

Yavapai Accommodation School District

 2972 Centerpointe East Drive, Prescott, AZ 86301 phone: (928) 759 8126

Certified Staff Application

Thank you for your interest in becoming an applicant for the Yavapai Accommodation School District.

Please submit the following items to our office to begin the application process:

1. **Certified Staff Application** (immediately following this page)

2. **Notice to Consumer Authorization Form** (last page of this packet)

3. **Arizona Teaching Certificate** (visit <http://www.azed.gov/educator-certification/> for more information)

4. **Transcripts** (unofficial copies are sufficient until hired. An official set will be required at time of hire.)

5. **Three Letters of Recommendation** (Must be signed and dated within the last two years, and one of the three letters must be from a former employer written on an official letter head when possible.)

Special note: Due to NCLB Highly Qualified requirements, a Fingerprint Clearance Card and copies of all AEPA test results are required upon hire. Please provide these items as they become available.

Submit the items above to:

**In person/by mail:** Yavapai Accommodation School District

 Attn: Business Manager/Human Resources

 2972 Centerpointe East Drive

 Prescott, AZ 86301

**By email to:** astarr@yavapaicountyhs.org or kburns@yavapaicountyhs.org

**By fax to:** 928 759 8136

 **Application for Certificated Employment**

Yavapai Accommodation School District #99

Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Availability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name Middle Initial Social Security Number

**PERSONAL DATA:** (Please type or print)

1. Mailing address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street or PO Box City State Zip Code

Physical address (if different from mailing address):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip Code

Primary phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Home

Secondary phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Home Other\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issuing State: \_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_

2. Are you legally eligible to work in the United States? ………………………….…………….. YES NO

3. Do you presently have work authorization that would allow you to

 begin working at YASD immediately? …………………………………………………………………. YES NO

4. Language spoken fluently (other than English): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Are you currently receiving benefits from the Arizona State Retirement System? YES NO

**POSITION DESIRED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fulltime Part-time

**Important:** Before being considered for employment, the following must be on file with the Human Resources Department: completed application, complete set of transcripts, three letters of recommendation, results from screening interview, and a current and valid Arizona Teaching Certificate showing Highly Qualified status in area of position desire.

**AN EQUAL OPPORTUNITY EMPLOYEER:** This district does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap/disability, national origin or any other legally protected status.

**DRUG-FREE WORKPLACE:** Yavapai Accommodation School District #99 maintains a drug-free workplace and reserves the right to test employees for use of alcohol or drugs whenever reasonable suspicion exists that the employee has violated the drug-free workplace policy.

**SMOKE-FREE WORKPLACE:** As required by Arizona Law, the applicants are advised that smoking is prohibited on YASD facilities, in district vehicles and during school-sponsored activities both on and off campus.

**REASONABLE ACCOMMODATION:** Any applicant with a disability who needs reasonable accommodations in any step of the application process should notify a representative in the Human Resources Department.

 **CURRENT OR MOST RECENT EMPLOYMENT:**

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

Present Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_

Present or Most Recent Administrative Supervisor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Title Work Phone Cell/Home phone

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Answer the following questions truthfully. If any boxes are marked “YES”, please attach a letter of explanation:**

Have you ever been dismissed from a position? …………………………………………………………… YES NO

Have you ever been asked to resign from a position? …………………………………………………… YES NO

Have you ever resigned rather than face disciplinary action and/or non-renewal by an

employer and/or disciplinary action against a license/certificate? ………………………………… YES NO

Have you ever been disciplined for any reason which resulted in suspension from

work (with or without pay)? ………………………………………………………………………………………….. YES NO

**EXTRACURRICULAR INTERESTS**

Please check any items for which you have an extracurricular interest:

 Student Advising/Student Council School Newspaper Yearbook

 Art Club Educational Field Trip Planning Graduation Planning

 Community Services Music Club Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONAL/MANAGEMENT TECNIQUES**

Please check the following instructional or management techniques that you have experienced:

 At-Risk Student Models Love & Logic for Educators Trauma Informed Schools Kids At Hope Behavior Disorder Programs Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SELECTIVE SERVICE REGISTRATION** (In compliance with A.R.S. § 38-201)

Are you required to be registered with the Selective Service System? ……………………… YES NO

If yes, please state place of registration indicating the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Local Board Number

Selective Service Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be in compliance with federal and state law, applicants are informed that this page may be reproduced for the public if requested.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name Middle

**EDUCATIONAL PREPARATION**

List educational institutions attended:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Degree(s)** | **Name of Institution** | **Location:** **City, State**  | **Graduation****Year** | **Major/Minor** | **GPA** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Highest degree earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of graduate hours earned after highest degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROFESSIONAL EXPERIENCE**

Student teaching experience:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school | LocationCity, State | Grades or Subjects Taught | Dates | Mentor or Cooperating Teacher |
|  |  |  |  |  |
|  |  |  |  |  |

Contractual Certificated Teaching: List most recent experience first, indicate fulltime (FT) or part-time (PT) equivalency, and number of years in credited position. Do not include substitute teaching experience.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of School** | **Complete Address** | **Grades/ Subjects Taught** | **Number of years taught, indicate FT or PT**  | **Begin Date** | **End****Date** | **Reason for leaving** |
|  |  |  | FT PT  |  |  |  |
|  |  |  | FT PT |  |  |  |
|  |  |  | FT PT |  |  |  |
|  |  |  | FT PT |  |  |  |
|  |  |  | FT PT  |  |  |  |

(List additional contractual certificated teaching experience on separate sheet)

Total years of fulltime contractual certificated teaching experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain any gaps in employment not accounted for above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CERTIFICATION**

Do you hold a valid and current Arizona Teacher Certificate? ………………………………………… YES NO

If YES, please complete Section A. If NO, proceed to Section B in regard to applying for a certificate.

**Section A: Arizona Certificates/Endorsements held**

|  |  |  |
| --- | --- | --- |
| **Title of Certificate/Endorsement** | **Date Issued** | **Date of Expiration** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section B:** Have you applied for a teaching certificate through Arizona State Board of Education Certification Unit? YES NO If YES, date applied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you hold a valid Arizona Fingerprint Clearance Card? (please provide copy of one)

 YES, Date of Expiration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO, Date Applied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any Arizona certificates/endorsements for which you are now eligible:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you hold a valid and current teaching certificate from another state? YES NO

If YES, name of state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of certificate(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Note: Inquiries regarding certification should be directed to that Arizona State Board of Education, Certification Unit, 1535 West Jefferson Street, Phoenix, AZ, 85007, (602) 542-4367 or visit their website at <http://www.azed.gov/educator-certification/>. Make contact immediately as certification procedures may cause up to a 4-month delay in a certificate being issues.

**PROFESSIONAL REFERENCES**

Give names and phone numbers of three professional references who have knowledge of your educational/teaching experiences. (Do not include family/relatives.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Years Known** | **Official Position** | **Work Phone** | **Cell or Home Phone** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Name any relatives currently employed by Yavapai Accommodation School District and their position:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only:

T\_\_\_\_\_\_\_\_\_\_ R\_\_\_\_\_\_\_\_\_\_ FP\_\_\_\_\_\_\_\_\_\_ HQ \_\_\_\_\_\_\_\_\_\_ AZC\_\_\_\_\_\_\_\_\_\_ I\_\_\_\_\_\_\_\_\_\_ NC\_\_\_\_\_\_\_\_\_\_ CR\_\_\_\_\_\_\_\_\_\_ A\_\_\_\_\_\_\_\_\_\_

**CRIMINAL ACTIVITY REPORT**

The following information is needed from all applicants and employees. A record of arrest or conviction does not prohibit employment. However, failure to complete this form accurately and completely may mean disqualification from consideration of employment, or may be cause for dismissal if employed. Failure to disclose all information may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions and arrests that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to Human Resources.

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other names used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Answer these questions truthfully even if the condition was ultimately expunged, reversed or otherwise set aside. If any boxes are marked “YES”, fill in the information below and attach a letter of explanation.

2. Have you ever been convicted\* of any misdemeanor offense(s) other than traffic

 violation(s)? ……………………………………………………………………………………………………………… YES NO

3. Have you ever been convicted\* of a DUI offense? ……………………………………………………. YES NO

4. Have you ever been convicted\* of a felony? …………………………………………………………….. YES NO

5. Have you ever been convicted\* of a sex or drug related offense? ……………………………. YES NO

6. Have you ever been convicted\* of a dangerous crime against children as defined in

 A.R.S. § 13.604.01?\*\* ……………………………………………………………………………………………….. YES NO

7. Have you ever been arrested for any offense which has not yet been resolved? ……… YES NO

**CONVICTION INFORMATION**

|  |  |  |
| --- | --- | --- |
| 1. Conviction Charge | Date of Conviction | Court of Conviction  |
| City | State | Amount of Fine | Length of Jail Term |
| Factual Details or Other Remarks | Length and Terms of Probation |
| 2. Conviction Charge | Date of Conviction | Court of Conviction  |
| City | State | Amount of Fine | Length of Jail Term |
| Factual Details or Other Remarks | Length and Terms of Probation |

**\*CONVICTION** is defined as at any time you were found guilty of an offense and: forfeited a bond; served a term of probation; paid a fine; received a “suspended” sentence; conviction was expunged or set aside; served time in city or county jail; received a “deferred” sentence; served time in prison; and/or plead nolo contendere.

**\*\***A.R.S. § 13.3716 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined in A.R.S. § 13.604.01 as 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, if any of these crimes are committed again a minor under 15 years of age.

Under penalty of criminal prosecution and dismissal, I hereby certify that the information presented in this application is true, accurate and complete. I understand and agree that misrepresentation or omission of relevant facts would be good cause for rejection of my application or, if I have been employed, for immediate termination of my employment.

I understand that if I am considered for an offer of employment, the Yavapai Accommodation School District will conduct a background investigation for the District to determine my eligibility qualifications and suitability for employment. I hereby give my consent for any employer or educational institution to release any information requested for this background investigation. Also, I waive any rights I have under state or federal law to review or obtain a copy of such information. I understand that my employment is not finalized until the background investigation has been completed and the Governing Board has officially approved my employment.

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 by the District to complete its background investigation. A photocopy or facsimile copy of this form that shows my signature shall be valid as original. Furthermore, I understand that I have no right of access to any materials submitted and information gathered by the District during the application process and that such materials and information are considered the sole property of the Yavapai Accommodation School District.

**X Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI

 Position(s) Desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Yavapai Accommodation School District is an Equal Opportunity Employer and, as such, employs the best

 Qualified individuals for all vacancies regardless of national origin, race, color, creed, religion, marital

 Status, age, sex, handicap/disability or any other legally protected status. In order for the District to determine

 The racial and sexual distribution of applicants, it would be helpful if you would complete the following

 Information. This information will be kept confidential and will not be filed with or made a part of your

 Application file.

 Please check the appropriate items in each of the following categories:

 **ETHNIC BACKGROUND:**

 American Indian/Alaskan Native Hispanic

 Asian/Pacific Islander White

 African-American Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **SEX:**  Male Female

 If you do not wish to furnish the above information, check here.

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTICE TO CONSUMER**

 This is to advise you that the Yavapai Accommodation School District may obtain a consumer

 report concerning you for purposes of evaluating your employment, promotion, reassignment,

 or retention as an employee. Unless you are otherwise notified in writing, the District will

 limit its request for consumer information to criminal history.

 This notice is provided pursuant to the federal Fair Credit Reporting Act, which give you

 specific rights in dealing with consumer reporting agencies and users of consumer reports.

 You may request a copy of “A Summary of Your Rights Under the Fair Credit Reporting Act”

 from Human Resources.

**AUTHORIZATION**

By signing below, I authorize Yavapai Accommodation School District to procure a consumer

 report in accordance with the above Notice to Consumer.

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_