



**TEACHING AND ADMINISTRATIVE WORK EXPERIENCES**  
 (List most recent experience first for at least ten (10) years)

Dates:	Mo./ Yr.	Complete Name/Address and Phone Number of School District/Institution	Position Grade/Subject	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				

Please explain any gaps in employment of over 30 days. (For the past 10 years).

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"YES answers to the following 3 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 lead to the actions described below. Your written explanation will assist the District in determining your eligibility and suitability for employment.

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 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: \_\_\_\_\_

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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 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: \_\_\_\_\_

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Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (state certification or otherwise) or by any 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: \_\_\_\_\_

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**EDUCATION AND PROFESSIONAL PREPARATION**  
(List schools attended and special training received)

Name of HS, Univ. or College Attended	Location		Dates Attended From/To	Major Field of Concentration	Diplomas, Degree &/or Sem. Hours	G.P.A.	Grad. Date
	City	State					

Describe additional education not listed above i.e., graduate hours beyond highest degree earned.

Undergraduate  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_

List honors you have received. \_\_\_\_\_

List professional organizations to which you belong.

List leadership positions in organizations.

Describe special abilities or talents applicable to student instruction or activities.

What extra curricular activities would you be interested in supervising?

**TEACHING/ADMINISTRATIVE CERTIFICATES**

Certificate Title	Subject/ Area of Specialty	Endorsements	State Where Issued	Date	Issued	Expiration Date	
				Mo	Yr.	Mo.	Yr.

PROFESSIONAL REFERENCES

Give names, complete addresses and phone numbers (area code plus number, include home and business telephone numbers) of at least two persons (immediate supervisor and another person who directly or indirectly supervised you) for your current or most recent positions for teaching and/or administrative work experience. List references for the past ten (10) years. You must also submit three (3) letters of reference. (Two of the letters may be from those persons listed below. One must be from another source.)

Name	Address-City-Zip	Phone Number	Official Position

If you are being considered for employment, the District will contact your current and past employers.

Location of placement records/files: (Give complete address.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Professional/civic/recreational activities: (Include names of professional organizations and other organizations of which you are now a member excluding organizations, the name or character of which indicates your race, religion, age, color, national origin or disability status.)

List community and civic activities in which you have been involved. (Indicate leadership positions held.)

List recognition you have received.

List extensive travel you have done.

List languages, including English, in which you are proficient.

a. _____	b. _____	c. _____
___ Speak	___ Speak	___ Speak
___ Read	___ Read	___ Read
___ Write	___ Write	___ Write

GENERAL INFORMATION

Are you legally authorized to work in the United States of America? Yes \_\_\_ No \_\_\_  
 Do you have a driver's license? \_\_\_ Commercial Driver's License? \_\_\_ Type? \_\_\_\_\_  
 Expiration Date(s): \_\_\_\_\_  
 When will you be available? \_\_\_\_\_ Salary: \_\_\_\_\_  
 Present Position: \_\_\_\_\_  
 Reason for leaving present position: \_\_\_\_\_



## DEFINITIONS

\*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.

\*\*Please note that prior to hiring, you must submit a notarized statement attesting to the fact that you are not now awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement, committing any of the crimes listed in A.R.S. § 15-534(F) and A.R.S. §13-604.01. In conjunction with this will submit fingerprints for a background check. The crimes required to be disclosed on the affidavit are:

A.R.S. §15-534(F)

1. Sexual abuse of a minor.
2. Incest.
3. First or second degree murder.
4. Kidnapping.
5. Arson.
6. Sexual assault.
7. Sexual exploitation of a minor.
8. Felony offenses involving contributing to the delinquency of a minor.
9. Commercial sexual exploitation of a minor.
10. 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.
11. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
12. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
13. Burglary in the first degree
14. Burglary in the second or third degree.
15. Aggravated or armed robbery.
16. Robbery.
17. A dangerous crime against children as defined in section 13-604.01.\*\*\*
18. Child abuse
19. Sexual conduct with a minor.
20. Molestation of a child.
21. Mansalughter.
22. Assault or Aggravated assault.
23. Exploitation of minors involving drug offenses.

\*\*\*A.R.S. §13-604.01: "Dangerous crime against children" means any of the following committed against a minor under the age of 15.

- a. Second dDegree murder.
- b. Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument.
- c. Sexual assault.
- d. Molestation of a child.
- e. Sexual conduct with a minor.
- f. Commercial sexual exploitation of a minor.
- g. Sexual exploitation of a minor.
- h. Child abuse as defined in §13-3623, subsection B, paragraph 1.
- i. Kidnapping.
- j. Sexual abuse.
- k. Taking a child for the purpose of prostitution as defined in 13-3206.
- l. Child prostitution as defined in §13-3212.
- m. Involving or using minors in drug offenses.
- n. Continuous sexual abuse of a child.
- o. Attempted first degree murder.

**CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE**  
**Willcox Unified School District No. 13**

I, \_\_\_\_\_ (Applicant's Name), have applied for employment with this school district to work as \_\_\_\_\_ (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. This investigation may include asking my current and any former employer(s) and educational institution(s) 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, reason(s) for not rehiring, if applicable, along with the reasons for termination of past employment from previous employers and similar information.

1. I voluntarily and knowingly, without reservation, authorize each and every present and past employer or supervisor, college, or university, or other institute of learning, administrator, law enforcement agency, state agency, federal agency, finance bureau/office, collection agency, private business, military branch or the National Personnel Records Center, personal references and/or other persons to give records of information they may have concerning my criminal conviction history, health, character and employment records or another information requested to the school district or its authorized agent.

According to the Family Educational Rights and Privacy Act, I understand I have the right to see most education records that are maintained by any educational institution.

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.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

2. According to Arizona Revised Statutes Section 23-1361, any employer who 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 can not 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.

3. This authorization and release shall be valid until the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ and a photographic or facsimile transmitted copy of this authorization shall be as valid as the original.

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant/Employee

*(Notice to Applicant: If you are offered a position with the Willcox Unified School District #13, the offer and continued employment will be contingent upon you providing the following information and the background investigation not developing any information that would demonstrate that you are not qualified to work at the District. The following information is not required until you receive that contingent offer.)*

Last name, First name, Middle initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

State Issued \_\_\_\_\_

Please save a copy of this application for your records.

Click the "Submit" button to email your application to the WUSD district office. Be sure to check your "sent" emails to be sure it sent correctly.

Thank you for you interest.