

OWENS-WHITNEY ELEMENTARY SCHOOL

DISTRICT No. 6

14109 E. CHICKEN SPRINGS RD. WIKIEUP, AZ. 85360

TEL: (928) 765-2311 FAX (928) 765-2335

Office Use Only

Rec'd on: ___ / ___ / ___ By: _____

Interviewed: Yes / No (circle one)
If Yes then follow through with an Interview Selection Form

Signed: _____

APPLICATION FOR CERTIFIED EMPLOYMENT

PERSONAL INFORMATION

Date: _____

Last Name	First	MI	Social Security Number	
Address Street/Mailing			City	State Zip Code
Phone		Email Address		

Position(s) desired (indicate one or more) listed in order of preference.

K-6 Elementary	a.
7-8 Junior High	b.
High School	c.
Other	d.

When will you be available? _____

Location of Placement Records and File (give complete address): _____

CERTIFICATION INFORMATION

Type of Certificate/Endorsement	State	Expiration Date

An Equal Opportunity Organization
The District does not discriminate on the basis of age, race, color, religion, Sex, marital status, handicap, or national origin.

STUDENT TEACHING, PRACTICUM OR INTERNSHIP

Dates Employed Month/Year	Supervisor and Host Teacher(s)	Grade and Subject or Special Service(s) Area	School District
From To			
From To			
From To			
From To			

TEACHING EXPERIENCE

Dates Employed Month/Year	Full or Part Time	Grade Level	Supervisor	School District	Size/District # Students
From To					
From To					
From To					

Total Years Teaching Experience: _____ Total Years of Special Education/Related Services Experience: _____

ADMINISTRATIVE EXPERIENCE

Dates Employed Month/Year	Full or Part Time	Grade Level	Supervisor	School District	Size/District # Students
From To					
From To					
From To					

OTHER RELATED WORK EXPERIENCE

*Please include alternative and vocational schools, substitute teaching, college and non-teaching experience.

Dates Employed Month/Year	Full or Part Time	Grade Level	Supervisor	School District	Size/District # Students
From To					
From To					
From To					
From To					

Please explain any gaps in employment of over 30 days in the past ten (10) years.

Have you ever been dismissed from a position?
If yes, explain. _____

Yes No

Have you ever been asked to resign from a position?
If yes, explain. _____

Yes No

Have you ever resigned from a position rather than being dismissed?
If yes, explain. _____

Yes No

EDUCATION AND PROFESSIONAL PREPARATION

List schools attended and special training received: "See resume" is not responsive.

Official transcripts are required upon employment.

Education	Location	Dates Attended	Year Graduated	Degree	Major/Minor	GPA
High School						
College						
Graduate						
Other						

List the following:

Additional Training Not Listed Above	Honors Received	Professional Organizations	Leadership Positions in Organizations	Special Abilities/Talents Applicable to Student Instruction

REFERENCES

Give names and complete address of three (3) references that are familiar with your personality, character, and work habits. (Do not use relatives as references.)

Name	Dates Known	Occupation	Address	Phone
	From: To:			
	From: To:			
	From: To:			



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CONVICTION REPORT

Because of the responsibility the Owens Whitney School District #6 has to its school children and community, the following information is needed from all applicants and employees regarding convictions*. A record of conviction does not necessarily disqualify applicant from consideration; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of dismissal if employed and may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Superintendent's office. In conjunction with this, if you were not fingerprinted by the Arizona Department of Education when you received your certificate, you will submit fingerprints for a background check.

Please read carefully and answer every question. Please print clearly. Use additional paper if needed.

Name Last First Middle

Other names used Dates of usage:

Table with 3 columns and 5 rows of conviction questions.

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH SUPPLEMENTAL CONVICTION INFORMATION FORM AVAILABLE FROM THE DISTRICT.

Is there any other information not required by this application that you should disclose to the District so that it may accurately evaluate your fitness to work in a position of public trust with minor students?

(If you are uncertain as to the relevance or necessity to disclose a matter, trait, etc., disclose and the district will determine whether the information is pertinent. If your answer is anything other than No, explain fully. Attach a separate sheet of paper if necessary.)

I, _____ being first duly sworn upon my oath, hereby state the following: That I am not now awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the following criminal offenses in Arizona or similar offenses in another jurisdiction. *Conviction means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of no contest in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment, which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.



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Please note that prior to hiring, you must submit a notarized statement attesting to the fact that you are not now awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the crimes listed in A.R.S. 13-705. In conjunction with this you will submit fingerprints for a background check. The crimes required to be disclosed on the affidavit are:

A.R.S. 15-512(D)

- Sexual abuse of a minor
- Incest
- First or second degree murder
- Kidnapping
- Arson
- Sexual assault
- Sexual exploitation of a minor
- Felony offenses involving contributing to the delinquency of a minor
- Commercial exploitation of a minor
- Felony offenses involving sale, distribution, transportation of, or offer to; sell transport of or distribution of marijuana or dangerous or narcotic drugs
- Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs
- Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs
- Burglary in the first degree
- Burglary in the second or third degree
- Aggravated or armed robbery
- Robbery
- A dangerous crime against children as defined in section 13-604.01***
- Child abuse
- Sexual conduct with a minor
- Molestation of a child
- Voluntary manslaughter
- Aggravated assault
- Assault
- Exploitation of minors involving drug offenses

***A.R.S. 13-705: "Dangerous Crime Against Children" means any of the following committed against a minor under the age of fifteen (15) years of age:

- Second Degree Murder
- Aggravated assault resulting in serious physical injury or committed by the use of a deadly weapon or dangerous instrument.
- Sexual assault
- Molestation of a child
- Sexual conduct with a minor
- Commercial sexual exploitation of a minor
- Child abuse as defined in 13-3623, subsection B
- Kidnapping
- Sexual abuse
- Taking a child for the purpose of prostitution
- Child prostitution
- Involving or using minors in drug offenses

CONVICTION INFORMATION

1. Conviction Charge				Date of Conviction:		Court of Conviction	
City		State		Amount of Fine		Length of Jail Term	
Remarks:							



AUTHORIZATION FOR RELEASE OF INFORMATION

Last Name:		First Name:	Middle
Date of Birth:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	SSN:	

I _____, do hereby authorize a review of and full disclosure and release of all records, or any part thereof, concerning myself, by and to the duly authorized agent of the *Owens-Whitney School District #6* whether the said records are of a public and/or private nature.

The intent of this authorization is to give my consent for fully and complete disclosure of any and all records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me, medical and/or psychological treatment information and/or records, records of complaint, arrest, trial, and/or convictions for alleged or actual violation of law, including criminal, civil, and/or traffic records; the results of any polygraph examinations and/or fingerprint check(s); records of complaint of a civil nature made by or against me, wherever located and to include the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have or have had an interest; employment and personnel records of any nature whatsoever and records and information relating in any way to my education training experience, qualifications, professional conduct, evaluation(s), advancement, demotion, termination, dismissal and/or job performance.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, and employment history, for the specific purpose of pursuing a background investigation, which may provide pertinent data to *Owens-Whitney SD #6* for consideration in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein. I further understand this information will become the property of *Owens-Whitney SD #6* and will not be returned to me, and I hereby waive and release any right to receive copies of any such documentation provided to *Owens-Whitney SD #6* in connection with its background investigation.

I agree to release, remise, indemnify, defend, and hold harmless, the person or persons to whom this request is presented, as well as *Owens-Whitney SD #6* and their respective agents, representatives, and/or employees, from and against all liability, demands, claims, damages, losses, and expenses, causes of actions, or possible causes of action whatsoever, arising out of or related to any loss, damage, or injury including reasonable attorney's fees and costs, arising out of their negligent acts or omissions by reason of their compliance with this request. I further understand that *Owens-Whitney SD #6* will use information furnished in conjunction with employment procedures.

I understand and authorize the use of as many copies of this release as *Owens-Whitney SD #6* deems necessary, so as to enable to obtain the above outlined information, in light of the potential for numerous entities being contacted regarding my personal and employment information.

I further authorize *Owens-Whitney SD #6* to provide any information obtained by it in connection with its background investigation to any other potential or actual employer, past, present, or future, upon request by such other employer, I also acknowledge that any provision, dissemination, and/or consideration of records and information, as set forth herein, shall be privileged and shall be deemed to be in good faith. I also agree and authorize that any court of competent jurisdiction may interpret and enforce the terms and



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provisions of this agreement and that a judge of such court may summarily rule, and enter judgment regarding the effect and intent of this agreement, and that there shall be no requirement that a jury be empaneled to interpret or enforce this agreement, except to the limited extent that the court determines that there are genuine issues of material fact precluding the judge's adjudication thereof; to the extent that any contrary rights or remedies may be available to me under applicable law, I hereby waive, release and relinquish any and all such rights and remedies in their entirety.

APPLICANT MUST READ THIS ENTIRE DOCUMENT PRIOR TO SIGNING AND MUST SIGN THIS DOCUMENT IN THE PRESENCE OF A COMMISSIONED NOTARY PUBLIC. DO NOT SIGN THIS DOCUMENT IF YOU DO NOT UNDERSTAND IT.

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

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 Owens-Whitney SD #6.

I authorize the Owens-Whitney SD #6 to make reference checks prior to employment and I will execute such documents to facilitate this investigation. 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 understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

Signature: _____ Date: _____

Printed Name: _____

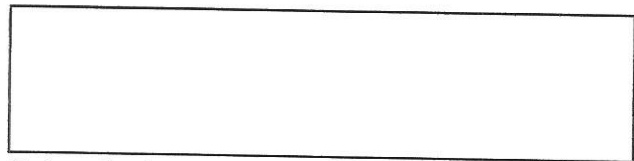
Street Address _____ City _____ State _____ Zip _____

Subscribed and sworn to me before this _____ day of _____, 20 _____.

My commission expires on the _____ day of _____, 20 _____.

County of _____, State of Arizona.

Notary Signature



Notary Seal