

San Tan Charter School

San Tan Montessori Private Preschool



APPLICATION FOR EMPLOYMENT

Position Desired: _____

Submission of Resume Required

LAST	FIRST	CURRENT SALARY
DOB	SSN	EMAIL ADDRESS
ADDRESS: STREET	CITY/STATE	ZIP
HOME PHONE	MESSAGE PHONE	DATE OF APPLICATION

DRUG FREE WORKPLACE

The School maintains a drug-free workplace and reserves the right to test employees for use of alcohol or drugs on basis of cause.

AN EQUAL OPPORTUNITY ORGANIZATION

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

PERSONAL DATA

OTHER NAMES USED	PREVIOUS MAILING ADDRESS (if current is less than 5 yrs)	POSITION DESIRED	AVAILABLE TO START
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

EDUCATION

Name of School	City/State	Did you graduate?	If no, # of years left to graduate	If yes, date of graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

WORK EXPERIENCE

PREVIOUS EMPLOYER NAME (please list last 3)	CITY/STATE	BEG/END DATES	IMMEDIATE SUPERVISOR	CAN WE CONTACT	PHONE #	REASON FOR LEAVING
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

- Have you ever been dismissed or asked to resign from a position? *YES NO
- Have you ever resigned from a position rather than being dismissed? *YES NO
- Per ARS Section 15-183(C)(5), has your teaching certificate ever been revoked? *YES NO

*If answered yes to ANY of the above questions, please explain below:

CERTIFICATION

CERTIFICATES	CITY/STATE	EXPIRATION DATE

REFERENCES2 personal (other than family members)**

NAME	RELATION	PHONE

SELECTIVE SERVICE REGISTRATION

In compliance with A.R.S. 38-201

1. Are you required to be registered with the Selective Service System? YES NO

2. If yes, please state the city, state and board number of place of registration:

Selective Service Number: _____

IMMUNIZATION RECORD INFORMATION

Arizona State Department of Health Services Rules R9-6-742 provide for exclusion from school of non-immune persons during an outbreak of rubella (German Measles) or rubeola (measles). It shall be a condition of employment that the employee provides the school with evidence of immunity of rubella and rubeola unless the employee falls within one of the exceptions provided below. (Evidence of immunity consists either of a record of immunization or statement affirming having had the disease.)

Please check if you were born after January 1, 1942. If so, you must provide documentation of rubella.

Please check if you born after January 1, 1957. If so, you must also provide documentation of rubella.

EXCEPTIONS:

Statement signed by licensed physician or state/local health officer affirming that immunization is medically inappropriate.

Employee provides statement indication that religious reasons preclude compliance.

San Tan Charter & San Tan Montessori Private Preschool

3959 E Elliot Rd • Gilbert, AZ 85234 • P: 480-222-0811 • F: 480-471-5990

AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

I, _____, hereby authorize my prior employer to release any and all information relating to my employment with them to San Tan Charter School/San Tan Montessori Private Preschool. I further release and hold harmless both my former employer and San Tan Charter School/San Tan Montessori Private Preschool from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will not be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Applicant's Signature

Date

Below is for office use only:

To:		From:	HR Department
Fax:		Pages:	1
Phone:		Date:	
Re:	Employment Verification	CC:	

To Whom It May Concern,

San Tan Charter School/San Tan Montessori Private Preschool is requesting employment verification in regards to past/current employee. Please fill out this form and fax back to 480-471-5990 or email back to rtomljenovic@santancs.com.

Sincerely,

Rick Tomljenovic
Chief Operations Officer

1. Verify the candidate's dates of employment: Date: _____ to _____

2. Verify the candidate's title/position: _____

3. Verify last salary/hourly wage: \$ _____

4. Is the candidate eligible for rehire? (circle one) YES NO

If no, the reason why: _____
