Desert Sky Community School
1350 N Arcadia Ave, Tucson, Arizona, 85712

communications@desertskycommunityschool.org

Employment / Job Application

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): _____-____-_____

DATE AVAILABLE: _____

DESIRED PAY: $_____ ☐ HOUR ☐ SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO*

*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? ☐ YES ☐ NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES* ☐ NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO

DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO

DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

EMPLOYMENT HISTORY

EMPLOYER #1: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: $_____ ☐ HOUR ☐ SALARY

ENDING PAY: $_____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE:_____ ENDING DATE:_____

REASON FOR LEAVING: _____

EMPLOYER #2: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: $_____ ☐ HOUR ☐ SALARY

ENDING PAY: $_____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE:_____ ENDING DATE:_____

REASON FOR LEAVING: _____

REFERENCES

REFERENCE #1: _____ RELATIONSHIP: _____

COMPANY:_____ TITLE:_____

E-MAIL: _____ PHONE: _____

REFERENCE #2: _____ RELATIONSHIP: _____

COMPANY:_____ TITLE:_____

E-MAIL: _____ PHONE: _____

BACKGROUND CHECK CONSENT

IF ASKED, WOULD YOU CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

DISCLAIMER

The applicant understands that this is an Equal Opportunity Employer who is committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE: _____

PRINT NAME _____