



WAW GIWULK HA-MAMŞCAMAKUÐ CEKŞAÑ
BABOQUIVARI UNIFIED SCHOOL DISTRICT
PO Box 248, Sells, AZ. 85634 ♦ (520) 719-1200 ♦ FAX (520) 719-1269

Employment Application Checklist

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT ALL REQUIRED DOCUMENTS.

Name: _____ Email: _____ Phone: _____

Application Required Documents

☐ **High School Diploma/Transcript**

☐ Pilot Program - Verification of Enrollment from GED Program

☐ **Three Reference Letters** Reference from individuals related by birth, marriage, or domestic relationships are NOT ACCEPTED;

☐ **Resume** See Back Page

☐ **Indian Preference** Copy of tribal ID; tribal enrollment letter; or CDIB, if applicable

☐ **Additional Documents** Copy of Training Certificates; First Aid, CPR card, etc.; if applicable

Additional Required Documents

☐ **IVP Fingerprint Clearance Card** See Back Page

☐ **Groundskeeper & Maintenance Applicant:**

☐ Driver's License

☐ 39 Month Driving Record (azmvdnow.gov/home)

☐ **Paraprofessional Applicant:**

☐ Unofficial College Transcript - 60 College Semester Hours

☐ ADE Approved Assessment See Back Page

☐ Driver's License If required for position

☐ **Hindag Teacher Applicant:**

☐ Teacher Certificate

☐ **Bus Driver Applicant:**

☐ Commercial Driver's License (CDL)

☐ Medical Certification

☐ 39 Month Driving Record (azmvdnow.gov/home)



WAW GIWULK HA-MAMŞCAMAKUÐ CEKŞAÑ
BABOQUIVARI UNIFIED SCHOOL DISTRICT
PO Box 248, Sells, AZ. 85634 ♦ (520) 719-1200 ♦ FAX (520) 719-1269

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>
 - Registration Code: (A630 - Indian Oasis-Baboquivari Unified)
- Study materials : ETS ParaPro <https://www.ets.org/parapro/test-takers/about/prepare.html>

Arizona IVP Fingerprint Clearance Card:

Applicants who proceed with the hiring process must be able to obtain an Arizona IVP Fingerprint Clearance Card prior to their start date. Here is a link to a how-to guide on obtaining your IVP Fingerprint Card. Feel free to reach out to the BUSD Human Resources for assistance.

- <https://drive.google.com/file/d/1DsePzDwxMlnGeBXt5KfvQgBkCJdm78T4/view?usp=sharing>

-----*Disclaimer* - All fees are the responsibility of the applicant.-----



WAW GIWULK HA-MAMŠCAMAKUD CEKŠAÑ
BABOQUIVARI UNIFIED SCHOOL DISTRICT
PO Box 248, Sells, AZ. 85634 ♦ (520) 719-1200 ♦ FAX (520) 719-1269
Employment Application

<u>Name:</u> (Last) (First) (Middle)	<u>Position(s) applying for:</u>		<u>Date Available:</u>
<u>Address:</u>	<u>Email Address</u>		<u>Telephone No.</u>
<u>City:</u> <u>State:</u>	<u>Zip Code</u>	<u>Village of Residence</u>	<u>Message No.</u>

Reason for applying at Baboquivari Unified School District No. 40: _____

How did you learn about the openings with BUSD?

☐ BUSD Employee ☐ Social Media ☐ Career Fair ☐ Job Posting ☐ Newspaper ☐ Other _____

Are you prevented from legally becoming employed in the United States? ☐ Yes ☐ No

(Proof of citizenship or immigration status will be required upon employment)

*Have you ever been convicted OR plead guilty to a felony OR misdemeanor OR awaiting trial in any jurisdiction (federal, state or tribal) **OTHER THAN** minor traffic violation i.e.. Speeding, Driving without a license? ☐ Yes ☐ No

If yes, give details (offense & date): _____

The District requires all employees to obtain an AZ DPS "Identity Verified Prints" Fingerprint Card prior to the start of employment. **Failure to disclose conviction or admission of the offenses listed in A.R.S. 15-512 may result in disciplinary action and/or termination of an employee.**

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.

EDUCATION

Education	Institution Name City & State	Major/Minor	Years Attended	Diploma/ Degree
High School				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.

Signature

Date

REVIEWED BY HR: (Initial) _____

Education	Institution Name City & State	Major/Minor	Years Attended	Degree
Undergraduate College				Yes No
Graduate School				Yes No
Other:				

Describe any specialized training, apprenticeship, skills and extracurricular activities: _____

State any additional information you feel may be helpful to us in considering your application: _____

EMPLOYMENT HISTORY: Begin with the current or most recent job. *(Include additional positions on resume)*

Present Title:		Hourly/Salary Wage			Start Date	
Name of Employer & Address					Ending Date	
Supervisor's Name		Contact Number		Email Address		
Reason for Leaving:				May we contact this Employer (circle)		YES NO
Job Title:		Hourly/Salary Wage			Start Date	
Name of Employer & Address					Ending Date	
Supervisor's Name		Contact Number		Email Address		
Reason for Leaving:				May we contact this Employer (circle)		YES NO
Job Title:		Hourly/Salary Wage			Start Date	
Name of Employer & Address					Ending Date	
Supervisor's Name		Contact Number		Email Address		
Reason for Leaving:				May we contact this Employer (circle)		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. supervisor, colleague, etc.)	Telephone No./Email address

Are you a veteran: ☐ Yes ☐ No Branch _____ Enlistment Date (MM/YY) _____ Discharge Date (MM/YY) _____

Are you registered with a federally recognized Indian Tribe? ☐ Yes ☐ No Tribe: _____

INCLUDE PROOF OF TRIBAL ENROLLMENT. (Acceptable documents, tribal ID; tribal enrollment letter; or CDIB)

THREE CURRENT LETTERS OF REFERENCE AND A RESUME ARE REQUIRED 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 hereby 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 bargaining 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 Unified School District is an Equal Opportunity/Voluntary Affirmative Action Employer.

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

062212/110316/112918

APPLICATIONS WILL NOT BE ACCEPT WITHOUT ALL REQUIRED DOCUMENTS.

FOR INTERNAL USE ONLY

Please review documents submitted with application - Please ☒ (check) if included with application

- _____ High School Diploma/Unofficial Transcripts (If NO DIPLOMA, check for completion of acknowledgement)
- _____ Three Letters of Reference
- _____ Resume
- _____ IVP Fingerprint Card
- _____ Verification of Tribal Enrollment
- _____ Additional Documents (Training Certificates, First Aid 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. THE APPLICANT 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
tsuydam@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.



GDFA-E

WAW GIWULK HA-MAMŠCAMAKUD CEKŠAÑ
BABOQUIVARI UNIFIED SCHOOL DISTRICT
PO Box 248, Sells, AZ 85634 • (520) 719-1200 • FAX (520) 719-1269

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:**

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 delinquency of a minor.	Molestation of a Child
Commercial Sexual Exploitation of a minor.	Voluntary Manslaughter
Felony Offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute marijuana or dangerous or narcotic drugs.	Aggravated assault.
Felony Offenses involving the possession or use of marijuana or dangerous or narcotic drugs	Assault
Exploitation of minors involving drug offenses	

Signature _____ Date _____

Acknowledgement by Notary Public:

Subscribed and sworn to me this ____ day of _____, A.D. 20____.

Notary Public _____

My commission expires _____



WAW GIWULK HA-MAMŠCAMAKUD CEKŠAÑ

BABOQUIVARI UNIFIED SCHOOL DISTRICT

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

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

GDF-EC

I, _____ [print applicant name], have applied for employment with the Baboquivari Unified School District to work as a _____ [job title]. I understand that in order for the school district to determine my eligibility, qualifications, and suitability for employment, the School District will conduct a background investigation to determine if I am to be considered for an offer of employment. This investigation may include asking my current employer, any former employer, and any educational institution I have attended about my education, training, experience, qualifications, job performance, professional conduct, and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable), and similar information.

I hereby give my consent for any employer or educational institution 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 not waive _____ (initial only one) my right to see any written reference or other information provided to the School District by any educational institution.

According to Arizona Revised Statutes Section 23-1361, any employer that provides a written communication to the School District regarding my current or past employment must send me a copy at my last known address. I 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 preceding paragraph, I waive _____/do not waive _____ (initial only one) my right to receive a copy of any written communication furnished to the School District by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to the School District by employers or educational institutions, I release, hold harmless, and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by this School District to complete its background investigation.

A photocopy or facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

Dated this _____ day of _____, 20 _____

Applicant signature

Date



WAW GIWULK HA-MAMŞCAMAKUÐ CEKŞAÑ

BABOQUIVARI UNIFIED SCHOOL DISTRICT

P.O. Box 248
Sells, Arizona 85634

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

www.busd40.org

GOVERNING BOARD

JUAN BUENDIA
President
KATHLEEN VANCE
Clerk
SYLVIA HENDRICKS
Member
ANNAMARIE STEVENS
Member
DIONNE LEONARD
Member

CONSENT AND RELEASE TO CONDUCT CRIMINAL RECORDS CHECK

Prospective employee will deliver this form to the Tohono O'odham Justice Courts to proceed with a background check in the following divisions:

- 1.) Criminal Court
- 2.) Criminal/Civil Traffic Court

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

PLEASE PRINT CLEARLY & LEGIBLY:

I, _____, am applying for the following position(s), _____ [job title] with the Baboquivari Unified School District (USD). I understand that in order 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 criminal records to Baboquivari USD. The school district will provide a copy of completed records check to prospective employee.

Signature Date: _____

Full name:	
Maiden name/Aliases (AKA):	
DOB:	Social Security #:
Address:	
Community residing:	

Should questions arise, please feel free to contact, Darolyn Mease, HR Specialist at Baboquivari USD at (520) 719-1200, ext. 1014 or email dmease@busd40.org.

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