

Painted Desert Demonstration Project, Inc.
*DBA **The STAR School***
145 Leupp Road, Flagstaff, Arizona 86004
Telephone: (602) 412-3533 Fax: (928) 225-2179

Dear Applicant:

Thank you for your interest in a position at The STAR School. Your application packet must include the following documents:

- * _____ Letter of Interest
- * _____ The STAR School Official Application
- * _____ Resume'
- * _____ (2) Letters of Recommendation
- * _____ Copy(s) of Current Arizona State Teaching Certification
- * _____ Copy(s) of Official Transcripts
- * _____ Copy of Fingerprint Clearance Card

The screening committee reviews, sets up the personal interviews and recommends qualifying applicants to the Governing Board. The STAR School Governing Board makes the final decision.

If you have any questions pertaining to your application packet, please contact Marie Monroe, Administrative Assistant, Monday through Friday, 8:00am to 3:00 pm at (602) 412-3533.

Sincerely,

Dr. Mark Sorensen
Director

Social Security Number:		Date:	
Last Name:		First Name:	Middle:
Address:		Home Telephone:	
City, State, Zip		Work Telephone:	
Have you ever applied with us?		When?	
Position Desired:		Expected Pay:	
Apart from absence for religious observance, are you available for full-time work?			
If you are available, when?			
Are you legally eligible for employment in the US?			
Other special trainings or skills (languages, machine operations, etc):			
How did you learn about our organization?			
Have you ever been convicted of any crime, including sex-related or child-abuse related offenses?			
If yes, please explain?			

EDUCATION

SCHOOL	NAME OF LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER YEARS COMPLETED	DID YOU GRADUATE? DEGREE/DIPLOMA
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER				

EMPLOYMENT HISTORY

(Please give accurate, complete full-time or part-time employment record. Start with the present or most recent employer.)

Company Name:	Telephone: ()
Address:	Employed: From: To:
Supervisor Name:	Rate: Hourly _____ Biweekly _____ Annual _____ Start _____ Last _____
Title:	Reason for Leaving:

Company Name:	Telephone: ()
Address:	Employed: From: To:
Supervisor Name:	Rate: Hourly _____ Biweekly _____ Annual _____ Start _____ Last _____
Title:	Reason for Leaving:

Company Name:	Telephone: ()
Address:	Employed: From: To:
Supervisor Name:	Rate: Hourly _____ Biweekly _____ Annual _____ Start _____ Last _____
Title:	Reason for Leaving:

Company Name:	Telephone: ()
Address:	Employed: From: To:
Supervisor Name:	Rate: Hourly _____ Biweekly _____ Annual _____ Start _____ Last _____
Title:	Reason for Leaving:

We may contact the employers listed above unless you indicate those you don't want us to contact.	DO NOT CONTACT
	Employer(s) _____ Reason(s) _____

REFERENCES

NAME	Address and Telephone	Years Known

FINGERPRINT CLEARANCE CARD MUST BE OBTAINED PRIOR TO EMPLOYMENT.
IF NECESSARY CLEARANCE CARD AND LICENSES ARE NOT PROVIDED,
CONTRACT OF EMPLOYMENT MAY BE CONSIDERED NULL AND VOID.

SIGNATURE

I hereby declare the information provided by me in the application for employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize you to obtain an investigative consumer report containing information obtained through personal interview with my neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigations.

Signature

Date