

PINON UNIFIED SCHOOL DISTRICT NO. 4

Human Resources Department

P.O. Box 839

Pinon, Arizona 86510

(928) 725-3450 / (928) 725-2115 / FAX (928) 725-2123

TEACHER APPLICATION:

Respond to all items

Position applying for : _____ Date: _____

Grade Level or subject of interest: (1) _____ (2) _____

Name: _____ Social Security No.: _____

Present Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____

EDUCATION:

List all graduate and undergraduate work and degrees earned:

| Name of School and Location | Date Earned | Date of Degree or Diploma | Degree, Diploma or Hours | Major | Minor |
|-----------------------------|-------------|---------------------------|--------------------------|-------|-------|
| High School | | | | | |
| | | | | | |
| Undergraduate Institutions | | | | | |
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| | | | | | |
| Graduate Institutions | | | | | |
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CERTIFICATION

| State | Certificate | Valid Date | Expiration Date | Areas of Approval | Deficiencies |
|-------|-------------|------------|-----------------|-------------------|--------------|
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All applicants without a current Arizona Certificate are responsible for contacting Teacher Certification, AZ Department of Education, P.O. Box 6490, Phoenix, Arizona (602) 542-4368 or www.ade.az.gov/certification to determine eligibility for certification.

EXPERIENCE:

List in consecutive order beginning with the most recent position.

| | | | | |
|---------|-----|--------------------------|--|---------------------|
| From: | To: | Employer Name & Address: | Supervisor's Name and Title: | Supervisor's Phone: |
| Title: | | | Reason for leaving (Please be specific): | |
| Duties: | | | | |
| From: | To: | Employer Name & Address: | Supervisor's Name and Title: | Supervisor's Phone: |
| Title: | | | Reason for leaving (Please be specific): | |
| Duties: | | | | |
| From: | To: | Employer Name & Address: | Supervisor's Name and Title: | Supervisor's Phone: |
| Title: | | | Reason for leaving (Please be specific): | |
| Duties: | | | | |
| From: | To: | Employer Name & Address: | Supervisor's Name and Title: | Supervisor's Phone: |
| Title: | | | Reason for leaving (Please be specific): | |
| Duties: | | | | |

REFERENCES:

List the names of persons who are familiar with your character, work, personality, and work habits. Please request three of these to forward a current reference concerning your qualifications for this position. These three reference letters should be originals signed by the individual and dated within the open period for this position. Do not include relatives.

| Name | Official Position | Telephone (Business) | Telephone (Residence) |
|------|-------------------|----------------------|-----------------------|
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HONORS AND DISTRICTIONS:

List of degrees, honors, awards, commendations, elective, or appointive offices held, or other distinctions received:

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MEMBERSHIP AND AFFILIATIONS:

List Education and other affiliations and not leadership roles:

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The Pinon Unified School District No. 4 is an Equal Opportunity Employer and has adopted Indian Preference in Employment. Documents to be attached must be duplicated by the applicant before submission. Documents submitted become the property of Pinon Unified School District No. 4 and will not be returned.

With what Extra-Curricular activities would you help? (put in order of preference)

Present salary: _____ Acceptable salary: _____

Are you under contract for next year: Yes No

What professional organizations do you belong to?

What professional publications do you read regularly?

PROFESSIONAL GROWTH

Please complete this page in your own handwriting. (If more room is needed, attach separate sheets.)

Write a brief statement indicating:

(1) The reasons why you desire to teach in Pinon:

(2) What goals you have for the classroom:

(3) What plans you have for professional growth:

(4) Your method of handling the unruly child:

Please attach official transcripts, three (3) letters of recommendations, and a letter of interest. If applicable, a copy of your teaching certificate.

I certify that the information presented on this application is true, accurate, and complete. I understand that misrepresentation or omission of pertinent facts will subject me to dismissal or disqualification.

Signature _____ Date _____

BACKGROUND CHECK AND INFORMATION:

In addition to the following information a thorough background check may be made at the option of the governing board. If additional space is needed, begin your explanation here and attach additional sheets and clearly identify as *Background Check and Information: A, B, C, and D respectively.*

“Yes” answers to the following 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.

- A. Have you ever been convicted of, admitted committing, pleaded no contest, 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, deterred, reversed, vacated or expunged. If you answer “YES” you must provide dates of the proceedings, the name and address of the court where the proceeding occurred, a statement of the accusation against you and the final disposition of the case(s).
 Yes No

Explanation: _____

- B. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer? You must answer “YES” even if the matter was later resolved with any form of settlement of severance agreement, regardless of its items. 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: _____

- C. Have you ever had any license or certification 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 where the proceedings took place, a statement of the accusations against you, the final disposition and/or current status of the charge or complaint.
 Yes No

Explanation: _____

- D. 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: _____

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE:

Read this section carefully and sign in the, presence of the witness who also shall sign below.

I, _____ have applied for employment with the Pinon Unified School District No. 4. I understand that in order for the District to determine my eligibility, qualifications and suitability for employment, the 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 and other individuals about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of my 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.

I waive ___ / do not waive ___ (initial only one) my right to see any written references or other information to the District by any education institution.

According to Arizona Revised Statutes Section 23-1361, any employer that provides a written communication to the 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 provider factual written reference concerning a current or past employee unless they do so confidentially, without revealing the references to the employee, and that the District will not further my application if it cannot complete its background investigation.

I waive ___ / do not waive ___ (initial only one) my rights to receive a copy of any written communication furnished to the District by any employer.

Whether or not I have waived my right, to see or to receive copies of written references furnished to the District by employers or educational institutions, I release, hold harmless and agree not to sue or file any claim of any against any current or former employer or educational institution, and any officer or employee or either, that in good faith furnishes written or oral references requested by the 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 _____

Witness Signature

Applicant Signature

Type or Print Full Name

Type or Print Full Name

Position or Title