

FRANKLIN PHONETIC SCHOOL

9317 Second Street
Phoenix, AZ 85020

APPLICATION FOR NON-CERTIFIED EMPLOYMENT

DATE: _____

LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: _____ CELL: _____

SOCIAL SECURITY #: _____

VALID ARIZONA DRIVER'S LICENSE #: _____

CURRENT EMPLOYMENT

EMPLOYER: _____

POSITION: _____ START DATE: _____

ADDRESS: _____ PHONE: _____

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 AND WORK EXPERIENCE

HIGH SCHOOL DIPLOMA OR GED (YEAR RECEIVED):

COLLEGE

NAME: _____

YEARS ATTENDED _____

DEGREES ATTAINED _____

EXPERIENCE WORKING WITH CHILDREN: _____

VOLUNTEER EXPERIENCE: _____

LANGUAGES SPOKEN: _____

REFERENCES

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

**ARIZONA DEPARTMENT OF PUBLIC SAFETY IVP FINGERPRINT CLEARANCE CARD
REQUIRED FOR ALL EMPLOYMENT IN PUBLIC SCHOOL.**

OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____

REFERENCES VERIFIED: _____

COPY OF VALID FINGERPRINT CARD ATTACHED ()

COPY OF EDUCATIONAL DEGREES ATTACHED (.)