

# Camp Verde Unified School District No. 28

410 Camp Lincoln Road, Camp Verde, AZ 86322

Phone: (928) 567-8005 Fax: (928) 567-8004

Email: [hr@campverdeschools.org](mailto:hr@campverdeschools.org)

## APPLICATION FOR **CERTIFIED ADMINISTRATIVE PERSONNEL**

*"An Equal Opportunity Employer"*

Date of Application: \_\_\_\_\_

Please list, in order of preference, the positions for which you are qualified and are applying.

1. \_\_\_\_\_ 2. \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you applied with this District before? YES NO If "YES", when? \_\_\_\_\_

If under a different name, what name? \_\_\_\_\_

### **CURRENT POSITION**

Please complete each line in full. If you are not currently employed in a public school system, complete to the best of your ability.

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Mailing City State Postal

Job Title \_\_\_\_\_ Length of time in this position \_\_\_\_\_

Total Pupils Enrolled \_\_\_\_\_ No. of Support Staff \_\_\_\_\_ No. of Certified Staff \_\_\_\_\_

How Many Schools? Elementary \_\_\_\_\_ Middle/Jr High \_\_\_\_\_ Senior High \_\_\_\_\_

Present Salary \$ \_\_\_\_\_ Benefits and approximate values \_\_\_\_\_

Length of Present Contract \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date Available \_\_\_\_\_

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

Should this application be treated as confidential with regard to your present employer? Yes No

**OTHER RECENT EMPLOYMENT** (At least 5 years history)

List in consecutive order beginning with the next most recent position following the position listed on page 1. Include both administrative and teaching experience. List the District or school size and the number of individuals supervised for each position under "Position Statistics". Note any non-educational experience with an asterisk (\*).

Employer	Mailing Address City and State	Telephone	Job Title and Position Statistics	Dates (Mo/Yr)		Reason for Leaving Be specific.
				From	To	

**CERTIFICATION AND EDUCATION**

Do you have a valid Arizona Administrative Certificate? YES (If "YES", please complete the following)  
NO (If "NO", please complete the items marked with an asterisk.)

What type(s)? 1. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
2. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

What other valid certificate(s) do you hold? \_\_\_\_\_

\*I applied (will apply) to the Arizona Department of Education for a certificate on \_\_\_\_\_  
(Date)

(Contact the Arizona Department of Education, at [www.ade.state.az.us](http://www.ade.state.az.us) or (602) 542-4367, to obtain information and application forms.)

**EDUCATION**

Name of College or University Attended	Dates Attended From To	Location City and State	Major Field	Diploma/Degrees or Semester Hours	Graduation Date

**PERSONAL INFORMATION**

**REFERENCES**

List the names of people who are unrelated to you and are familiar with your work habits, character, and personality. **Please attach four (4) current written professional references concerning your qualifications for this position.**

Name	Mailing Address City, State Zip	Phone Number	Years Acquainted

List professional memberships (including offices held, honors/awards received, publications, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Foreign language(s) spoken: \_\_\_\_\_

(On a scale of 1 to 5, with 5 being the highest, please rate your proficiency in that language(s))

Access to Public Records Law and associated case law in the State of Arizona requires the disclosure of the applicants' name and information at a point in the selection process as determined by the local Governing Board. We will do our best to notify you prior to any release of such information.

**THE FOLLOWING ITEMS MUST BE INCLUDED (or received in our office) BEFORE WE CAN EVALUATE YOUR QUALIFICATIONS.**

1. Letter of Interest and Professional Resume.
2. Completed Application and signed Consent to Conduct Background Investigation and Release (attached).



I authorize the Camp Verde Unified School District No. 28 to make reference checks regarding my fitness for employment and I will execute such documents to facilitate this investigation. I understand my employment is not finalized until the background investigation has been completed and the Governing Board has officially approved my employment. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

\_\_\_\_\_  
 Typed/Printed Name of Applicant

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Transcripts	Date Received:	
<b>FOR DISTRICT OFFICE USE ONLY</b>		
Certificate		
Letters of Recommendation	Is Application Complete?	
Letter of Interest/Resume		YES NO

G-3481.1 © GCF-EA

EXHIBIT

EXHIBIT

**PROFESSIONAL STAFF HIRING**  
 CONSENT TO CONDUCT BACKGROUND  
 INVESTIGATION AND RELEASE

I, \_\_\_\_\_ [applicant's name], \_\_\_\_\_ [social security number] have applied for employment with the \_\_\_\_\_ 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 be 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 Signature

\_\_\_\_\_  
Applicant Signature