

***CEDAR UNIFIED SCHOOL DISTRICT NO. 25
P.O. BOX 367
KEAMS CANYON, ARIZONA 86034
TELEPHONE NO. (928) 738-2366
FAX NO. (928) 738-5404***

APPLICATION FOR CERTIFICATED EMPLOYMENT

***DR.
MR.
MRS.
MISS
MS.***

LAST

FIRST

MIDDLE

DATE: _____

POSITION DESIRED (First Preference Only) _____
Grade Level or Subject

AN EQUAL OPPORTUNITY EMPLOYER

**The District does not discriminate on the basis of age,
race, color, religion, sex, marital status, disability
or national origin.**

PLEASE TYPE OR PRINT

PERSONAL DATA (Please enclose a recent resume)

1. Name _____

2. Home mailing address

3. Business mailing address

Street _____

Street _____

City _____ State _____

City _____ State _____

Zip _____ Phone _____

Zip _____ Phone _____

Email Address: _____

4. **POSITION DESIRED:**

() **ELEMENTARY:** (Grades K-6) List in order of preference

1. _____ 2. _____ 3. _____ 4. _____

() **SECONDARY:** (Grades 7-8) List in order of preference

1. _____ 2. _____ 3. _____ 4. _____

5. When will you be available? _____

6. Present Position _____ Salary _____

7. Reason for leaving present position _____

8. Present (or most recent) administrative supervisor(s):

Name _____ Phone _____

Name _____ Phone _____

9. Have you ever been dismissed from a position? (Please check) Yes No

If yes, explain _____

10. Have you ever been asked to resign from a position? (Please check) Yes No

If yes, explain _____

CERTIFICATION:

11. Arizona Certificates now held (Please enclose copies)

CERTIFICATES	EXPIRATION DATE

12. Arizona Certificates for which now eligible (Candidates are responsible for obtaining proper certification)

EDUCATIONAL PREPARATION ("SEE RESUME" is not sufficient)

13. School(s) attended: (PLEASE ENCLOSE COPIES OF TRANSCRIPTS)

NAME OF SCHOOL	LOCATION	DATES	DEGREE
UNDERGRADUATE			
GRADUATE			
GRADUATE			

Highest degree earned: _____ Graduate semester hours earned after highest degree: _____

Undergraduate Major: _____ Under Graduate Minor: _____

Graduate Degree(s) in: _____

College activities in which you participated: _____

PROFESSIONAL EXPERIENCE:

14. Student Teaching Experience

NAME OF SCHOOL	LOCATION CITY/STATE	GRADES OR SUBJECTS TAUGHT	DATES	COOPERATING TEACHER

15. **CONTRACTUAL TEACHING ONLY:** List most recent experience first and indicate whether position was full-time (FT) or part-time (PT) equivalency. DO NOT LIST substitute teaching experience. ("See Resume" is not sufficient.)

NAME & TYPE OF SCHOOL ELEM./JR. HIGH/SR. HIGH AND COMPLETE ADDRESS	NAME OF SUPERVISOR/EMPLOYER AND PHONE NUMBER	GRADES OR SUBJECTS TAUGHT	NO. OF YEARS FT/PT		BEG./END.	
REASON(S) FOR LEAVING						
NAME & TYPE OF SCHOOL ELEM./JR.HIGH/SR. HIGH AND COMPLETE ADDRESS	NAME OF SUPERVISOR/EMPLOYER AND PHONE NUMBER	GRADES OR SUBJECTS TAUGHT	NO. OF YEARS FT/PT		BEG./END.	
REASON(S) FOR LEAVING						
NAME & TYPE OF SCHOOL ELEM./JR. HIGH/SR. HIGH	NAME OF SUPERVISOR/EMPLOYER AND PHONE NUMBER	GRADES OR SUBJECTS TAUGHT	NO. OF YEARS FT/PT		BEG./END	
REASON(S) FOR LEAVING						

(LIST ADDITIONAL EMPLOYMENT INFORMATION ON SEPARATE SHEET)

16. **OTHER WORK EXPERIENCE:** (List most recent experience first)

NAME OF EMPLOYER AND PHONE NO.	LOCATION	NATURE OF WORK	DATES

ACTIVITIES AND HONORS

17. Describe your special abilities or talents (e.g., sports, drama, etc.) _____

18. List any extensive travel you have done _____

19. List professional positions which you have held in various organizations _____

20. List leadership positions which you have held in various organizations _____

21. List Honors received _____

PERSONAL INFORMATION AND REFERENCES:

23. Give names and complete addresses of those references who are familiar with your personality, character and work performance. (Please enclose 3 recent letters of reference)

NAME OF PERSON AND ADDRESS	OFFICIAL POSITION	YEARS KNOWN	PHONE NO.

IMMUNIZATION RECORD INFORMATION

23. Arizona State Department of Health Services regulations (R9-6-729 and R9-6-742) require that an immunization record for each school employee be on file prior to employment. It shall be a condition of employment that the employee provide the district with prior or immunization for Rubella.

PLEASE CHECK IF YOU ARE:

- () 45 years or older, if so, you are exempt from this requirement.
- () 45 years or younger, if so, you must provide documentation of Rubella (German Measles) immunity.
- () Born on or after January 1, 1957, if so, you must provide documentation of Measles (Rubella) immunity.

Exceptions:

- () 1. Statement signed by licensed physician or state/local Health Officer affirming that immunization is medically inappropriate.
- () 2. Employee provides statement indicating that religious reasons preclude compliance.

**** A.R.S. 13.604.01 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as a second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse.**

READ THE FOLLOWING 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 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.

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 the information may be reviewed by the agents of Cedar Public 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.

SIGNATURE

DATE

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

CEDAR UNIFIED SCHOOL DISTRICT NO. 25

I, _____ (applicant's name), have applied for employment with the School District to work as a _____ [job title]. I understand that in order for the School District to determine my eligibility, qualifications and suitability for employment, the School District will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution I have attended about my education, training, experience, qualifications, job professional conduct and evaluation, 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 the 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.

According to Arizona Revised Statute Section 23-1381, any employer that provides a written communication to the School District regarding my current or past employment must send me a copy to 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.

I waive _____/do not waive _____ (initial only one) 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 of facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

DATED this _____ day of _____, 20__ .

Witness

Applicant

EXHIBIT	EXHIBIT
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PROFESSIONAL STAFF CERTIFICATION AND CREDENTIALING REQUIREMENTS

Name (printed or typed)	Position
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I, _____, being duly sworn, do hereby certify that I have never been convicted of or admitted in open court or pursuant to a plea agreement committing, and am not now awaiting trial for committing, any of the following criminal offenses in the state of Arizona or similar offenses in any other jurisdiction:

Sexual abuse of a minor Incest First- or second-degree murder Kidnapping Arson Sexual assault Sexual exploitation of a minor Felony offenses involving contributing to the delinquency of a minor Commercial sexual exploitation of a minor Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana or dangerous or narcotic drugs offenses	Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs Burglary in the first degree Burglary in the second or third degree Aggravated or armed robbery Robbery A dangerous crime against children as defined in A.R.S. 13-604.01 Child abuse Sexual conduct with a minor Molestation of a child Manslaughter Assault or Aggravated assault Exploitation of minors involving drug offenses
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Employee Signature	Date signed
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Subscribed, sworn to, and acknowledged before me by _____,
this _____ day of _____, 20____.
in _____ County, Arizona.

My Commission Expires

Notary Public