

POMERENE SCHOOL DISTRICT NO. 64
1396 N. Old Pomerene Rd.
P O Box 7
Pomerene, Arizona 85627
TEL: (520) 586-2407
FAX: (520) 586-7724

APPLICATION FOR CLASSIFIED EMPLOYMENT

Name _____
Last First Middle

Present Address _____
Street/P.O. Box City State Zip

Permanent Address _____
Street/P.O. Box City State Zip

Phone () _____ Message () _____

Email _____

Please list, in order of preference, the specific position or positions for which you are certified or wish to be considered as an applicant for:

- (1) _____
- (2) _____
- (3) _____

Part time: _____ Full Time: _____ Full Time Only: _____

Have you retired from Arizona State Retirement System? _____

If yes, when? _____ If yes, a return to work application is required

Have you ever interviewed with the Pomerene School District before? _____

If yes, when? _____ Under what name? _____

Do you have any relatives, or family members that work for the district? _____

Relationship? _____

Do you speak/read/write any languages other than English? _____ If yes, what language(s)

do you speak/read/write? _____

It is the policy of Pomerene Elementary School District #64 not to discriminate on the basis of sex, race, color, creed, age, disability, political affiliation, martial status or national origin in its educational programs, activities, or employment policies as required by Federal Law.

**Compliance officer: Michael Sherman, Pomerene School District Office,
P.O. Box 7, 1396 N. Old Pomerene Rd., Pomerene, Arizona 85627, (520) 586-2407.**

Have you ever been convicted or plead "no contest" for any violation of law other than minor traffic offenses? Yes _____ No _____ (NOTE: conviction of a crime is not an automatic bar from employment) If yes, please give details: _____

Note: All candidates for positions with the Pomerene School District will complete the A.R.S. 15-512 certification

Complete in your own handwriting:

Statement as to why you feel qualified for the position(s) applied for:

What are your strengths and weaknesses as related to the position you are applying for?

If applying for Teacher's Aide position, please list specific activities working with children?

NAME OF HIGH SCHOOL	LOCATION (CITY, STATE)	DATES ATTENDED
---------------------	------------------------	----------------

COLLEGE/UNIVERSITY	LOCATION (CITY, STATE)	DATES ATTENDED	MAJOR	DEGREES
--------------------	------------------------	----------------	-------	---------

TECH/BUSINESS SCHOOL	LOCATION (CITY, STATE)	DATES ATTENDED	CERTIFICATES
----------------------	------------------------	----------------	--------------

EMPLOYMENT RECORD

List in order, starting with your most recent employment:

Name of Employer: _____
Location (City, State) _____ Phone _____
Dates Employed from _____ To _____
Position Held _____ Reason for Leaving _____

Name of Employer: _____
Location (City, State) _____ Phone _____
Dates Employed From _____ To _____
Position Held _____ Reason for Leaving _____

Name of Employer: _____
Location (City, State) _____ Phone _____
Dates Employed From _____ To _____
Position Held _____ Reason for Leaving _____

PERSONAL/PROFESSIONAL REFERENCES

(Former supervisor, clergy, someone that can respond to your character and work habits)

NAME	TITLE	PRESENT ADDRESS	PHONE NUMBER
------	-------	-----------------	--------------

I hereby authorize each person, school district, firm, and corporation listed on my application to answer any questions that may be asked and to give information that may be sought concerning this application, my work habits, character or skills. The Pomerene Elementary School District will not contact your current employer without your permission.

If presently employed, may we contact your present employer? Yes _____ No _____

Why do you want to work for the Pomerene Elementary School District?

certify that to the best of my knowledge all answers and statements herein contained are true
and I understand that any misstatement or omission of fact will subject me to dismissal
or disqualification.

Signature

Date

**APPLICATIONS WILL BE DISCARDED AFTER TWO YEARS FROM THE DATE OF
RECEIPT UNLESS WE ARE NOTIFIED IN WRITING TO KEEP THE APPLICATION ON FILE.**

OFFICE USE ONLY

Date of Interview

Election Date _____

Position Desired

Assignment _____

Interviewed by

Salary Amt. \$ _____