

Camp Verde Unified School District No. 28

410 Camp Lincoln Road, Camp Verde, AZ 86322

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APPLICATION FOR CERTIFIED PERSONNEL

"An Equal Opportunity Employer"

Date of Application: _____

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? _____

Are you currently under contract? YES NO Date Available: _____

Please list, in order of preference, the positions (teaching levels or subjects, administrative assignments, etc.) for which you are qualified and are applying.

1. _____ 2. _____

3. _____ 4. _____

TEACHING CERTIFICATION

Do you have a valid Arizona Teacher 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: _____

Have you passed the Arizona Educator Proficiency Assessment Subject Knowledge test? YES NO

If "YES", date passed: _____ Subject Area: _____

*I will complete courses entitling me to receive a _____ Certificate by _____
 (Date)

*I applied to the Arizona Department of Education for a teaching certificate on _____
 (Date)

OBTAINING AN ARIZONA CERTIFICATE IS THE RESPONSIBILITY OF THE APPLICATION. THIS PROCESS CAN TAKE SEVERAL MONTHS. WE STRONGLY ADVISE APPLICANTS TO SUBMIT THE REQUIRED PAPERWORK AS SOON AS POSSIBLE.

(Contact the Arizona Department of Education, at www.ade.state.gov or (602) 542-4367, to obtain information and application forms.)

EDUCATIONAL AND PROFESSIONAL BACKGROUND

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

Graduate Semester hours completed: After Bachelor’s Degree: _____ After Master’s Degree: _____

TEACHING OR PROFESSIONAL EXPERIENCES

School/District	Mailing Address City and State	Name of Supervisor And Phone Number	Assignment	Dates (Mo/Yr) From To	Reason for Leaving

OTHER RECENT EMPLOYMENT

(List at least 5 years history, if applicable)

Employer	Mailing Address City, State Zip	Name of Supervisor And Phone Number	Position Held	Dates (Mo/Yr) From To	Reason for Leaving

PERSONAL REFERENCES

References must be familiar with your work habits, character, and personality.

Do not include relatives or the names of persons included on the Letters of Reference that are attached with the application.

Name	Mailing Address City, State Zip	Phone Number	Years Acquainted

PERSONAL INFORMATION

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

Please describe your special abilities or talents. (e.g. drama, music, sports, etc.): _____

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

List any extensive travel experiences: _____

List extra-curricular activities which you may be interested in supervising: _____

Are there any reasons that would prevent your accepting any regular or extra-curricular school assignments for which you are qualified? YES NO

Explanation: _____

State the reason for leaving your last/current position: _____

What is your last/current salary? \$ _____ Position Title: _____



“YES” answers to the following four 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. Attach sheets if necessary.

1. Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegations of drug or alcohol impairment)? You must answer “YES” even if the matter was later dismissed, deferred, vacated or expunged. If you answer “YES”, you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

YES NO Explanation: _____

2. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended or have you in anyway been sanctioned by law, or is any charge or complaint 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 proceedings, name, address, and telephone number of the agency or body where the proceeding took place, a statement of the accusations against you and the final disposition.

YES NO Explanation: _____

3. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or 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: _____

4. Have you ever been convicted of a dangerous crime against children as defined in ARS 13-604.1? If you answer "YES", provide details including date of conviction, court where convicted, sentence imposed and present status of conviction.

YES NO Explanation: _____

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

1. Letter of Interest or Resume.
2. Completed Application.
3. Letters of Reference from three individuals familiar with your qualifications.
 - a. Beginning teachers should include a Letter of Recommendation from evaluating teacher during student teaching.
 - b. Experienced teachers should include a Letter of Recommendation from an individual responsible for his/her evaluation.
4. Copy of Current Certificate.
5. Copy of Transcripts -unofficial is acceptable for the application process. (NOTE: The District does NOT issue Contracts without Official Transcripts.)

**ACKNOWLEDGEMENT OF APPLICANT
READ CAREFULLY BEFORE SIGNING THIS APPLICATION**

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate and complete.

I hereby authorize each person, school district and corporation listed on my application to answer any questions that may be asked and to give any information that may be sought concerning this application, my work habits, character, or skills.

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of Camp Verde Unified School District No. 28.

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

**THIS APPLICATION IS VALID ONLY DURING THE CALENDAR YEAR IN WHICH IT IS RECEIVED.
YOU MAY UPDATE ANNUALLY BY WRITING THE PERSONNEL OFFICE.**

FOR DISTRICT OFFICE USE ONLY

- _____ Transcripts
- _____ Certificate
- _____ Letters of Recommendation
- _____ Letters of Interest/Resume

Date Received:

Is Application Complete? YES NO

PROFESSIONAL STAFF HIRING
CONSENT TO CONDUCT BACKGROUND
INVESTIGATION AND RELEASE

I, _____ [applicant’s name], have applied for employment with the Camp Verde Unified School 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

Applicant