FLAGSTAFF UNIFIED SCHOOL DISTRICT NO. 1
CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, _____ (applicant's name), have applied for employment with the Flagstaff Unified School District (the District) to work as a _____ (job title). I understand that in order for the District to determine my eligibility, qualifications and suitability for employment, the District will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and former employer and 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 an 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.

I waive ☐ / do not waive ☐ (check one only) my right to see any written reference or other information provided to the District by any educational institution.

According to Arizona Revised Statute Section 23-1361, any employer that provides written communication to the 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 District will not further consider my application if it cannot complete its background investigation.

I waive ☐ / do not waive ☐ (check one only) my right to receive a copy of any written communication furnished to the District by any employer.

Whether or not I have waived my right to see or receive copies of written references furnished to the District by employers or educational institutions, I release, hold harmless and agree not to sue or file any claim of any kinds 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 District to complete its background investigation.

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

Dates this _____ day of _____ , 20_____.

_____ _____

Witness Signature Applicant Signature

_____ _____

Witness printed name Applicant print name

Flagstaff Unified School District

Employee Immunization Form

Name_____ Date of Birth_____

Unless exempted, all employees, including substitutes, shall present proof of immunity to Measles (Rubeola) and German Measles (Rubella). Memory of immunization date is not acceptable; medical documentation of immunity is required.

Evidence of immunity to **Measles** (Rubeola) shall consist of:

- A record of immunization against measles with a live virus vaccine given on or after the first birthday; or
- A statement signed by a licensed physician or a state or local health office that affirms serologic evidence of having had measles; or
- Anyone born prior to January 1, 1957 shall be considered to be immune to measles.

Evidence of immunity to **German Measles** (Rubella) shall consist of:

- A record of immunization against rubella given on or after the first birthday; or
- A statement signed by a licensed physician or a state or local health office that affirms serologic evidence of having had rubella; or
- Anyone born prior to January 1, 1957 shall be considered to be immune to German Measles.

****Attach copies of medical documentation to this form**.

I certify that I will provide to the Flagstaff Unified School District proof of my immunity to Measles and Rubella prior to reporting for work.

Employee Signature_____ Date_____

For District Use:

Employee ID# _____

Hepatitis B vaccine required? _____ Yes _____ No

Hepatitis B information given to employee? _____ Yes _____ No

MR requirement met? _____ Yes _____ No

Hep B requirement met? _____ Yes _____ No

Notes: _____

I have reviewed this record and it meets current policy.

_____ _____

Nurse Supervisor Date

Flagstaff Unified School District

Request for Exemption to Measles/Rubella Requirement

Name_____ Date of Birth_____

I hereby request exemption from the Measles/Rubella immunization requirements:

☐Because of my personal beliefs I do not choose vaccine protection against Measles/Rubella. I am aware that if I change my mind in the future, I can rescind this exemption and obtain the immunizations.

☐My physical condition is such that the required vaccines would seriously endanger my health.

Nonimmune employees, including those who utilize an exemption shall, in the event of an outbreak of either disease, be put on leave without pay, or they may use accumulated sick leave during the period they are excluded from work due to the outbreak. If a staff member does not have any earned sick leave, a salary deduction of one (1) contract day will be made for each day of authorized leave used.

Employee Signature_____ Date _____

FLAGSTAFF UNIFIED SCHOOL DISTRICT NO. 1
VOLUNTARY SELF-IDENTIFICATION FORM
RACE/ETHNICITY, DISABILITY AND VETERAN STATUS

DISCLOSURE

Completion of this data is voluntary and will not affect your terms or conditions of employment. This form will be used for reporting data to the Equal Employment Opportunity Commission. All data collected will be used for statistical reporting purposes and may be subject to disclosure under federal and state law or rule.

PLEASE PRINT	
YOUR NAME	DATE
EMPLOYEE ID	☐ FEMALE ☐ MALE

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is the unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's term and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

SECTION 1. RACE/ETHNICITY

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWIN QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

☐ **HISPANIC OR LATIN**: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **WHITE:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **BLACK OR AFRICAN AMERICAN:** a person having origins in any of the black racial groups of Africa.

☐ **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.

☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **AMERICAN INDIAN OR ALASKA NATIVE:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **TWO OR MORE RACES:** a person who primarily identifies with two or more of the above race/ethnicity categories.

☐ I choose not to identify

SECTION II. DISABILITY

The Equal Employment Opportunity Commission (EEOC) defines a covered disability under the American with Disabilities Act (ADA) as a physical or mental impairment that substantially limits one or more major life activities, a history of having such an impairment, or being regarded as having such an impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. It can also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Under this definition, are you a person with a disability? ☐ Yes ☐ No ☐ I choose not to identify

Any requests for accommodation for current or future disabilities must go through your administrator and human resources.

SECTION III. VETERAN STATUS

Have you served in the United States Military Armed Forces? ☐ Yes ☐ No ☐ I choose not to identify

Declaring you are a veteran on this form does not satisfy your obligation to declare veteran status in future employment applications.

FOR DISTRICT HR USE ONLY (VISUAL ASSESSMENT)

☐ AS (ASIAN)
☐ BL (BLACK)
☐ HS (HISPANIC)
☐ AM (AMERICAN INDIAN OR ALASKA)
☐ PI (HAWAIIAN OR OTHER PACIFIC ISLANDER)
☐ WH (WHITE)

Flagstaff Unified School District

Hepatitis B Vaccination Information

This information is for those FUSD staff identified as needing the Hepatitis B vaccine series. Per OSHA regulation the vaccine series should be started within 10 days from initial assignment to your job.

**** If you have already received the Hepatitis B vaccine series, please provide FUSD with a copy of your immunization record or other proof of immunity before beginning employment.**

Should you wish to opt out of this vaccination, you must complete the Hepatitis B declination form.

To obtain the Hepatitis B vaccine series:

Where: Call the Vera Clinic at (928) 774-3985 to set up an appointment. The clinic is located at 1500 E. Cedar Ave., Suite 80 (next to Little Caesars Pizza). Let them know you are an FUSD employee needing the Hepatitis B vaccine.

What to bring: Take the Authorization for Examination or Services form and your FUSD badge with you to your appointment. You will have no out of pocket expense as long as you are employed with FUSD at the time you receive the vaccines.

About the vaccine: Three doses of vaccine are needed to complete the series. The doses are typically spaced over a 6 month period.

After the vaccine: You must submit a copy of your immunization record to FUSD Human Resources. It is the responsibility of the employee to make all three appointments at the Vera Clinic as well as provide the updated immunization record after each dose of the vaccine.

For more information on FUSD policy regarding Hepatitis B vaccination, please contact:

Elizabeth Walmer, RN

FUSD Nursing Supervisor

(928) 527-6118 or ewalmer@fusd1.org

Flagstaff Unified School District

Employee Hepatitis B Vaccine Declination Form

Name _____ Date of Birth _____

Job Title _____ Employee ID # _____

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no cost; however, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at that time at no cost to me.

Employee Signature _____ Date _____

LOYALTY OF OATH OF OFFICE

I, _____ do solemnly swear (or affirm) that I will support the
(name)
Constitution of the United States and the Constitution and laws of the State of Arizona; that I will bear true faith and allegiance to the same, and defend them against all enemies, foreign or domestic, and that I will faithfully and impartially discharge the duties of the office of _____(name of office) at Flagstaff Unified School District #1 according to the best of my ability. So Help Me God (or so I do affirm).

_____ _____

Signature of Officer of employee Date

ARIZONA STATE RETIREMENT SYSTEM

1. Have you worked for another Arizona State Retirement System employer?
   ☐ No, please sign & date the bottom of the form ☐ Yes, please continue

2. Did you withdraw your contribution?
   ☐ No, additional paperwork will not be required, please sign & date bottom of the form
   ☐ Yes, complete the online enrollment, please sign & date the bottom of the form.

3. Are you an Arizona State Retirement System retiree?
   ☐ No, please sign & date the bottom of the form. ☐ Yes, attach letter verifying retirement from ASRS, please continue.

Date of Birth:	Date Retired:
Retired From:	Years of Service:

Retirement from ASRS, mark one option below:
☐ Normal Retirement with ASRS with letter confirmation. Age 65 or 62 with 10 years of service and 80 points.
I have not worked with an ASRS employer for 1 year.

☐ Early Retirement with ASRS with letter confirmation.
Can only work up to 19 hours a week.

4. Did you work with a phased retirement system (i.e. Smartschools Inc.) after you retired?
   ☐ No ☐ Yes

_____ _____

Print Name Employee ID

_____ _____

Signature Date

FOR OFFICIAL USE ONLY

Have employee fill out ASRS Retiree Return to Work Form.
FUSD mail to ASRS: _____