

Phone: (928) 537-5463

Fax: (928) 537-1820

#### **APPLICATION FOR CERTIFIED AND/OR ADMINISTRATIVE EMPLOYMENT** An Equal Opportunity Employer

The Vernon Elementary School District does not discriminate on the basis of race, color, national origin, sex, age or handicap in admission or access to, or treatment or employment in its educational programs or activities. Inquires concerning Title VI, Title VII, Title IX and Section 504 may be referred to the Superintendent, P.O. Box 89, Vernon, Arizona 85940, (928) 537-5463.

SECTION A- PERSONAL	DATA	Date				
Mr./Mrs./Miss/Ms						
Last N	ame Midd	Middle Name				
Street Address/ P.O. Box	City	State	Zip			
Alternate or Work Address	City	State	Zip			
Home Phone:	Work Phone:	Message Phone:				
E-mail Address	Social Security Number					
List any relatives now employed b	y Vernon Elmentary School Distri	et # 9				
Date You Are Available	Citizen of the	J.S. or Legal Right to Work? Yes	[] No []			
Have you filed an application here	before? Yes [ ] No [ ] If	ves, give date				
Have you ever been employed her	e before? Yes [ ] No [ ] If	ves, give date				
Are you employed now? Yes [	] No [ ] May we contact your p	resent employer? Yes [ ] No [	]			

### **SECTION B- POSITION DESIRED**

List the subjects you prefer to teach for which you are qualified. (Generally, 24 semester hours within a major teaching

SUBJECT

SEMESTER HOURS

Indicate With A  $[\sqrt{}]$  All Areas You Are Willing Or Qualified To Teach Primary [] Elementary [] Administration [ ] Special Education [ ] Coaching [ ] Other [ ]

 What Language(s) Do You Speak?
 Read/Write?

## SECTION C- TEACHING/ ADMINISTRATIVE CERTIFICATES

Certificate Type	State Where Issued	Valid & Expire Dates	Approved Areas	Endorsements
				)

SECTION D- ACADEMIC	C BACKGR	ROUND			
SCHOOL AND ADDRESS	DATES A	TTENDED	MAJOR/MINOR	DEGREE & HRS	<u>GPA</u>
COLLEGE/UNIVERSITY	FROM:	TO:			
GRADUATE STUDY					
COLLEGE/UNIVERSITY	FROM:	TO:			
					/

LIST MOST RECENT EMPLOYER FIRST (Include Student Teaching if within the last three years)

	Employer Name & Address	Dates Employed	Grade And Subject Taught Or Position	Reason For Leaving
Present or Last	Name:	From:		
Position	Address:	To:		
	Phone No.	-	Supervisor.	
Next	Name:	From:		
Position	Address:	-		
	Disco No	_ To:	Supervisor:	
	Phone No.	-		
Next Position	Name:	From:		
i obition	Address:			
	Phone No.	To:	Supervisor:	
Next	Name:	From:		
Position	Address:	-		
			Supervisor:	
	Phone No.			

# **SECTION F- REFERENCES**

List Three Individuals Who Can Provide a Professional And/ Or Character References For You.

Reference Name and Address	Telephone Number
1	
2	
3	

## **SECTION G- NARRATIVE STATEMENT**

PLEASE STATE BRIEFLY IN YOUR OWN HANDWRITING HOW AND WHAT YOU CAN CONTRIBUTE TO A EDUCATIONAL SYSTEM SERVING A RURAL AND SMALL SCHOOL. ALSO INCLUDE A STATEMENT OF YOUR PLANS FOR PROFESSIONAL GROWTH AND YOUR EDUCATIONAL GOALS FOR THE FUTURE.

## **SECTION I- AGREEMENT**

1.	Have you ever been dismissed from a teaching position?	Yes [ ] No [ ]
2.	Have you ever been dismissed from an administrative position?	Yes [ ] No [ ]
3.	Have you ever been asked to resign from a teaching position?	Yes [ ] No [ ]
4.	Have you ever been non-renewed from a teaching position?	Yes [ ] No [ ]
5.	Have you ever resigned rather than face disciplinary action and/ or nonrenwal By an employer and/ or disciplinary action against a license/ certificate?	Yes [ ] No [ ]
6.	Have you ever had your certificate revoked?	Yes [ ] No [ ]
7.	Are you aware of any reason you would not be able to perform the duties required of the position?	Yes [ ] No [ ]

I hereby certify that the above information, to the best of my knowledge is true, accurate, and complete. Any misrepresentation or omission of facts shall be sufficient cause for my disqualification for employment or termination of employment. Furthermore, it is understood that this application and records become the property of Vernon Elementary School District # 9.

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the District. I authorize the District to make reference checks prior to employment and I will execute documentation to facilitate this investigation. I release from liability any person giving or receiving such information and further agree that any reference and personal information which becomes a part of this record are to be regarded as confidential and will not be revealed.

Signature	Date
6	

University bulletin [ ] Newspaper [ ] Career Fair [ ] Internet [ ] VESD Employee [ ] Other [ ]

] Authorization to Release Informati	on		
] EOE Form	Interviewed By:	Date:	
] Conviction Report	Remarks:		
] Affidavit			
] Resume			
] Letter of Application			
] Lesson Design			
] Three Letter s of Reference			
] Transcripts			
] Certificate			

# Vernon Elementary School District No. 9 CONVICTION REPORT

Because of the tremendous responsibility Vernon Elementary School District has to its school children and community, the following information is needed from all applicants and employees regarding convictions.* A record on conviction does not necessarily prohibit employment; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of dismissal if employed and may result in prosecution for filing false information with a public agency. Applicants and employees must report convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Superintendent. Please read carefully, and answer every question. Please print clearly.								
I. Name	I. Name Last First Middle							
Cast Other names used						_Dates of usage	imiguie	
2. Social Security Number						£1140		
3. Have you ever been convict	ted of a minor offense	other than I	traffic violation(s)	Πy.	ES	NO 🗖		
4. Have you ever been convict	ted of a felony?				YES	ыо 🗖		
5. Have you ever been convict	ted of a sex or drug rel	ated offens	c?		YES	NO 🗖		
<ol> <li>Have you ever been convict as defined in A.R.S. 13.604</li> </ol>		ne against c	hildren		YES	NO 🗆		
If any of the boxes above :	are marked "YES,	" fill in th	e information below	w and atta	ach a le	tter of explanation.		
		CON	VICTION INFOR	MATION	1			
1. CONVICTION CHARGE			DATE OF CONVICTION		COU	RT OF CONVICTION		
CITY	STATE	AMOU	NT OF FINE	LENGT	'H OF JA	JL TERM		
REMARKS:	LENGTH AND TERMS OF PROBATION:							
2. CONVICTION CHARGE			DATE OF CONVIC	CTION	COU	RT OF CONVICTION		
CITY	STATE	AMOUT	NT OF FINE	FINE LENGTH OF JAIL TERM				
REMARKS:	REMARKS:				LENGTH AND TERMS OF PROBATION:			
*CONVICTION means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.								
**A.R.S. 13.604.01 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, child abuse, kidnapping and sexual abuse.								
Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate and complete. I authorized the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of Vernon Elementary School District. I authorize the Vernon Elementary School District to make reference checks prior to employment and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.								
APPLICANT SIGNATURE DATE								

#### PROFESSIONAL STAFF HIRING (Policy GCF-EB Revision Date 8/11/11)

#### CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, \_\_\_\_\_\_ [applicant's name], Have applied for employment with the Vernon Elementary School District to work as a \_\_\_\_\_\_\_[job title]. I understand that in order for the School District to determine my eligibility, qualification, 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, 1 waive \_\_\_\_/ do not waive \_\_\_\_\_ (initial only one[1]) 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[1]) 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 the original. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant Signature

Witness Signature



Vernon Elementary School District P.O. Box 89 Vernon, Arizona 85940 Attn: Nicolette Gardner ngardner@vernon.k12.az.us