



EMPLOYMENT APPLICATION
San Simon Unified School District

2226 I-10BL
San Simon, AZ 85632
Ph. (520) 845-2275
Fax (520) 845-2480

DATE

Position Applied For:

Type of Employment:

Full Time
Part Time

Name of Applicant: (Please indicate how you wish to be addressed.)

Full Name (Last, First, Middle Initial)

Home Phone Number

Cell Phone Number

Address: (Street, City, State, Zip Code)

Do you have a valid driver's license?

Yes
No

Class of driver's license?

Are you legally entitled to work in the United States?

Yes
No

EDUCATION

Secondary School attended and location:

Year Graduated

Community College/University attended and location:

Degrees

No. of Years

Year Graduated

Certifications held and expiration dates

OFFICE/SECRETARIAL APPLICATIONS

Skill/Aptitude:

Years of Experience:

List secretarial/computer training courses completed and software applications with which you are proficient. Also list any other training which maybe helpful in considering your application.

Typing

Computers

REFERENCES (Please do not list relatives or former employers)

Reference Name

Phone #

Reference Address, City, State

Reference Name

Phone #

Reference Address, City, State

Reference Name

Phone #

Reference Address, City, State

Personal Interests and other specialties

What extracurricular activities would you be willing to help with?

Activities/Interests (Student, Professional, Community, etc):

Languages (spoken, written, read) Note fluency:

Other interests or hobbies:

Special talents:

We appreciate your interest in seeking employment with us - please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.

Additional Remarks:

PLEASE READ CAREFULLY

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct.

I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last know address.

I give my consent to the school district to obtain such personal and job-related information as required in connection with this for employment.

Signature of Applicant

Date