPPLEMENTAL CONVICTION INFORMATION FORM AVAILABLE AT THE DISTRICT OFFICE.

Is there any other information not required by this application that you should disclose to the District so that it may accurately evaluate your fitness to work in a position of public trust with minor students?

Yes No

If you are uncertain of the relevance or necessity to disclose a matter, trait, etc., disclose and the District will determine whether the information is pertinent. If your answer is anything other than **NO** explain fully. (use separate piece of paper if necessary)

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate, and complete.

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of Williams School District.

I authorize the Williams Unified School District to make reference checks prior to employment and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed and the Governing Board has officially approved my employment. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

Signature _____ Printed Name _____ Date _____

***CONVICTION** means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. **Conviction** does **not** include a final judgment which has been expunged by pardon, reversed, set aside or otherwise rendered invalid.

**Prior to hiring you must submit a notarized statement attesting to the fact that you are not now awaiting trial on or have ever been convicted of or admitted to in open court or pursuant to a plea agreement, to committing any of the crimes listed in A.R.S. 15-521D. In conjunction with this you will submit fingerprints for a background check.

***See next page

****A.R.S. 15-512(D)**

1. Sexual abuse of a minor
2. Incest
3. First or second degree murder
4. Kidnapping
5. Arson
6. Sexual assault
7. Sexual exploitation of a minor
8. Felony offense involving contributing to the delinquency of a minor
9. Commercial exploitation of a minor
10. Felony offenses involving the sale, distribution, transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana or dangerous or narcotic drugs
11. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotics drugs.
12. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
13. Burglary in the first, second or third degree
14. Aggravated or armed robbery
15. Robbery
16. A dangerous crime against children as defined in section 13-604.01
17. Child abuse
18. Sexual conduct with a minor
19. Molestation of a child
20. Voluntary manslaughter
21. Aggravated assault
22. Assault
23. Exploitation of minors involving drug offenses

*****A.R.S. 13-604.01 Dangerous Crimes against Children**

Prohibits any of the following with a minor under the age of 15

1. Second degree murder.
2. Aggravated assault resulting in a serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument.
3. Sexual assault.
4. Molestation of a child.
5. Sexual conduct with a minor.
6. Commercial sexual exploitation of a minor.
7. Sexual exploitation of a minor.
8. Child abuse as prescribed in section 13-3623, subsection A, paragraph 1.
9. Kidnapping
10. Sexual abuse
11. Taking a child for the purpose of prostitution
12. Child prostitution
13. Involving or using minors in drug offenses.
14. Continuous sexual abuse of a child
15. Attempted first degree murder
16. Sex trafficking
17. Manufacturing dangerous drugs under circumstances that cause physical injury to a minor.

SUPPORT STAFF HIRING

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, _____ (applicant name), have applied for employment with the Williams Unified 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, qualification, job performance, professional conduct and evaluations 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 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) 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 paragraph, I waive ___/do not waive___ (initial only one) my right to see 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, furnished 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 the original.

Signature _____

Date _____

Printed name _____

Witness _____

Date _____

(This page must be completely filled out, signed and dated by applicant and witness in order for applicant to be considered for employment.)