

**Maricopa Unified School District
CLASSIFIED PERSONNEL APPLICATION**

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

Name _____ Position Desired _____
 First Last

Mailing Address _____
 Street or PO City Zip

Contact Info _____
 1st Phone # 2nd Phone # email

Employment History - *need to include information covering last 8 years.*

Current employer _____ Start Date _____
 (If not working put none.)

Address _____
 Street City Zip

Position _____ Phone _____ email _____

1st Previous employer _____ Start Date _____
 (If not working put none.)

Address _____
 Street City Zip

Position _____ Phone _____ email _____

2nd Previous employer _____ Start Date _____
 (If not working put none.)

Address _____
 Street City Zip

Position _____ Phone _____ email _____

Education

High School you attended _____ Did you graduate? _____

Address _____

If you didn't graduate from High School, did you complete GED? _____

Where _____
(if job description requires high school graduation, must be able to verify)

Did you attend college? _____ If so list college _____

How many years _____ or semesters _____ address _____

Special skills or training pertinent to this position _____

General Information

Do you have a valid California Drivers Licence? _____ Do you have a valid California Bus Drivers Certificate? _____

Do you have any CPR training? _____ If so, give date of training _____

Have you ever been convicted of a crime other than a minor traffic violation? _____ If so, explain _____

(it is state law that all tentative school employees' fingerprints be cleared with DOJ before hired)

Name and address of three professional character references.

1) Name _____ Phone # _____

Address _____
Street City Zip email

2) Name _____ Phone # _____

Address _____
Street City Zip email

3) Name _____ Phone # _____

Address _____
Street City Zip email

I HEREBY CERTIFY that all statements made in this application are true. I authorize the District to investigate my references, work record, education, and other matters related to my suitability for employment. I also authorize the references and my prior employers to disclose to the District any and all letters, reports, and other information related to my professional and personal background, without giving me prior notice of such disclosure.

I agree and understand that any misstatement of material facts herein will cause (a) rejection of my application, and (b) forfeiture on my part to any employment or payment as an employee in the service of this District. I further agree to be fingerprinted, to submit to a complete medical examination, and upon employment, to furnish such proof of age and citizenship as may be directed.

Signature of Applicant

Date

Return to : Maricopa Unified School District - 955 Stanislaus St, Maricopa CA 93252