

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

# **APPLICATION FOR ADMINISTRATIVE EMPLOYMENT**

DR.  
MR.  
MRS. \_\_\_\_\_  
MISS                      LAST                      FIRST                      MIDDLE  
MS.

DATE: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_

## **AN EQUAL OPPORTUNITY EMPLOYER**

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

**BOTH MALE AND FEMALE  
ARE URGED TO APPLY**

**PERSONAL DATA: (Please enclose a recent résumé)**

Name: \_\_\_\_\_ Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Physical Address (If Different): \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date You Are Available? \_\_\_\_\_

Present Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving present position: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you been ever been dismissed, asked to resign, or non-renewed from a position? Yes  No

If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

**ADMINISTRATIVE CERTIFICATES:**

Certificate Type	State Issued	Expiration Date	Approved Areas	Endorsements
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ACADEMIC BACKGROUND:**

School and Address College/University	Dates Attended From - To	Major/Minor	Degree/Hours	GPA
Undergraduate:				
Graduate:				
Graduate:				

**ADMINISTRATIVE EXPERIENCE: (List most recent experience first)**

Employer Name and Address	Name of Supervisor/Employer and Phone Number	Position	No. of Years Ft/Pt		Beg./End.	
Reason(s) For Leaving:						
Employer Name and Address	Name of Supervisor/Employer and Phone Number	Position	No. Of Years Ft/Pt		Beg./End.	
Reason(s) For Leaving:						
Employer Name and Address	Name of Supervisor/Employer and Phone Number	Position	No. Of Years Ft/Pt		Beg./End	
Reason(s) For Leaving:						

(List Additional Employment Information On Separate Sheet)

**OTHER WORK EXPERIENCE:**

Employer Name and Address	Name of Supervisor/Employer and Phone Number	Nature Of Work	Dates

**REFERENCES: (List three individuals who can provide professional, character, and work performance references for you – provide three recent letters of references)**

Name of Person and Address	Official Position	Years Known	Phone No.

**ACTIVITIES AND HONORS:**

Describe your special abilities or talents (e.g., sports, drama, etc.) \_\_\_\_\_

\_\_\_\_\_

List any extensive travel you have done \_\_\_\_\_

\_\_\_\_\_

List professional positions which you have held in various organizations \_\_\_\_\_

\_\_\_\_\_

List leadership positions which you have held in various organizations \_\_\_\_\_

\_\_\_\_\_

List honors received \_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATION RECORD INFORMATION:**

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:

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

**CONVICTION REPORT:**

Because of the tremendous responsibility Cedar Unified 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 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 filling false information with a public agency. Applications and employees must report any convictions that occur subsequent to the time they initially completed this form.

Name \_\_\_\_\_  
Last First Middle

Other Names used \_\_\_\_\_ Dates of usage \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

"YES" answers to the following 4 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 convicted of, 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 proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

\_\_\_\_\_ YES/ \_\_\_\_\_ NO Explanation: \_\_\_\_\_

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 Explanation: \_\_\_\_\_

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 Explanation \_\_\_\_\_

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 Explanation \_\_\_\_\_

\*CONVICTION means the final judgment on a verdict or a finding of guilty, a plea of guilty of 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 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.

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SIGNATURE

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DATE

**CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE  
CEDAR UNIFIED SCHOOL DISTRICT NO. 25**

I, \_\_\_\_\_ [applicant's name], have applied for employment with the Cedar Unified 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 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, I waive \_\_\_\_\_/do not waive \_\_\_\_\_ (initial only one) 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) 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 an original

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

EXHIBIT EXHIBIT

PROFESSIONAL STAFF CERTIFICATION AND CREDENTIALING REQUIREMENTS

Name (printed or typed)

Position

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:

Table with 2 columns listing criminal offenses: 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.

Employee Signature

Date signed

Subscribed, sworn to, and acknowledged before me by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_ County, Arizona.

My Commission Expires

\_\_\_\_\_

\_\_\_\_\_

Notary Public



