



P.O. BOX 3940 / 19 Poplar St. Page, AZ 86040 928-645-2737 FAX: 928-645-2773

Employee Application

AN EQUAL OPPORTUNITY EMPLOYER-The Coconino Association for Vocations, Industry and Technology (CAVIAT) Joint Technical Education District does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap, or national origin.

Position Applied for:				Date of Application:	
Last Name:		First Name:		Middle Name:	
Street Address:		P.O. Box	City	State	Zip Code
Telephone Number(s)		Email address:			Social Security Number

How long at the above address: _____ If you have lived at the above address for less than five years, please provide Coconino Association for Vocations, Industry and Technology with the following information:

Previous Address: _____ City: _____ State: _____ Zip: _____

Please list any other former names or alias you may be using, or have used in the past:

EDUCATION

	Name	Location		Years Attended	Diploma Yes or No	Degree/Major Area of Study
		City	State			
High School						
College						
Technical School						

Please list any skills or additional training you possess which would be helpful in evaluating your suitability for employment:

When will you be available for work?

Have you ever been dismissed from a position or asked to resign? _____ Yes _____ No
 If yes, please explain?

Do you have a current driver's license? _____ Yes _____ No
 License number _____ Issuing state _____
 Do you have any other type of license and/or certification? _____ Yes _____ No
 If yes, please specify:

Do you speak/write a language other than English? _____ Yes _____ No
 If yes, please specify:

EMPLOYMENT EXPERIENCE

Start with your present or most recent job and go back for the previous five years. Include all specific information on previous work or volunteer experience which may be helpful in considering your application. Use additional pages if necessary.

Name of Employer:		Phone:	
Address:		Name of Supervisor:	
Job Title:		Work Performed:	
Dates of Employment: (month/year)		Reason for Leaving:	
Name of Employer:		Phone:	
Address:		Name of Supervisor:	
Job Title:		Work Performed:	
Dates of Employment: (month/year)		Reason for Leaving:	
Name of Employer:		Phone:	
Address:		Name of Supervisor:	
Job Title:		Work Performed:	
Dates of Employment: (month/year)		Reason for Leaving:	
Name of Employer:		Phone:	
Address:		Name of Supervisor:	

Job Title:	Work Performed:
Dates of Employment: (month/year)	Reason for Leaving:
Name of Employer:	Phone:
Address:	Name of Supervisor:
Job Title:	Work Performed:
Dates of Employment: (month/year)	Reason for Leaving:

PERSONAL REFERENCES: (List three)

Name	Position	Years Known	Current Phone Number

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

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 CAVIAT has to its 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. Please read carefully and answer every question.

“Yes” answers to the following five questions will not necessarily result in denial of employment. The Coconino Association for Vocations, Industry and Technology will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist the District in determining your eligibility and suitability for employment. Attach additional sheets if necessary.

1. 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)? You must answer “YES” even if the matter was later dismissed, deferred, vacated or expunged. If you answer “YES” you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

_____Yes _____No Explanation: _____

2. Have you ever been dismissed (fired) from any job, or resign 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 resolved with any form of settlement or severance agreement, regardless of its terms. If you answer "YES" you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and statement of the alleged reasons for termination.

____Yes ____No Explanation: _____

3. Have you ever had any license or certificate of any kind (teaching 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? If you answer "YES" you must provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.

____Yes ____No Explanation: _____

4. 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? If you answer "YES" you must provide the name, address and telephone number of the employer of licensing body and statement of the accusations against you.

____Yes ____No Explanation: _____

5. Have you ever been convicted of a dangerous crime against children as defined in ARS 13-604.01?
____Yes ____No If so, provide details on the following page including, date of conviction, court where convicted, sentence imposed and present status of conviction.

*Conviction means the final judgment on a verdict or finding of guilty, plea of guilty, or a plea of *nolo contendere*, in any state or federal court.

Additional Information _____

By signing this application, I authorize you to request information concerning my education, training, experience, qualifications and job performance from any former and current employer of mine (except as specifically indicated above) and I specifically waive any right I under under ARS 23-1361.B or otherwise to receive or examine a copy of any written communication regarding employment furnished by any former or current employer of mine.

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

READ THIS PARAGRAPH BEFORE SIGNING THIS APPLICATION

Every answer I have provided this application is both 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 Coconino Association for Vocations, Industry and Technology District will reject my application;
- (2) If any false information is furnished, I will be ineligible for any future consideration for employment and may be subject to criminal prosecution;
- (3) If I am employed by the Coconino Association for Vocations, Industry and Technology District, I may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked, if it is later determine that I have furnished false information on this application.

Signature of Applicant

Date