

**PINAL COUNTY SCHOOL OFFICE**

**Attn: Shannon Henderson**

P. O. Box 769  
Florence, AZ 85132  
520-450-4479

**Mary C. O'Brien Accommodation SD**    **Secure Care Program**    **Professional Development Division**  
(Please check applicable school/program.)

**APPLICATION FOR  
CLASSIFIED EMPLOYMENT**

**THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT**

Classified CONTRACT POSITIONS are for one-year only. The contract employee has no reasonable expectation of continued employment beyond the term of the written contract. The employment of any NON-CONTRACT employee is on an "at-will" basis, meaning that the employment relationship may be terminated at any time by either the employee, or the employer, for any reason not prohibited by law. Any oral or written representation to the contrary is not authorized, is not binding on the employer and should not be relied upon by any prospective employee.

\_\_\_\_\_

Last Name

First

Middle

Date of Application \_\_\_\_\_

Date of Availability \_\_\_\_\_

POSITION(S) DESIRED: (*Indicate one or more*)    Full-time    Part-time    Temporary

a. \_\_\_\_\_   b. \_\_\_\_\_   c. \_\_\_\_\_

Submission of resume is recommended, not required.

**This application must be completed in full regardless of whether a resume is attached.**

This application will be retained for one year.

**DRUG-FREE WORKPLACE**

The Pinal County School Superintendent maintains a drug-free workplace and reserves the right to test employees for use of alcohol or drugs whenever reasonable suspicion exists that the employee has violated the drug-free workplace policy. In addition, bus drivers and other employees required to have a Commercial Driver's license shall be tested as a part of the initial and annual physical examination required for certification by state law. In compliance with federal law, bus drivers and other employees required to have a Commercial Driver's license shall also be tested upon application, post-accident, and at random.

**AN EQUAL OPPORTUNITY ORGANIZATION**

The PCSS does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap/disability, or national origin.

**REASONABLE ACCOMMODATION:** Any applicant with a disability who needs reasonable accommodation in any step of the application process should contact the Human Resources Department at (520) 450-4479

**PERSONAL DATA** *(Please type or print)*

1. Name \_\_\_\_\_ 2. Other names used \_\_\_\_\_
3. Dates of usage \_\_\_\_\_ 4. **Email address** \_\_\_\_\_
5. Home mailing address: 6. Previous mailing address:
- Street \_\_\_\_\_ Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- Zip \_\_\_\_\_ **Phone/Cell** \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
7. Do you have a **Commercial** Driver’s license?  Yes  No What Class? \_\_\_\_\_
- Driver’s License Number \_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration Date \_\_\_\_\_
8. Are you legally eligible to work in the United States?  **Yes**  **No** Do you presently have work authorization that would allow you to begin working immediately?  **Yes**  **No**

**WORK EXPERIENCE**

9. List current and/or previous employers – put **most recent experience first**. The school/program shall contact your current employer for a reference.

**Transportation applicants** must also sign a “Consent for Information from Previous Employers on Alcohol and Controlled Substances Testing” form.

DATES EMPLOYED	EMPLOYER’S NAME (Include complete address)	PHONE	SUPERVISOR’S NAME	REASON FOR LEAVING	POSITION & SALARY
From _____ To _____					_____ \$ _____
From _____ To _____					_____ \$ _____
From _____ To _____					_____ \$ _____
From _____ To _____					_____ \$ _____
From _____ To _____					_____ \$ _____

10. Please explain any gaps in employment of over 30 days.
- \_\_\_\_\_
- \_\_\_\_\_
11. Have you ever been dismissed from a position? *(Please check)*  **Yes**  **No**
- If yes, explain \_\_\_\_\_
- \_\_\_\_\_

12. Have you ever been asked to resign from a position? (Please check)  Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

13. Have you ever resigned from a position rather than being dismissed? (Please check)  Yes  No

If yes, explain \_\_\_\_\_

### EDUCATION

14. List schools attended and special training received:

	Name	Location	Grad/Degree	Major Area of Study
HIGH SCHOOL				
COLLEGE / TECHNICAL SCHOOL				

Indicate college hours completed or degree awarded: \_\_\_\_\_

### PROFESSIONAL EXPERIENCE OR TRAINING

15. Describe additional training not listed above (i.e. trade schools, business schools, etc.)

\_\_\_\_\_  
\_\_\_\_\_

16. Languages spoken fluently (other than English): \_\_\_\_\_

17. Are you a former employee?  Yes  No Dates of Employment \_\_\_\_\_

### PERSONAL INFORMATION AND REFERENCES

18. Give names and **complete addresses** of three references who are familiar with your personality, character and work performance. (*Do not include family/relatives.*)

NAME	YEARS KNOWN	OFFICIAL POSITION	COMPLETE ADDRESS	PHONE

19. List any relatives currently employed by the school/program:

\_\_\_\_\_

### SELECTIVE SERVICE REGISTRATION (In compliance with A.R.S. § 38-201)

20. Are you required to be registered with the Selective Service System?  Yes  No

If YES, please state the place of registration indicating the following:

\_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ LOCAL BOARD NUMBER

Selective Service Number: \_\_\_\_\_

# CRIMINAL ACTIVITY REPORT

Because of the responsibility the Pinal County School Superintendent has to our school children and community, the following information is needed from all applicants and employees. A record of arrest or conviction\* does not prohibit employment. However, failure to complete this form accurately and completely may mean disqualification from consideration for employment, or may be cause for dismissal if employed. Failure to disclose all information may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions and arrests that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Pinal County School Superintendent's Office. Please read carefully and answer every question. **Please print clearly.**

1. Name \_\_\_\_\_  
 Other names used \_\_\_\_\_ Dates of usage \_\_\_\_\_

**Answer these questions truthfully, even if the condition was ultimately expunged, reversed or otherwise set aside. If any of the boxes are marked "YES", fill in the information below and attach a letter of explanation.**

- 2. Have you ever been convicted of any misdemeanor offense(s) other than traffic violation(s)?  Yes  No
- 3. Have you ever been convicted of a DUI offense?  Yes  No
- 4. Have you ever been convicted of a felony?  Yes  No
- 5. Have you ever been convicted of a sex or drug related offense?  Yes  No
- 6. Have you ever been convicted of a dangerous crime against children as defined in A.R.S. §13.604.01?\*\*\*  Yes  No
- 7. Have you ever been arrested for any offense which has not been resolved?  Yes  No

CONVICTION INFORMATION			
CONVICTION CHARGE		DATE OF CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
FACTUAL DETAILS OR OTHER REMARKS:		LENGTH AND TERMS OF PROBATION:	

\*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.  
 \*\*\*A.R.S. § 13.3716 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined in A.R.S. § 13.604.01 as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse, if any of these crimes are committed against a minor under 15 years of age.

Under penalty of prosecution, perjury 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 the Pinal County School Superintendent. I authorize the PCSS to make reference and criminal background 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 Pinal County School Superintendent has officially approved my employment. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal. Furthermore, I understand that I have no right of access to any materials submitted and information gathered by the PCSO during the application process and that such materials and information are considered the sole property of the Pinal County School Superintendent's Office.**

\_\_\_\_\_  
**Applicant Name**
\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature required at interview**

**PINAL COUNTY SCHOOL OFFICE  
CLASSIFIED APPLICATION – ADDENDUM 1**

**QUALIFICATIONS**

Name: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the following information in reference to the position that you are applying for:

1. Describe how your previous work experience has prepared you for this position.

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2. What previous jobs or work experience has required you to perform similar job duties.

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3. Please explain what qualities or abilities you have that you feel will contribute to the school/  
program.

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PINAL COUNTY SCHOOL OFFICE

Consent to conduct Background Investigation and Release/Waiver

I, \_\_\_\_\_, have applied for employment in a school/program administered by the Pinal County School Superintendent.

I understand that in order for the Pinal County School Office to determine my eligibility, qualifications and suitability for employment, they will conduct a background investigation if I am considered for an offer of employment. This investigations may include asking my current and any former employer about my education, training, experience, job performance, professional conduct and evaluations as well as confirming my dates of employment, position(s) held, reason(s) for leaving, whether I would be eligible for rehire, reasons for not rehiring (if applicable) and similar information.

**I hereby give my consent for any employer to release any information requested in connection with this background investigation. By my signature below, I hereby waive my right to review this reference, and I understand that the contents of this reference will not be available to me now, or at any future time.**

**A photocopy or facsimiled (“fax”) copy of this form which shows my signature shall be considered as valid as an original.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_.

Applicant’s Signature: \_\_\_\_\_

**To be completed by bus driver applicants ONLY!!!**

**PINAL COUNTY SCHOOL OFFICE**

**CONSENT**

**For Information from Previous Employer(s)  
On Alcohol and Controlled Substances Testing**

As a condition of employment and in compliance with 49 C.F.R. & 382.413, any individual seeking employment in a position covered by the Federal Omnibus Transportation Act of 1991 shall provide the Pinal County School Superintendent with written consent for any previous employer(s) to disclose to the district information of any alcohol test with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested within the preceding two years. In seeking the requested information, the Pinal County School Office will provide the previous employer(s) with a copy of this consent to disclosure.

The Pinal County School Superintendent shall not consider an applicant for employment if any such result/refusal exists in the two years preceding the date indicated on this consent. The Pinal County School Superintendent may not consider an applicant for employment if any previous employer declines to provide the required information.

**CONSENT DECLARATION**

I, \_\_\_\_\_ hereby give consent that any employer for whom I have worked in the preceding two years may disclose to the Director of Transportation or designee, Mary C. O'Brien Accommodation School District/Pinal Special Education Program, the following information from my prior employment:

- any alcohol test with a concentration result of 0.04 or greater,
- any positive controlled substances test result, and
- any refusal to be tested within the preceding two years.

I understand that the information will be considered confidential and will be disclosed within the district on a need-to-know basis only.

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

\_\_\_\_\_  
Date

**To be completed by bus driver applicants ONLY!!!**