

Salt River Pima-Maricopa Community Schools

Application Addendum

Applicant Name: _____

Position Applied for: _____

Immunization Record Information

Arizona State Department of Health Services Rule R9-6-729 and R9-6-742 provide for exclusion from school of non-immune persons during an outbreak of rubella (German Measles) or rubeola (measles). It shall be a condition of employment that the employee provide SRP-MIC Department of Education with evidence of immunity for rubella and rubeola. (Evidence of immunity consists of either of a record of immunization or a statement by licensed physician or state/local health officer which affirms serologic evidence of having had the disease.)

* Were you born after January 1, 1942? If so, you must provide documentation of rubella (German Measles).	Yes	No
* Were you born after January 1, 1957? If so, you must provide documentation of rubeola (measles) and rubella (German Measles) immunity.	Yes	No
* Do you have a Statement signed by a licensed physician or state/local health officer affirming that immunization is medically inappropriate?	Yes	No

EXCEPTION: If religious reasons preclude compliance, you must provide a written statement explaining such.

Under penalty of perjury, I certify that all information that I have provided on this application and accompanying documents is true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application or any other accompanying or required documents will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I authorize the investigation of all statements and information contained in this application and I will execute such documents to facilitate this investigation. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I understand that I have no right of access to any materials submitted and information gathered by the Salt River Pima-Maricopa Indian Community Education Division ("SRPMIC Education Division") during the application process and that such materials and information are considered the sole property of the SRPMIC Education Division. I understand that the application will be given every consideration, but its receipt does not imply that the applicant will be employed. I understand that an offer of employment, if proffered, is not finalized until the background investigation has been completed and the Education Board for the SRPMIC Education Division has officially approved my employment. If hired, I agree to abide by all SRPMIC Education Division rules and regulations. I understand that the SRPMIC Education Division shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. I acknowledge that I have read and understand the above statements.

By clicking "I Agree" below, I _____, acknowledge and consent to the statement above.
I Agree
