



SALT LAKE CITY SCHOOL DISTRICT
EMPLOYMENT APPLICATION

440 EAST 100 SOUTH
Salt Lake City, UT 84111
Phone (801) 578-8340
Fax (801) 578-8689
http://www.slc.k12.ut.us

"Children First"

Please complete each question fully and accurately. Incomplete applications may not be considered.

PERSONAL IDENTIFICATION

Application Date: _____

Name: _____ Home Ph: _____ Other Ph: _____
Last First MI

Address: _____ SSN: _____ - _____ - _____
Street City State ZIP

List other names you are known by: _____

If hired, can you furnish proof that you are authorized to work in the U.S.? [] YES [] NO

Please list any District employees or Board members you are related to: _____

WORK PREFERENCES/POSITIONS DESIRED: Type of work: [] Part-time [] Full-time

Position Desired/Advertised Opening: _____ Expected Pay: _____ Date available: _____

TEACHING OR OTHER LICENSED POSITIONS: Please check other position(s) for which you are qualified and will accept if offered.

- [] Teacher: Level/Grade(s) _____ Subject(s): _____ [] Administrator: _____
[] Librarian/Media [] Counselor [] Social Worker [] Substitute Teacher [] Other: _____
with certification

NON-TEACHING/NON-LICENSED POSITIONS: Please check other position(s) for which you are qualified and will accept if offered.

- [] Instructor [] School Bus Assistant [] Paraprofessional (Instructional)
[] Tutor [] Driver _____ Regular Classroom Para.
[] Tracker [] Custodian/Sweeper _____ Library Para.
[] Group Leader [] Child Nutrition/Foods Worker _____ Phys. Ed. Para.
[] Office Clerk/Clerical [] Substitute Teacher without certification _____ Computer Lab Para.
[] Other _____ [] Other _____ _____ Special Ed. Para.
_____ Pre-K Para.

FOR TEACHING, ADMINISTRATIVE & OTHER LICENSED POSITIONS ONLY:

In which area/subjects are you qualified to teach? Check whether your qualification is by major, HOUSSSE standards, or Praxis content test.

- Area/subject _____ [] Major [] HOUSSSE [] Test
Area/subject _____ [] Major [] HOUSSSE [] Test
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LICENSE AREAS

- Check type of Utah license(s) you hold or for which you have applied Date(s) of expiration: _____
[] Early Childhood [] Elementary [] Secondary [] Special Ed [] ARL
[] Library/Media [] Social Worker [] Counselor [] Psychologist [] Administrative Supervisory

ENDORSEMENTS

1. _____ 2. _____ 3. _____ 4. _____

If you are not licensed in Utah, have you applied? [] YES [] NO If "yes," when? _____

For salary placement, please indicate the number of credit hours earned since your initial certification and after your last academic degree.

[] Quarter [] Semester _____ hours

FOR JOBS IN WHICH DRIVING IS AN ESSENTIAL FUNCTION: Do you have a valid driver's license? [] YES [] NO

Drivers License Number: _____ Class: _____ State: _____

Have you had any moving violations in the last three years? [] YES [] NO

If yes, give details: _____

Have you had your driver's license suspended or revoked in the last three years? [] YES [] NO

If yes, give details: _____

EDUCATION AND TRAINING

Circle highest grade or years completed: Formal education 1 2 3 4 5 6 7 8 9 10 11 12 College or Other 1 2 3 4 5 6 7

	School Name and Location	From	To	Diploma or Degree	GPA	Major	Minor/Special Courses
High School Or GED							
College or University (Undergrad)							
Graduate School							
Other Education							

List any special skills, experience, or relevant organizational affiliations:

Other than English, list languages you speak fluently: _____

EMPLOYMENT RECORD: Give a complete account of your employment for the last 7 years **even if you attach a resume**. BEGIN ON THE FIRST LINE WITH YOUR PRESENT OR MOST RECENT POSITION AND WORK BACK. ATTACH AN ADDITIONAL SHEET IF NECESSARY.

PRESENT EMPLOYMENT:

Are you presently employed? YES NO If not, please explain: _____.

Will you give advance notice to your present employer? YES NO May we contact your present employer for a reference? YES NO

1. Employer _____ Address _____ Phone _____

Position/Main duties _____

From _____ To _____ Starting pay _____ Leaving pay _____ Supervisor _____

Reason for leaving _____

2. Employer _____ Address _____ Phone _____

Position/Main duties _____

From _____ To _____ Starting pay _____ Leaving pay _____ Supervisor _____

Reason for leaving _____

3. Employer _____ Address _____ Phone _____

Position/Main duties _____

From _____ To _____ Starting pay _____ Leaving pay _____ Supervisor _____

Reason for leaving _____

REFERENCES. Please list the contact information for 3 business references, such as supervisors, co-workers, and subordinates.

Name	Position/Business relationship	Organization	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIOR EVENTS: The answers to these questions are subject to verification. A “yes” answer does not automatically disqualify an applicant. Each application will be reviewed individually. Please check YES or NO for each question.

Have you ever applied for work at this school district before? Yes No If “Yes,” when: _____

Have you previously been an employee of this district? Yes No If “Yes,” when: _____

Have you ever been discharged for cause? Yes No Have you ever resigned your employment under threat of termination? Yes No

Have you ever been disciplined for absenteeism or tardiness? Yes No

Have you ever been convicted of any violation of law, except minor traffic violations? Yes No

If “Yes,” explain: _____

If you are applying for a position requiring a professional license (teacher, principal, counselor, librarian, etc.):

Have you ever had a professional certificate/license or other employment certificate/license revoked or suspended? Yes No N/A

Are you under investigation for a revocation or suspension of a professional license/certificate? Yes No N/A

Have you ever had a hearing before a licensing board? Yes No N/A

Explanations for all “Yes” answers given above regarding professional licensure issues: _____

APPLICATION REQUIREMENTS

To ensure your application is complete, please enclose the application requirements listed for the position’s category:

TEACHING & OTHER LICENSED POSITIONS	NON-TEACHING/ NON-LICENSED	ADMINISTRATOR	SUBSTITUTE TEACHER
<input type="checkbox"/> Official transcripts <input type="checkbox"/> Resume <input type="checkbox"/> Cover Letter (optional) <input type="checkbox"/> Copies of Out of State Licenses <input type="checkbox"/> Copy of Utah License <input type="checkbox"/> Affirmative Action Data Form (voluntary)	<input type="checkbox"/> Resume (optional) <input type="checkbox"/> Cover Letter (optional) <input type="checkbox"/> Affirmative Action Data Form (voluntary) <input type="checkbox"/> Official transcripts (if required of position or in job announcement)	<input type="checkbox"/> Copies of Official Transcripts <input type="checkbox"/> Resume <input type="checkbox"/> Cover Letter <input type="checkbox"/> UT Administrator/Supt. License (if applicable to position) <input type="checkbox"/> 2 Supervisor Rating Requests <input type="checkbox"/> 3 Letters from Work-related References <input type="checkbox"/> Affirmative Action Data Form (voluntary)	<input type="checkbox"/> Resume (optional) <input type="checkbox"/> Copy of Utah Teaching License (if any) <input type="checkbox"/> Substitute Profile Form <input type="checkbox"/> Affirmative Action Data Form (voluntary)

AGREEMENT AND ACKNOWLEDGEMENT: (*Read carefully before signing.*) All information provided by me is true and correct to the best of my knowledge. Unsolicited applications remain active for 180 days. Applications for specific openings remain active until the position applied for is filled. If applying for specific openings, I understand I will need to reapply for subsequent openings to be considered for employment. I understand omissions or misrepresentations may result in rejection of my application or, if employed, may result in subsequent dismissal. I hereby authorize any former employer, person, school, firm or corporation listed, including the District, to answer any and all questions related to employment and agree to release from liability and hold all persons harmless for giving any and all truthful information within their knowledge or records. I waive my right of access to any such information. I understand this is a preliminary application and not a contract to employ me. Furthermore, if I am employed as a non-contract employee, my employment shall be completely voluntary and may be terminated at will at any time by either myself or the District with or without notice for any reason not prohibited by law.

Furthermore, I understand that this application and all attached documents are official records of the Salt Lake City School District and cannot be returned. (**We suggest that you attach only COPIES of any required documents submitted with this application.**)

Date: _____

Applicant Signature: _____

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation. If you require reasonable accommodation in the application/interview process, notify a Human Resources representative at 801-578-8340.

For HR Office Use Only

<input type="checkbox"/> I-9 & Documentation	<input type="checkbox"/> W-4	<input type="checkbox"/> Retirement Form	<input type="checkbox"/> History Card
<input type="checkbox"/> HRIS	<input type="checkbox"/> CACTUS	<input type="checkbox"/> BCI & Release	<input type="checkbox"/> Transcripts
<input type="checkbox"/> Clearance Form	<input type="checkbox"/> Ready to File	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____