



YOUNG SCHOOL DISTRICT #5

P. O. Box 390 - 46878 Highway 288
Young, Arizona 85554
Phone: (928)462-3244
Fax: (928)462-3283

APPLICATION FOR CERTIFIED PERSONNEL

Date: _____ (This application will remain on file for one year from this date. It may be renewed by written request.)

Name: _____ Home Phone: _____

Address: _____ Mobil Phone: _____

Mailing Address: _____ E-Mail: _____

City, State, Zip: _____ SSN: _____

POSITION DESIRED: (Please indicate grade level or subject area):

- | | |
|-----------------------|----------------------|
| A. Administrative | D. Special Education |
| B. Elementary Teacher | E. Other _____ |
| C. Secondary Teacher | |

First Preference: _____

Second Preference: _____

PERSONAL HISTORY:

Are you a permanent resident of the U.S.? Yes _____ No _____

Are you a U.S. citizen? Yes _____ No _____

If the answer in "no", please specify visa/immigration status _____

Have you ever been discharged or asked to resign? Yes _____ No _____

If answer is "yes", please explain: _____

Have you served in the U.S. Armed Forces? Yes _____ No _____

Which Service? _____ Highest rank held: _____

Date of Entry: _____ Date of separation: _____

Honorable Discharge? Yes _____ No _____

Have you been convicted of a civil or criminal offense? Yes _____ No _____

If the answer is "yes", explain: _____

Do you have any physical or mental limitations which may impair your ability to perform in the position for which you are applying? Yes _____ No _____

If the answer is "yes", explain: _____

EDUCATION:

School Name and Location	Date of Degree	Diploma	Major	Minor

Do you hold any Arizona teaching certificates? Yes _____ No _____

What type(s) and expiration date(s): _____

EXPERIENCE: Educational (List in order beginning with present position)

School and District	Dates	Position	Reason for Leaving

MEMBERSHIPS AND AFFILIATIONS:

Organizations	Leadership Role	Date of Membership

COMMUNITY ACTIVITIES: (Please specify community)

PROFESSIONAL WORK REFERENCES (List only persons we may contact at this time):

Name	Address	Title	Bus. Phone

What other qualifications do you possess that you feel you can bring to this position?

AGREEMENT

I hereby apply for employment by Young Public School (YPS) and state that: The
 information contained in this application is true to the best of my knowledge and belief, and I understand and
 agree that any misrepresentation or false statement by me in connection with the application will constitute
 justifiable cause for YPS not to employ me or, if employed, to terminate my employment for cause.

I understand and agree that all information furnished in this application may be verified by YPS or its authorized
 representative. I hereby authorize all individuals and organizations named or referred to in this application and
 any law enforcement organization to give YPS all information relative to such verification and hereby release such
 individuals, organizations and YPS from any and all liability for any claim or damage resulting therefrom.

I understand that, if I am employed by YPS and as a condition of my continued employment by YPS, I may be
 required to furnish proof of age. In addition, in compliance with the Immigration Reform and Control Act of 1986, I
 will be required to furnish proof of my identity and eligibility to be employed in the U.S. All job offers extended are
 contingent upon the ability to verify such status. In addition, I will be required to execute a Loyalty Oath to
 support the United States and the Constitution and laws of the State of Arizona as required by Arizona Revised
 Statute 38-231.

I understand that, in order for my application to be complete, I must take responsibility to have my Placement
 Papers sent and will include unofficial copies of all transcripts and a copy of my Arizona certification (*if
 applicable*) with this completed application form.

Applicant's Signature

Date

GCFC-E ©

EXHIBIT

**PROFESSIONAL STAFF CERTIFICATION
AND CREDENTIALING REQUIREMENTS**

Name (typed or printed)	Position
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I, _____, being duly sworn, do hereby certify that I have never been convicted of or admitted in open court or pursuant to a plea agreement committing, and am not now awaiting trial for committing, any of the following criminal offenses in the state of Arizona or similar offenses in any other jurisdiction, including a charge or conviction that has been vacated, set aside or expunged:

Sexual abuse of a minor	Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs
Incest	Burglary in the first degree
First- or second-degree murder	Burglary in the second or third degree
Kidnapping	Aggravated or armed robbery
Arson	Robbery
Sexual assault	A dangerous crime against children as defined in A.R.S. <u>13-705</u>
Sexual exploitation of a minor	Child abuse
Felony offenses involving contributing to the delinquency of a minor	Sexual conduct with a minor
Commercial sexual exploitation of a minor	Molestation of a child
Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute marijuana or dangerous or narcotic drugs	Manslaughter
Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs	Assault or Aggravated assault
	Exploitation of minors involving drug offenses

Employee signature

Date signed

Subscribed, sworn to, and acknowledged before me by _____

_____, this _____ day of _____, 20____,

in _____ County, Arizona.

My Commission Expires

Notary Public

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EXHIBIT

PROFESSIONAL STAFF HIRING

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, _____ [applicant's name], have applied for employment with the Young Public School District No. 5 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 [1]) 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 me 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 [1]) 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