



# Mobile Elementary School District No 86

“Partnership in Learning for ALL”

42798 South 99<sup>th</sup> Ave \* Maricopa AZ 85139 \* Phone 520-568-2280 \* Fax 520-568-9361

## APPLICATION FOR CERTIFIED PERSONNEL

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical condition or handicap.

(PLEASE PRINT)

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Number Street City State Zip Code

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Number Street City State Zip Code

### DESIRED POSITION

\_\_\_\_\_ Teacher Elementary (Grades K-8): List in order of grade preference. \_\_\_\_\_ Other (Please identify)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Referral Source: \_\_\_\_\_Advertisement \_\_\_\_\_Friend \_\_\_\_\_Walk-In \_\_\_\_\_Employment Agency \_\_\_\_\_Other \_\_\_\_\_

### EDUCATIONAL PREPARATION

List all colleges or universities attended for undergraduate or graduate study in chronological order. Begin with the first undergraduate study and include institutions attended even though no degree was earned (Use additional page if needed.)

Name of School or College:	Dates of Attendance:	Major Field:	Semester Hours: (Major)	Minor Field:	Semester Hours: (Minor)	Degree Earned or Expected:	Date Earned or Expected:

### STUDENT TEACHING

School:	Location:	Subject or Grade:

## EDUCATION EMPLOYMENT EXPERIENCE

Please state your experience in chronological order starting with the most current position.

School/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_ Full Time \_\_\_\_ Part Time Salary: \_\_\_\_\_ Principal/Supervisor: \_\_\_\_\_

**From:** Month \_\_\_\_\_ Year \_\_\_\_\_ **To:** Month: \_\_\_\_\_ Year \_\_\_\_\_

Duties (If teacher, subject/grade taught): \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

School/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_ Full Time \_\_\_\_ Part Time Salary: \_\_\_\_\_ Principal/Supervisor: \_\_\_\_\_

**From:** Month \_\_\_\_\_ Year \_\_\_\_\_ **To:** Month: \_\_\_\_\_ Year \_\_\_\_\_

Duties (If teacher, subject/grade taught): \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

School/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_ Full Time \_\_\_\_ Part Time Salary: \_\_\_\_\_ Principal/Supervisor: \_\_\_\_\_

**From:** Month \_\_\_\_\_ Year \_\_\_\_\_ **To:** Month: \_\_\_\_\_ Year \_\_\_\_\_

Duties (If teacher, subject/grade taught): \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## OTHER EMPLOYMENT EXPERIENCE

Please state your experience in chronological order starting with the most current position.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Wage Per Hour: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

**From:** Month \_\_\_\_\_ Year \_\_\_\_\_ **To:** Month: \_\_\_\_\_ Year \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Wage Per Hour: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

**From:** Month \_\_\_\_\_ Year \_\_\_\_\_ **To:** Month: \_\_\_\_\_ Year \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Wage Per Hour: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

**From:** Month \_\_\_\_\_ Year \_\_\_\_\_ **To:** Month: \_\_\_\_\_ Year \_\_\_\_\_

1. Total number of years teaching: \_\_\_\_\_
2. How many years of public school teaching have you completed? (Exclude partial years, private and parochial school teaching, and substitute teaching): \_\_\_\_\_
3. How many college semester hours of graduate work beyond a bachelor's degree have you completed? \_\_\_\_\_  
Beyond a master's degree? \_\_\_\_\_
4. My placement papers are on file at:  
Name of Institution \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### CERTIFICATION

5. What Arizona certificate(s) do you hold? Type of certificate (Elementary, Secondary, Vocational, etc.) Please enclose a copy of certificate(s).

Certificate:	Date Issued:	Date of Expiration:
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. If you do NOT hold an ARIZONA certificate, for what Arizona certificate are you eligible as informed by Arizona State Department of Certification?  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL INFORMATION

7. Citizen of the U.S.A.? \_\_\_\_\_
8. Do you have any physical conditions which may limit your ability to perform the job for which you are applying for or a condition which may cause special accommodation by the District? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_
9. In case of emergency, notify: Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
10. Have you every been convicted of a felony? \_\_\_\_\_ If so, please attach a confidential letter of explanation.
11. Describe your special abilities or talents (e.g. sports, drama, etc.): \_\_\_\_\_
12. List any extensive travel you have done: \_\_\_\_\_
13. What languages, other than English, do you speak? \_\_\_\_\_
14. List professional activities, interest, organizations, and extent of participation: \_\_\_\_\_  
\_\_\_\_\_
15. Honors received: \_\_\_\_\_

## REFERENCES

Teachers who have previous teaching experience are requested to list school administrators under whose supervision they have worked. Beginning teachers will please list references qualified to give information demonstrating your abilities and qualities for the position you are seeking. Please list references in reverse chronological order beginning with your most recent employer.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

It is the responsibility of the candidate to arrange for the transmittal of recent and official transcripts and placement credentials to the personnel office. Incomplete applications may not be considered.

Applications must provide evidence of ARIZONA CERTIFICATION prior to employment. Inquires should be directed to:

Arizona Department of Education  
1535 West Jefferson Street  
Phoenix, Arizona 85007  
(602) 255-4367

## APPLICANT'S STATEMENT

I certify that the information presented on this form is true, accurate and complete. I authorize investigation of all statements contained in this application. I understand that misrepresentation, falsification or omission of pertinent facts is cause for dismissal. References and personal information which become a part of this record are to be regarded as confidential and will not be revealed to me.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing the application form and for your interest in the Mobile Elementary School District.