

UNION ELEMENTARY SCHOOL DISTRICT No. 62

3834 South 91st Ave. ◊ Tolleson, Arizona 85353

(623) 478-5005 ♦ Fax (623) 478-5006

PROFESSIONAL STAFF APPLICATION

Please print in black or blue ink or use a typewriter. This application is part of the examination procedure. Incomplete information may affect your eligibility for employment. No question on this application should be answered in such a manner as to disclose race, color, creed, national origin, ancestry, age, marital status, sex, or the existence of any physical or mental condition unrelated to the performance of the position for which you are applying.

Date: _____ Social Security Number: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: (____) _____ (____) _____ (____) _____
Home Office Cell/Message

How long at the above address? _____ (If less than one year, give previous address.)

Previous Address: _____
Street City State Zip

If Arizona resident, how long have you lived in Arizona? _____ Email Address: _____

- TEACHER ELEMENTARY (K – 6)** List in the order of preference: 1. _____ 2. _____ 3. _____
 - TEACHER ELEMENTARY (7 – 8)** List in the order of preference: 1. _____ 2. _____ 3. _____
 - SPEECH PATHOLOGIST** **COUNSELOR** **PSYCHOLOGIST** **OTHER** _____
 - SUBSTITUTE TEACHER:** (Check the areas/grade level(s) you wish to substitute in.)
 - Elementary (K-6) Grades 7-8 Math Music Physical Education Alternative Classroom
- ***** DAYS YOU **WILL NOT BE AVAILABLE TO SUBSTITUTE:** Monday Tuesday Wednesday Thursday Friday *****

FOR OFFICE OF HUMAN RESOURCES USE ONLY

DATE OF REVIEW:	COMMENTS:	DATE RECEIVED IN HR
_____	_____	
_____	_____	
_____	_____	
_____	_____	

► AN EQUAL OPPORTUNITY EMPLOYER ◀

CERTIFICATION

1. What Arizona certificate(s) do you hold (type of certificate: Elementary, Secondary, Vocational, etc.)? **Attach supporting documentation**

Certificates	Date issued	Expiration Date	Endorsements
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. If you do not hold an Arizona certificate, for which certificate are you eligible as informed by the Arizona Department of Certification? _____

EDUCATION

College or University	Date of Attendance	Major	Minor	Degree Earned	Date Earned

AN OFFICIAL COLLEGE TRANSCRIPT IS REQUIRED BEFORE CONSIDERATION CAN BE GIVEN TO YOUR EMPLOYMENT. IT SHOULD INCLUDE ALL COURSES COMPLETED AT THE TIME OF THIS APPLICATION.

Total Semester Graduate Hours: Beyond B.A. Degree _____ Beyond M.A. Degree _____

Grade Point Averages: (Undergraduate) _____ (Graduate) _____

STUDENT TEACHING/INTERNSHIP

School	Cooperating Teacher/Supervisor	Location	Subject/Grade Taught	Dates

Do you speak a language other than English fluently? NO YES If yes, which language(s)? _____

What honors have you received? _____

List Professional activities, interest, organizations and extent of participation: _____

Describe any special abilities/talents or experience (e.g. coaching, sports, drama, Music, special training, other): _____

REFERENCES

Teachers who have previous teaching and/or administrative experience are expected to list school administrators under whose supervision they have worked. Beginning teachers will please list references qualified to give information demonstrating your fitness for the position you are seeking.

NAME	ADDRESS	OCCUPATION	PHONE #	YEARS

EMPLOYMENT EXPERIENCE

IMPORTANT: Do not indicate "See Resumé." List your most recent employment or related volunteer experience first. Be sure to list each change in title separately, even though with the same employer. Fill in all spaces. Be accurate and complete. If you wish to elaborate on your experience, a supplemental sheet or resumé may be attached, but this section must be completed. Include military service if occurring within this period.

Company Name:		Duties:
Company Address:		
Company Phone Number:		
Kind of Business:		If you supervised employees, please indicate the number and type (e.g. Clerical, Technical, etc.)
Supervisor's Name/Title:		
Your Title	From: _____ To: _____ Month/Year Month/Year	
Salary: \$	Check One: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving:
Company Name:		Duties:
Company Address:		
Company Phone Number:		
Kind of Business:		If you supervised employees, please indicate the number and type (e.g. Clerical, Technical, etc.)
Supervisor's Name/Title:		
Your Title	From: _____ To: _____ Month/Year Month/Year	
Salary: \$	Check One: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving:
Company Name:		Duties:
Company Address:		
Company Phone Number:		
Kind of Business:		If you supervised employees, please indicate the number and type (e.g. Clerical, Technical, etc.)
Supervisor's Name/Title:		
Your Title	From: _____ To: _____ Month/Year Month/Year	
Salary: \$	Check One: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving:
Company Name:		Duties:
Company Address:		
Company Phone Number:		
Kind of Business:		If you supervised employees, please indicate the number and type (e.g. Clerical, Technical, etc.)
Supervisor's Name/Title:		
Your Title	From: _____ To: _____ Month/Year Month/Year	
Salary: \$	Check One: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving:

EMPLOYMENT EXPERIENCE

IMPORTANT: Do not indicate "See Resumé." List your most recent employment or related volunteer experience first. Be sure to list each change in title separately, even though with the same employer. Fill in all spaces. Be accurate and complete. If you wish to elaborate on your experience, a supplemental sheet or resumé may be attached, but this section must be completed. Include military service if occurring within this period.

Company Name:		Duties:
Company Address:		
Company Phone Number:		
Kind of Business:		If you supervised employees, please indicate the number and type (e.g. Clerical, Technical, etc.)
Supervisor's Name/Title:		
Your Title	From: _____ To: _____ Month/Year Month/Year	
Salary: \$	Check One: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving:
Company Name:		Duties:
Company Address:		
Company Phone Number:		
Kind of Business:		If you supervised employees, please indicate the number and type (e.g. Clerical, Technical, etc.)
Supervisor's Name/Title:		
Your Title	From: _____ To: _____ Month/Year Month/Year	
Salary: \$	Check One: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving:
Company Name:		Duties:
Company Address:		
Company Phone Number:		
Kind of Business:		If you supervised employees, please indicate the number and type (e.g. Clerical, Technical, etc.)
Supervisor's Name/Title:		
Your Title	From: _____ To: _____ Month/Year Month/Year	
Salary: \$	Check One: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving:
Company Name:		Duties:
Company Address:		
Company Phone Number:		
Kind of Business:		If you supervised employees, please indicate the number and type (e.g. Clerical, Technical, etc.)
Supervisor's Name/Title:		
Your Title	From: _____ To: _____ Month/Year Month/Year	
Salary: \$	Check One: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving:

Would you be able to perform the duties of the position for which you are applying? NO YES If no, please explain: _____

Do you have a valid Arizona Driver License? NO YES Type: _____

When will you be available?: _____

Have you ever been asked to resign from a position? NO YES If yes, please explain: _____

Have you ever been dismissed from a position? NO YES If yes, please explain: _____

We may contact your former or current employer(s). Please list the names of individuals you **DO NOT** want us to contact and why: _____

“YES” answers to the following five (5) questions will not necessarily result in denial of employment. The District will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist the District in determining your eligibility and suitability for employment. Attach additional sheets if necessary.

1. Have you ever been arrested for, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer “YES” even if the matter was later 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 If yes, please explain: _____
2. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was 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 If yes, please explain: _____
3. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) 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 proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition. YES NO If yes, please explain: _____
4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) 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 accusations against you. YES NO If yes, please explain: _____
5. Have you ever been arrested for a dangerous crime against children as defined in A.R.S. §13-604.01? YES NO If “YES”, you must provide details below, including date of conviction, court where convicted, sentence imposed and present status of conviction. _____

READ THIS PARAGRAPH BEFORE SIGNING THIS APPLICATION

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 any false information is furnished, the District will reject my application; (2) if any false 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 may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined that I have furnished false information on this application.

Signature of Applicant

Date

Union Elementary School District No. 62

ETHNIC BACKGROUND FORM

The Union Elementary School District No.62 is an Equal Opportunity/Affirmative Action Employer (EEOC) and attempts to be completely unbiased and fair in its employment practices. For this reason, we have eliminated any mention of race, national origin, or sex on the application forms. However, our Affirmative Action Plan requires that we keep a separate record to insure that female and/or ethnic minority applicants receive full consideration for all position openings. From this standpoint, it would be helpful to us if you indicate below your race, sex, etc.

THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL NOT BE FILED WITH OR MADE A PART OF YOUR APPLICATION.

SPECIFY POSITION APPLIED FOR: _____

RACE

SEX

- | | |
|--|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Male |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Female |
| <input type="checkbox"/> Black | |
| <input type="checkbox"/> Caucasian | |
| <input type="checkbox"/> Hispanic (Includes persons of Mexican, Puerto Rico,
Latin American or other Hispanic Origins.) | |
| <input type="checkbox"/> Other _____ | |

PLEASE PRINT YOUR NAME: _____
(Last) (First) (M. I.)

SIGNATURE: _____ **DATE:** _____

American DataBank

Request for Employment Background Check

Social Security Number

- -

Date of Birth (Month/Day/Year - for identification purposes only)

/ /

Full Name (First / Full Middle Name / Last)

Other Names Used (maiden names, AKA names, etc.)

Current Residential Address

City

State

Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Driver's License Number

State of Issue

NOTICE TO RESIDENTS OF CALIFORNIA, MINNESOTA AND OKLAHOMA ONLY: If you would like to receive a copy of your background information obtained by American DataBank Screening, please indicate by checking the following box: Yes, please send me a copy of my report.

APPLICANT, DO NOT WRITE IN THIS BOX – FOR EMPLOYER USE ONLY:

Your standard package will be automatically performed unless you specify otherwise below:

- Perform selected services *in addition to* standard package
- Perform selected services *in place of* standard package
- 39-Month driving record
- Social Security Address/Alias Trace
- Additional County Criminal History Searches
(check box next to addresses above)
- Educational Degree Verification
- Personal/Prof. Reference Verification
- Professional Licensure Verification
- Previous Employment Verification

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING INVESTIGATIVE CONSUMER REPORTS**

I understand that as a condition of my consideration for employment, or as a condition of my continued employment, **Union Elementary School** (“the company”) may obtain a consumer report and/or investigative consumer report that includes, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent the company and/or its designated agent, Universal Background Screening, to procure such a report. I understand that pursuant to the Federal Fair Credit Reporting Act, **Union Elementary School** will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making an adverse decision regarding my fitness for employment. I further understand that such report will be made available to me prior to any such adverse decision being made, along with the name and address of the reporting agency that produced the report.

NOTICE TO RESIDENTS OF CALIFORNIA, MINNESOTA AND OKLAHOMA ONLY:

If you would like to receive a copy of your background information obtained by American DataBase Background Screening, please indicate by checking the following box:

Yes, please send me a copy of my report.

Signature

Date

Printed Name

Social Security Number