

East Valley Institute of Technology



1601 West Main Street - Mesa, Arizona 85201

(480) 461-4000, FAX (480) 461-4089

APPLICATION FOR CLASSIFIED EMPLOYMENT

The East Valley Institute of Technology is an Equal Opportunity Employer. Applicants and employees are treated without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, or disability.

Position(s) Desired

Date of Application

PERSONAL INFORMATION

Last Name

First Name

Middle Name

Social Security Number

Other Names Used

Dates of Usage

Home Address

City/State/Zip

Work Address

City/State/Zip

Home Phone Number

Work Phone Number

Message Phone Number

Do you have any relatives who are currently employed by the East Valley Institute of Technology?

Yes

No

If yes, please name the person and the relationship

Are you willing to accept the following types of positions? Check all that apply.

Part-Time

Days Only

Temporary

Grant Funded Position

Salary Requirements

Full Time

Evenings Only

Permanent

EDUCATION

Name of School/Location	Dates Attended	Hours Completed	Major	Graduation Yr./Degree
HighSchool				
Undergraduate				
Graduate				
Graduate				

Highest Degree Earned

G.P.A.

Hours Earned after Highest Degree

Employer/Address	Dates Employed	Position Held	FT PT	Supervisor Name Phone Number	Salary	Reasons for Leaving

Can you perform the essential functions of the job for which you are applying? Yes No

May we contact your present employer? Yes No _____
When are you available to start work?

Have you ever been dismissed from a position? Yes No _____
Please explain

Have you ever been asked to resign from a position? Yes No _____
Please explain

Check all items in which you have had at least 12 months experience or training.

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Electrical | <input type="checkbox"/> Office Machine Repair |
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> Electronic Technician | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Analyst | <input type="checkbox"/> Engine Repair | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Audio-Visual | <input type="checkbox"/> Food Service | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Auto Body work | <input type="checkbox"/> Heavy Equipment Operator | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> HVAC Repair | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Bus or Truck Driver | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Retail Sales/Customer Service |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Keypunch/Data Entry | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> LAN Technician | <input type="checkbox"/> Security Guard |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Landscaping/Gardening | <input type="checkbox"/> Typist |
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Library | <input type="checkbox"/> Warehouse/Receiving |
| <input type="checkbox"/> Concrete Blockwork | <input type="checkbox"/> Locksmith | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Custodial | <input type="checkbox"/> Masonry | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dictation | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Other |

PROFESSIONAL MEMBERSHIPS

Organization	Chapter	Position(s) Held	Dates

WORK REFERENCES

Give the names of at least three persons who are familiar with your work performance.

Name	Phone Number(s)	Position	Relation to Applicant	Years Known

HONORS AND ACHIEVEMENTS

List any honors and awards that you have received. Also list any special abilities or talents you possess including foreign language skills.

SELECTIVE SERVICE REGISTRATION

Are you required to be registered with the Selective Service System.

Yes No If yes, please provide the following information.

Selective Service Number

Place of Registration

Local Board Number

CONVICTION REPORT

Conviction information is needed from all applicants and employees. "Conviction" is defined as the final judgment on a verdict of a finding of guilty, or a plea of nolo contendere in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid. A record of conviction does not necessarily prohibit employment. *Failure to complete this form accurately and completely may mean disqualification from consideration for employment, or may be cause for consideration of dismissal after hiring, and may result in prosecution for filing false information with a public agency.* Applicants and employees must report any convictions that occur subsequent to the time that they complete this form. Please read carefully, and answer every question.

1. Have you ever been convicted of a minor offense other than traffic violations? Yes No
2. Have you ever been convicted of a felony? Yes No
3. Have you ever been convicted of a drug or sex related offense? Yes No
4. Have you ever been convicted of a dangerous crime against children, as defined in A.R.S. 13-604.01? Yes No
 (A.R.S. 13-604.01 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, sexual exploitation of a minor, commercial sexual exploitation of a minor, child abuse, kidnapping and sexual abuse).
5. Have you ever been convicted of or admitted committing any of the following criminal offenses in this State or similar offenses in another jurisdiction? Yes No
 Sexual abuse of a minor, incest, first or second degree murder, kidnapping, arson, sexual assault, sexual exploitation of a minor, contributing to the delinquency of a minor, commercial sexual exploitation of a minor, contributing to the delinquency of a minor, commercial sexual exploitation of a minor, felony offenses involving distribution of marijuana or dangerous or narcotic drugs, burglary, robbery, child abuse, sexual conduct with a minor, molestation of a child, voluntary manslaughter, or aggravated assault?

If you answered YES to any of the above questions, please provide the following information.

Conviction Charge	State/City	Court
Length of Jail Term	Amount of Fine	Length and Terms of Probation
Remarks		

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Length of Jail Term	Amount of Fine	Length and Terms of Probation
Remarks		

SIGNATURE OF APPLICANT

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate and complete. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by agents of the East Valley Institute of Technology. I understand that my employment is not finalized until a background investigation has been completed, reference checks have been made, and the Governing Board has officially approved my employment. I understand that the misrepresentation or omission of pertinent facts may be cause for dismissal.

Signature of Applicant

Date

(6/01)