



Anchorage School District Human Resources

Classified Application and Instructions

What is a Classified Position?

Classified positions do not require an Alaska teaching or administrative certification as a minimum qualification.

Posting Period

Applications are accepted during the advertisement phase listed on each job posting.

- Internal advertisement phase: only bargaining unit members may apply.
- External advertisement phase: open to all applicants.

Application

A separate application is required for each job posting. Copies of applications are accepted with a current signature page.

Selection

An applicant who is selected for a position will be contacted by a representative of the Human Resources Department with an official offer of employment. No other offer of employment will be considered official. If an applicant cannot be contacted within a reasonable timeframe, another applicant may be selected.

ANCHORAGE SCHOOL DISTRICT
Classified Application

HUMAN RESOURCES
 5530 E Northern Lights Blvd
 Anchorage, AK 99504
 (907) 742-4187
 www.asdk12.org

Position Title	PVA Number
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Last Name	First Name	MI	Social Security #
Previous Name(s) Used			
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Home Phone	Work Phone	Cell/Message Phone	Leave Message With

Former Anchorage School District Employee? No Yes Former Position

981 75 HCB'

Please clearly indicate number of college credits or highest degree completed. Official transcripts from all institutions may be required if hired.

School Name	City/State	Dates Attended		Graduated		Major Course or Subject	Degree/Cert	Credit Hours
		From	To	Yes	No			
High School								
College/University								
Technical/Trade School								
Business School								
Other Education/Training								

OFFICE USE ONLY	Date: _____	Counter: _____	Mail: _____
Application Processed By: _____	E-Mail: _____	Fax: _____	

Last Name

First Name

Social Security #

OUTSIDE ACTIVITIES

Professional memberships, certificates, or licenses held:
Past/present civic activities - include offices held:

QUALIFICATIONS AND SKILLS

Check all items below that fall within your skill set and experience.

Office Skills

- Accounting
- Accounts Receivable
- Accounts Payable
- Bookkeeping
- Data Entry
- Filing
- Inventory
- Letter Composition
- Purchasing
- Recordkeeping - Financial
- Recordkeeping - Payroll
- Reports - Statistical
- Reports - Financial
- Report Writing
- Other - Explain:

Office Equipment

- Fax
- Offset Press
- Photocopiers
- 10 Key Calculator
- Switchboard
- Telephones
- TTY/TDD
- Keyboard
- Other - Explain:

Computers

PC & Macintosh Applications

- Clarisworks
- Filemaker Pro
- LaserCat
- MacDraw
- Microsoft Outlook
- Microsoft Excel
- Microsoft Word
- Microsoft Power Point
- PageMaker
- Other - Explain:

Crafts & Trades

- Heating & Ventilation
- Plumber
- Electrician
- Electronics
- Mechanic
- Carpenter
- Warehousing

Alaska Driver's License

License Type: _____

- Other - Explain:

Other

- First Aid Card
Expires: _____
- Food Service
- Institutional Cleaning/Custodial
- Safety/Security
- Child Care
- Other - Explain:

Special Education Aide

- Behavior Support
- Deaf Interpreter

Signing Type: _____

- Learning Disabled
- Mentally Disabled
- Physically Disabled
- OT/PT
- Speech/Language
- Other - Explain:

Instructional Aide

- Bilingual
- Writing
- Math
- Music
- Reading
- Science
- Other - Explain:

Fluent Languages

Last Name

First Name

Social Security #

EMPLOYMENT RECORD

Start with present or most recent positions. List all previous employers, including self-employment, summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but completion of this section is also required.

Dates Worked From To	Hrs/Week	Starting Pay	Ending Pay	Job Classification/Title
Last or Present Employer				Description of Duties
Street Address		City, State ZIP		
Supervisor's Name		Telephone		
Reason for Leaving				
Dates Worked From To	Hrs/Week	Starting Pay	Ending Pay	Job Classification/Title
Last or Present Employer				Description of Duties
Street Address		City, State ZIP		
Supervisor's Name		Telephone		
Reason for Leaving				
Dates Worked From To	Hrs/Week	Starting Pay	Ending Pay	Job Classification/Title
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Supervisor's Name		Telephone		
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Last Name**First Name****Social Security #****EMPLOYMENT RECORD**

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Supervisor's Name		Telephone		
Reason for Leaving				

Last Name

First Name

Social Security #

REFERENCES

List three references, other than relatives, who have knowledge of your work experience and abilities. At least one reference should be a previous supervisor.

Name	Title	Address	Phone

Name and relationship of relatives who work for the Anchorage School District or who serve on the Anchorage School Board (if any):

Name	Relationship	Department

If you answer yes to any of the following questions you will need to provide a written statement explaining the circumstances of the situation. The District will consider all the circumstances, including the dates and nature of events which have led to the actions described below. Your written explanation will assist the District in determining your eligibility, qualifications, and suitability for employment. Yes answers to the following questions will not necessarily result in the denial of employment. Attach additional sheets if necessary.

1. Have you ever been convicted of, pleaded no contest to, admitted committing, or are you currently on probation or awaiting trial for any criminal offense (including felonies and misdemeanors and excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer YES even if the matter was later set aside, dismissed, deferred, vacated, or expunged. If you answer YES you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you, and the final disposition of the case(s).

___ Yes ___ No

2. Have you ever been dismissed (fired) from any job or resigned at the request of your employer? You must answer YES even if charges against you or an investigation of your behavior is pending. You must answer YES even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer YES you must provide the date of termination of employment, the name, address, and telephone number of the employer(s) and a statement of the alleged reasons for termination.

___ Yes ___ No

3. Have you ever had any license or certificate of any kind revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification, or other regulatory agency or body, public or private? If you answer YES you must provide the dates of the proceedings, name, address, and telephone number of the agency or body where proceedings took place, a statement of the accusation(s) against you, and the final disposition.

___ Yes ___ No

4. Are you currently being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification, or other regulatory body or by your current or any previous employer? If you answer YES you must provide the name, address, and telephone number of the employer or licensing body and a statement of the accusation(s) against you.

___ Yes ___ No

5. Has a complaint of child abuse or neglect ever been filed against you which resulted in legal intervention or a requirement of support services? If you answer YES you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation(s) against you, and the final disposition of the case(s).

___ Yes ___ No

6. Does your name appear on any Sex Offender database in any state or country?

___ Yes ___ No

@UghBUa Y

: JfghBUa Y

Social Security #

APPLICANT NOTE

It is my understanding that as part of the Anchorage School District procedures for processing my employment application, a background report may be made which allows access to confidential and proprietary information and systems. Information is obtained through third parties, such as business associates, financial sources, present and previous employers, the Alaska State Troopers, the Federal Bureau of Investigation, or others familiar with my background. This inquiry may include confirmation and information as to my character, general reputation, personal characteristics, previous employers, educational background, current and previous residence locations for the last five years, military service, credit rating, and conviction records.

I hereby authorize the Anchorage School District to obtain from my current and former employers and listed references all data needed to support this application. I agree that reference material may be kept in confidence, and the Anchorage School District, its agents or employees, may not be liable in any manner for relying on material contained in this application, including references, in making employment decisions.

It is my understanding that after an offer of employment, and prior to reporting to work, I may be required to submit to a medical review. Depending on District policy and the requirements of the position, I may be required to be examined by a medical professional designated by the District.

It is my understanding that the unlawful use of controlled substances is prohibited during employment. If District policy requires, I am willing to submit to drug testing to detect the use of controlled substances prior to and during employment.

It is my understanding that an offer of employment with the Anchorage School District requires the approval of the Executive Director of Human Resources, is offered only from the Human Resources Department, and must be ratified by the Anchorage School Board.

CERTIFICATION AND RELEASE

I have reviewed the job description and requirements of the position for which I am applying and understand these requirements.

Yes No

Can you perform all the essential job function(s) of the position for which you are applying, with or without reasonable accommodations? Please list any recommendation(s) for accommodation. Attach additional sheets if necessary.

Yes No

Are you legally authorized to work in the United States as a citizen or non-citizen with employment authorization? Proof of eligibility will be required before you can begin work.

Yes No

I certify that I have read and understand this application form including the information and instructions and the Applicant Note above. Every answer I have provided on this application is both complete and truthful. I understand and agree that (1) if any information is omitted from or not filled in on this application, or if false information is furnished, the District will reject my application, (2) if any false or misleading information is furnished I will be ineligible for any future consideration for employment and may be subject to criminal prosecution, and (3) if I am employed by the District, I will be dismissed from employment, may be criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined that I have furnished false or misleading information on this application, including the knowing omission of information.

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Print Name

Signature

SSN

Date

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It is the policy of the Anchorage School District to provide equal education and employment opportunities and to provide services and benefits to all students and employees without regard to race, color, religion, physical or mental disability, national origin, gender, age, or other prohibition. This policy of the Anchorage School District is consistent with applicable laws, regulations, and executive orders enforced by various federal, state, and municipal agencies. Inquiries or concerns may be addressed to the Anchorage School District Equal Employment Opportunity Department.

EQUAL EMPLOYMENT OPPORTUNITY OFFICE RACE, ETHNICITY, AND GENDER SURVEY

The Anchorage School District is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Anchorage School District invites employees to voluntarily self-identify their race, gender and date of birth. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including information to be summarized and reported to the federal and state government for civil rights enforcement. When reported, data will not identify any specific individual. For individuals who choose not to self report a determination will be made by observation.

Last Name	First Name		MI
Social Security Number	Date of Birth / / Mo Date Year	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date:			

Please respond to Part 1 AND Part 2

Part 1: Are you Hispanic or Latino? Yes No

Part 2: Regardless of your response to Part 1, select **one or more** of the race categories using the definitions below:

✓	Race	DEFINITIONS OF RACIAL CATEGORIES
<input type="checkbox"/>	Alaska Native	A person having origins in any of the original peoples of Alaska and who maintains cultural identification through tribal affiliations or community recognition.
<input type="checkbox"/>	American Indian	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
<input type="checkbox"/>	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
<input type="checkbox"/>	Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.