

FRANKLIN PHONETIC SCHOOL  
6116 E. HIGHWAY 69  
PRESCOTT VALLEY, ARIZONA  
928-775-6747

## APPLICATION FOR NON-CERTIFIED EMPLOYMENT

Date: \_\_\_\_\_  
Social Security # \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Previous Address (If less than 2 years) \_\_\_\_\_  
Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

### Current Employment

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### Previous Employment

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### Education

High School Diploma or GED received (year) \_\_\_\_\_

College level attained: ( ) 2, no degree ( ) 2 year, with degree  
(attached copy of degree received)

Name of college attended: \_\_\_\_\_

Do you have computer experience? ( ) Yes ( ) No

List college level computer courses completed: \_\_\_\_\_

Do you speak Spanish fluently? ( ) Yes ( ) No

List college level Spanish courses completed: \_\_\_\_\_

Do you play any musical instruments? Please list: \_\_\_\_\_

Do you have a valid Arizona Driver's License? ( ) Yes ( ) No

Would there be any health concerns that would hinder you from driving a school van? \_\_\_\_\_

Please list your experience working with children: \_\_\_\_\_

List any volunteer experience: (community, church, civic organizations, schools, etc) \_\_\_\_\_

References:

Name: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**ARIZONA DEPT OF PUBLIC SAFETY FINGERPRINT CLEARANCE CARD  
REQUIRED FOR ALL EMPLOYMENT IN PUBLIC SCHOOLS.**

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**Office Use Only**

Date application received \_\_\_\_\_

( ) Copy of degree attached

Interviewed by: \_\_\_\_\_

( ) Copy of fingerprint card attached

Notes: \_\_\_\_\_

( ) References Verified