



Scottsdale Education Center

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: (____) _____ Email Address: _____

Date Available: _____ Social Security No: _____ Desired Salary: \$ _____

Position Applied For: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree? _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree? _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree? _____

References

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Certification

First Aid Certified NO YES - Valid Thru _____ CPR Certified NO YES Valid -Thru _____
Fingerprint Clearance NO YES - Valid Thru _____ AZ Certified Teacher NO YES - Valid Thru _____
Other: _____ Valid Thru _____ Other: _____ Valid Thru _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____