

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: _____

Name: _____ Relationship to Applicant _____

Address: _____ Phone: _____

Name: _____ Relationship to Applicant _____

Address: _____ Phone: _____

Name: _____ Relationship to Applicant _____

Address: _____ Phone: _____

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

Office Use Only

Date application received _____
() Copy of degree attached
() Copy of fingerprint card attached
() References Verified

Interviewed by: _____
Notes: _____