

KINGMAN ACADEMY OF LEARNING

3410 N. Burbank Street, Kingman, AZ 86409 • (928) 681-2400

NON-CERTIFIED APPLICATION

Kingman Academy of Learning requires that all candidates selected to fill vacancies have a valid Arizona IVP Fingerprint Clearance Card prior to the initial date of their employment. Applicants may be given up to 60 days for a fingerprint clearance card to be approved by the Arizona Department of Public Safety. Based on the best interest of the school, Kingman Academy of Learning reserves the right to reduce or extend the length of time given for approval of a fingerprint clearance card.

Thank you for your interest in applying for a position with Kingman Academy of Learning. Please refer to the following steps as a guide for your application process:



Answer all questions completely, accurately and honestly. **Incomplete applications will not be accepted.** False statements are the cause for refusal of application, removal from consideration or dismissal from a position. Avoid any reference on the application to sex, race, creed, age, religion, handicap, or national origin. A resume may be attached but is not acceptable in lieu of a completed application.



Non-Certified applications and complete job descriptions are available at the District Office.



Bus driver applicants are required to attach a copy of their MVD record for the past five years.



Non-Certified applications remain on file for one year.



Applications can be updated by completing the Non-Certified Application Update Form which is available at the District Office.

If you are offered a position with Kingman Academy of Learning you will be required to show proof of immunity to Rubeola (Measles) if born on or after 1/1/57 and proof of immunity to Rubella (German Measles) regardless of your birth date. Also required will be your Social Security card and driver's license.

AN EQUAL OPPORTUNITY EMPLOYER IN COMPLIANCE WITH ALL STATE AND FEDERAL
NON-DISCRIMINATION AND AFFIRMATIVE ACTION GUIDELINES

**IDENTITY &
PERSONAL DATA**

Name _____ SS # _____
Last First Middle
 Address _____
 City _____ State _____ Zip Code _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Email Address _____
 Have you ever worked under a different name? Yes No If so, what name(s)? _____
 Are you retired from the Arizona State Retirement System (ASRS)? Yes No
 List any friends or relatives employed by Kingman Academy of Learning _____

 Do you know of any reason that you would be unable to perform any duties of the position sought?
 Yes No If yes, please explain _____

POSITIONS

Select Position Type - Mark all that apply

Adjunct Instructor Instructional Specialist Paraprofessional Part Time
 Custodial Transportation Office
 Other (Please Specify) _____

**SPECIAL
SKILLS**

First Aid/CPR Certification _____ CDL _____ Endorsement Type(s) _____
 Arizona School Bus Certificate # _____ Typing _____ wpm 10-Key _____
 Are you a High School graduate or do you have a GED? _____
 List any College, Tech School, Special Courses, Training, or Computer Experience _____

WORK HISTORY

List previous employment. Include periods of unemployment. Attach a blank sheet of paper if more space is needed.

EMPLOYER NAME, CITY & STATE - CONTACT NAME	PHONE NUMBER	POSITION / SALARY	DATE (MONTH/YEAR)		REASON FOR LEAVING / OTHER COMMENTS
			FROM	TO	

**PERSONAL
REFERENCES**

List at least three current personal references with valid addresses and phone numbers that we may contact.

NAME	EMAIL ADDRESS	PHONE NUMBER

CONVICTION REPORT

Because of the tremendous responsibility Kingman Academy of Learning has to its school children and community, the following information is needed from all applicants and employees regarding convictions*. A record of conviction does not prohibit employment; however, failure to complete this form accurately and completely can mean disqualification from consideration for employment or can be cause for consideration of dismissal if employed. Applicants and employees must report any convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Human Resources Department.

Name _____ Soc. Sec. # _____

Other Names Used/Known By _____ Dates of Usage _____

- | | | |
|---|-----|----|
| 1. Have you ever been convicted or pled guilty or "no contest" to ANY offense in a court of law? | Yes | No |
| 2. Have you ever been convicted of ANY sex, alcohol or drug related offense? | Yes | No |
| 3. Have you ever been convicted of ANY dangerous crime against children as defined in A.R.S. 13.604.01?* | Yes | No |

If any of the questions above are marked "YES", fill in the information below and include an explanation on the reverse side of this page.

CONVICTION INFORMATION

1. ARREST / CONVICTION CHARGE	DATE OF ARREST / CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE
REMARKS		LENGTH AND TERMS OF PROBATION
2. ARREST / CONVICTION CHARGE	DATE OF ARREST / CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE
REMARKS		LENGTH AND TERMS OF PROBATION

*CONVICTION means the final judgment on a verdict or a finding 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. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

**A.R.S. 13.3716 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, sexual assault of a child, sexual conduct with a minor, sexual exploitation of minor, child abuse, kidnapping and sexual abuse.

I AUTHORIZE INVESTIGATION OF ALL THE STATEMENTS IN THIS APPLICATION INCLUDING INVESTIGATION OF PREVIOUS EMPLOYMENT EXPERIENCES. I CERTIFY THAT THE ANSWERS ARE TRUE AND COMPLETE AND UNDERSTAND THAT FALSIFICATION OR OMISSION OF FACTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISQUALIFICATION OR DISMISSAL. I UNDERSTAND THAT IF I FAIL TO REPORT TO WORK ON MY DESIGNATED START DATE I WILL BE RESPONSIBLE TO REIMBURSE KINGMAN ACADEMY OF LEARNING FOR ANY TESTING FEES AND/OR FINGERPRINT CLEARANCE CARD FEES THAT WERE PAID ON MY BEHALF. I UNDERSTAND MY RESPONSIBILITY TO IMMEDIATELY NOTIFY KINGMAN ACADEMY OF LEARNING IF I SHOULD BE ARRESTED FOR OR CONVICTED OF AN OFFENSE THAT WOULD INVALIDATE MY FINGERPRINT CLEARANCE CARD.

SIGNATURE _____ DATE _____

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REFERENCE CHECK CONSENT & AUTHORIZATION FORM

READ CAREFULLY AND COMPLETELY BEFORE SIGNING

I have applied for employment with Kingman Academy of Learning and have provided information about my previous employment. My signature below authorizes my former or current employers and references to release the contents of my employment record with their organizations and to provide any additional information that may be necessary for my application for employment with Kingman Academy of Learning, whether the information is positive or negative.

I authorize Kingman Academy of Learning to investigate all statements made in my application for employment and to obtain any and all information concerning my former/current employment. This includes my job performance appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment history. I knowingly and voluntarily release all former and current employers, references, and Kingman Academy of Learning from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Kingman Academy of Learning.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

Applicant Name (please print) _____

Social Security Number _____

Date _____

Signature _____