

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

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 or (602) 542-4367, to obtain information and application forms.)

EDUCATION

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

“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: _____

**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

<p>_____ Transcripts</p> <p>_____ Certificate</p> <p>_____ Letters of Recommendation</p> <p>_____ Letter of Interest/Resume</p>	<p>Date Received:</p> <p>Is Application Complete? YES NO</p>
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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