

Baboquivari Unified School District No. 40

PO Box 248, Sells, AZ. 85634 • (520) 719-1200 • FAX (520) 719-1269

Employment Application Checklist APPLICATIONS WILL NOT BE ACCEPT WITHOUT ALL REQUIRED DOCUMENTS.

Nam	e: Email:	Phone:
<u>Apr</u>	ication Required Documents	
□н	gh School Diploma/Transcript	
	Pilot Program - Verification of Enrollment from GED Program	
	ree Reference Letters NOT ACCEPTED; Reference from indivinestic relationships	viduals related by birth, marriage, or
\square R	sume <mark>See Back Page</mark>	
	lian Preference Copy of tribal ID; tribal enrollment letter; or (CDIB, if applicable
	ditional Documents Copy of Training Certificates; First Aid, C	CPR card, etc.; if applicable
<u>Add</u>	ional Required Documents	
	oundskeeper & Maintenance Applicant:	
	Driver's License	
	39 Month Driving Record (azmvdnow.gov/home) raprofessional Applicant:	
	Unofficial College Transcript - 60 College Semester Hours	
	ADE Approved Assessment See Back Page	
	Driver's License If required for position	
	Fingerprint Clearance Card	
	ndag Teacher Applicant:	
_	Teacher Certificate	
	Fingerprint Clearance Card	
	s Driver Applicant:	
	Commercial Driver's License (CDL)	
	Fingerprint Clearance Card	
	Medical Certification	
	39 Month Driving Record (azmvdnow.gov/home)	



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Application Resources

Here are links for resume templates:

- https://www.myperfectresume.com/resume/templates
- Tohono O'odham Education One Stop Program 520-383-4251
- Microsoft Word Templates https://create.microsoft.com/en-us/templates/resumes

Paraprofessional Applicants – Assessment not required, if minimum 60 college semester hours are met ADE Approved Assessment

- Here is the link https://testing.arizona.edu/More%20exams to the website for the UofA offered test. You will see Parapro on the list; select the + (plus sign) for additional information on the fees and scheduling to take the exam.
- Registration and Administration Fees you can contact the Testing Office at (520) 621-7589
 to schedule an appointment. https://ce-ua.configio.com/pd/496/?code=AxOy9wnhB8
 - o Registration Code: (A630 Indian Oasis-Baboquivari Unified)
- Study materials: ETS ParaPro https://www.ets.org/parapro/test-takers/about/prepare.html



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Employment Application

<u>Name</u> :	(Last)	(First)	(Middle)	Position(s) applying for: Date Available:		able:	
Address:				Email Address		Telephone No.	
<u>City</u> :		<u>St</u>	ate:	Zip Code	Village of Residence	<u>Message</u>	No.
Reason	for applying	g at Baboo	ıuivari Unified Scho	ool District N	o. 40:		
How did	d vou learn	about the	openings with BUS	SD?			
	-		· <u>~</u>		osting Newspaper	Other	
•	•	_	Ily becoming empl n status will be require	•		s No	
-			OR plead guilty to a ation i.e Speeding,	•	sdemeanor in any jurisd ut a license?	iction (federal, stat	te or tribal)
If yes, g	ive details (offense &	date):				
*Failure	•	conviction	or admission of the		a Revised Statue 15-512 d in A.R.S. 15-512 may		
This application will not be considered without a high school diploma or GED, except for the following positions within the Transportation and Maintain & Operations Departments: Bus Aide, Bus Driver, Custodian, Groundskeeper, and Maintenance. A copy of High School Diploma, GED, or Unofficial College Transcript must be submitted.							
EDUCA ⁻	TION						
E	Education	Institu City &	tion Name State		Major/Minor	Years Attended	Diploma/ Degree
High Sch	nool						Yes No
IF YOU HAVE NO HIGH SCHOOL DIPLOMA OR GED and you are applying for the Transportation or Maintenance & Operation departments positions, please acknowledge your understanding of the following: The District Administration is beginning a "Pilot Program" with the two departments listed. For applicants that would like to be considered for hire. If you are offered a position, you agree to a "probationary period" of one year to obtain your GED while employed with Baboquivari Unified School District. Continued employment after one year will be re-evaluated.							
I, acknowledge and understand the foregoing program and agree to have my application considered. I further understand that I will be working toward my GED, if hired.							
						REVIEWED BY HR:	(Initial)
Signatur	re			D	ate		

Education	Institution Name City	/ & State				Maj	or/Minor	·		ears ended	De	gree
Undergraduate College											Yes	No
Graduate School											Yes	No
Other:									<u> </u>			
Describe any specialized	I training, apprentic	eship, s	skills and	extracı	urricular	r activiti	es:	_				_
State any additional info	State any additional information you feel may be helpful to us in considering your application:											
CAADI OVAAFAIT LIISTO	DV. Dogin with the		at or me	- ct roc	aret iob	/In also	ا- مامان	المحمدان				-1
EMPLOYMENT HISTO	RY: Begin with the	e curre	nt or me	ost rec	ent job.	. (Inclu	de aaai		positio	ons ori	resum	е)
Present Title:			Hourly/Salary Wage				Start Date					
Name of Employer & Address								Endin Date	ıg			
Supervisor's Name		Conta Numb					Email Addre	ss				
Reason for Leaving:					May w	ve conta	l		yer (ci	ircle)	YES	NO
Job Title:			Hourly/	/Salary	Wage			Start Date				
Name of Employer & Address				_				Endin Date	ıg	_		_
Supervisor's Name		Conta Numb					Email Addre	SS				
Reason for Leaving: May we contact this Employer (circle)			ircle)	YES	NO							
Job Title:			Hourly/	rly/Salary Wage Start Date								
Name of Employer & Address			l					Endin Date	ıg			
Supervisor's Name	Conta					Email Addre						
Reason for Leaving:		INGIII	Ci		May we contact this Emplo			ver (ci	ircle)	YES	NO	
Have you ever worked for the BUSD #40 in any capacity, including under a different name?												
Yes No List name used?												
Date(s) (MM/YY)												
PROFESSIONAL REFERENCES - Include two (2) Supervisors (Please DO NOT LIST family members related by												
blood or marriage): Name Nature of relationship (i.e. Telephone No./Email address												
				risor, colleague, etc.)		JIIOII	: NO.,	Lilian	Juui C.	55		
		 -			, <u> </u>							
1												

Are you a veteran: Yes No	Branch	Enlistment Date (мм/үү)	Discharge Date (MM/YY)	
Are you registered	with a fede	rally recognized Indian Tribe? Tyes	s No Tribe:	
INCLUDE PROOF O	F TRIBAL EI	VROLLMENT. (Acceptable document	s, tribal ID; tribal enrollment letter; or CDIB)	
THREE CURRENT LI	ETTERS OF	REFERENCE AND A RESUME ARE REC	QUIRED WITH THE APPLICATION.	
PLEASE READ ALL OF THE FOLLOWING CAREFULLY BEFORE SIGNING. YOUR SIGNATURE INDICATES THAT YOU EXPRESSLY AGREE WITH ALL OF THE FOLLOWING: 'I hereby certify that the statements I have given on this application are true and I have not knowingly withheld any circumstance that might, if disclosed, affect my application unfavorably. I understand and agree that if any statements made by me on this application prove to be false or misleading or incomplete, it will prevent me from being hired, or will be grounds for my immediate dismissal from employment. I hereby authorize all my former employers to give any information they have regarding my employment with them in connection with this application for employment, and I release them from any liability for issuing this information. I understand and agree that my employment may be dependent upon the results of a physical examination at the District's request. In consideration for my employment, I hereby agree to comply with all rules, regulations and policies established by Baboquivari Unified School District for its employees, including such new or revised rules, regulation and policies as may be subsequently established. I further nereby expressly agree that my employment and compensation can be terminated with or without cause of notice, at any time at the option of either the District or myself, it being understood that the employment relationship between myself and the Baboquivari Unified School District is one of "employment at-will" as conditioned by applicable law and collective pargaining agreements. I further understand and agree that no office, agent or representative of the district, other than the Governing Board acting at a duly called meeting in accordance with the laws of the State of Arizona has any authority to enter into any agreement for any specified period of time or to make any agreement contrary to the foregoing."				
Applicant Signature: Date:				
The Baboquivari Unifie	d School Distr	trict is an Equal Opportunity/Voluntary Affirict does not discriminate on the basis of discontential or expression, age, or national origin	rmative Action Employer. ability, race, color, religion/religious beliefs, sex, 062212/110316/112918	
<mark>AP</mark>	PLICATION	S WILL NOT BE ACCEPT WITHOUT A	LL REQUIRED DOCUMENTS.	
FOR INTERNAL USE ONLY				
High Schoo Three Lette Resume		ence	(check) if included with application A, check for completion of acknowledgement)	
Additional	Documents	(Training Certificates; Fingerprint ca	rd, CPR card, etc.):	
Received by:			Date:	

NOTE – STAFF PLEASE OBTAIN A COPY of the completed Consent and Release to Conduct Criminal Records Check form and return to the applicant. <u>THE APPLICANT</u> will need to submit to Tohono O'odham Justice Center.

Non-Discrimination Policy

The Baboquivari Unified School District does not discriminate on the basis of disability, race, color, religion/religious beliefs, sex, sexual orientation, gender identity or expression, age, or national origin in admission and access to its programs, services, activities, or in any aspect of their operations and provides access to the Boy Scouts and other designated youth groups. The Baboquivari Unified School District also does not discriminate in its hiring or employment practices. The following employees have been designated to handle inquiries regarding the non-discrimination policies:

Title IX Coordinator
Tanya Suydam
District Affairs Manager
PO Box 248
Sells, AZ 85634
520-719-1200
tsuydam@busd40.org

Section 504 Coordinator
Valerie Valdez
Director of ESS
PO Box 248
Sells, AZ 85634
520-719-1200
vvaldez@busd40.org

For further information on notice of non-discrimination, visit https://ocrcas.ed.gov/contact-ocr for the address and phone number of the office that serves Arizona, or call 1-800-421-3481.

El Distrito Escolar Unificado Baboquivari no discrimina por motivos de discapacidad, raza, color, religión / creencias religiosas, sexo, orientación sexual, identidad o expresión de género, edad u origen nacional en la admisión y el acceso a sus programas, servicios, actividades, o en cualquier aspecto de sus operaciones y proporciona acceso a los Boy Scouts y otros grupos juveniles designados. El Distrito Escolar Unificado de Baboquivari tampoco discrimina en sus prácticas de contratación o empleo. Los siguientes empleados han sido designados para atender consultas relacionadas con las políticas de no discriminación:

Coordinador del Título IX
Tanya Suydam
Gerente de Asuntos Distritales
PO Box 248
Sells, AZ 85634
520-719-1200
tsuvdam@busd40.org

Coordinador de la Sección 504
Valerie Valdez
Director de ESS
PO Box 248
Sells, AZ 85634
520-719-1200
vvaldez@busd40.org

Para obtener más información sobre el aviso de no discriminación, visite https://ocrcas.ed.gov/contact-ocr para la dirección y el número de teléfono de la oficina que presta servicios en Arizona, o llame al 1-800-421-3481.



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FINGERPRINTING AND CRIMINAL HISTORY

I,, being duly sworn, do hereby certify that I have never been convicted of or admitted in open court or pursuant to a plea agreement				
committing, and am not now awaiting trial for committing, any of the following criminal offenses in the state of Arizona or similar offenses in any other jurisdiction:				
OTTETISES IN THE STATE OF TAILEDING OF SHIMAL OTTETIS	nes in any other jurisarction.			
Г				
Sexual abuse of a minor	Misdemeanor offenses involving the			
	possession or use of marijuana or dangerous			
	drugs.			
Incest	Burglary in the first degree.			
First or Second Degree Murder.	Burglary in the Second or Third Degree.			
Kidnapping	Aggravated or Armed Robbery.			
Arson	Robbery			
Sexual Assault	A dangerous crime against children as			
	defined in A.R.S. 13-604.01. Child Abuse			
Sexual exploitation of a minor	Sexual conduct with a minor			
Felony Offenses involving contributing to the	Molestation of a Child			
delinquency of a minor.				
Commercial Sexual Exploitation of a minor.	Voluntary Manslaughter			
Felony Offenses involving sale, distribution or	Aggravated assault.			
transportation of, offer to sell, transport, or				
distribute marijuana or dangerous or narcotic				
drugs.				
Felony Offenses involving the possession or	Assault			
use of marijuana or dangerous or narcotic				
drugs				
Exploitation of minors involving drug				
offenses				
Signature	Date			
Acknowledgement by Notary Public:				
Subscribed and sworn to me this day of	, A.D. 20			
Notary Pub	olic			
My commission expires				



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CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

l,[print appli	
Baboquivari Unified School District to work as a	
that in order for the school district to determine my eligibi	• • •
the School District will conduct a background investigation t	
employment. This investigation may include asking my o	
educational institution I have attended about my edu	
performance, professional conduct, and evaluations, as	·
enrollment, position(s) held, reason(s) for leaving employr rehiring (if applicable), and similar information.	ient, whether I could be renired, reasons for not
remining (ii applicable), and similar imormation.	
I hereby give my consent for any employer or educational i	nstitution to release any information requested in
connection with this background investigation.	,
According to the Family Educational Rights and Privacy Act, I	understand that I have a right to see most education
records that are maintained by any educational institution.	
In light of the preceding paragraph, I waive/do no	t waive (initial only one) my right to see
any written reference or other information provided to the	
any military reference of other military provided to the	
According to Arizona Revised Statutes Section 23-1361, any	employer that provides a written communication
to the School District regarding my current or past employme	nt must send me a copy at my last known address.
acknowledge that some employers are unwilling to provide	factual written references concerning a current or
past employee unless they may do so confidentially, without	revealing the references to the employee, and that
the School District will not further consider my application if	it cannot complete its background investigation.
In light of the proceeding paragraph Lucius (de	and waive (initial and analysis to
In light of the preceding paragraph, I waive/do	
receive a copy of any written communication furnished to the	le school district by any employer.
Whether or not I have waived my right to see or to receive o	opies of written references furnished to the School
District by employers or educational institutions, I release, h	
of any kind against any current or former employer or educ	· •
either, that in good faith furnishes written or oral reference	
background investigation.	. ,
A photocopy or facsimile ("fax") copy of this form that show	s my signature shall be as valid as an original.
Dated this day of,	20
Applicant signature	Date



GOVERNING BOARD

JUAN BUENDIA President KATHLEEN VANCE Clerk SYLVIA HENDRICKS Member ANNAMARIE STEVENS Member JESSICA MIGUEL Member

SUPERINTENDENT

RUBEN DIAZ





VISION:

Our students will be loved, encouraged, and prepared to take on the world by embracing our Himdag.

MISSION:

We create Healthy, Inspiring, Motivating Developing Achieving Graduates.

OUR PURPOSE

We create a positive academic impact on every child's life, everyday; with and additional commitment to support the Tohono O'odham culture and language

BABOQUIVARI UNIFIED SCHOOL DISTRICT

P.O. Box 248 Sells, Arizona 85634

Community residing:

www.busd40.org

(520) 719-1200 Fax: (520) 719-1269

CONSENT AND RELEASE TO CONDUCT CRIMINAL RECORDS CHECK

Prospective employee will deliver this form to the **Tohono O'odham Justice Courts** to expedite the criminal records check process.

PLEASE PRINT CLEARLY & LEG	iBLY:
l,	, have been offered/applying for the following position,
	[job title] with the Baboquivari Unified School District (USD).
	for the school district to determine my eligibility for employment, the
school district must obtain	criminal records check in all jurisdictions.
By signing this release, you	give consent and authorization to the Tohono O'odham Justice Court to
furnish any and all crimina	I records to Baboquivari USD. The school district will provide a copy of
completed records check to	
	SARA!
	Date:
Signature	
Full name:	
Maiden name/Aliases (Al	(A):
DOB:	Social Security #:
Address:	

Should questions arise, please feel free to contact, Darolyn Mease, HR Specialist or Sadie Carmen, HR Assistant at Baboquivari USD at (520) 719-1200 or by email dmease@busd40.org or scarmen@busd40.org

Completed records check will be furnished to Baboquivari USD, contact Darolyn Mease or Sadie Carmen for pick-up.