

PAYSON UNIFIED SCHOOL DISTRICT #10

P.O. BOX 919 ** 902 WEST MAIN STREET
 PAYSON AZ 85547
 (928) 472-5739 FAX (928) 472-2013

APPLICATION FOR CERTIFIED EMPLOYMENT

(Please type or Print)

Name: _____

Last
First
Middle

Address: _____

Street
Mailing

City
State
Zip Code

Phone Number: _____ Message Phone: _____ Cell: _____
 Bilingual: Yes _____ No _____ Language: _____
 Emergency Contact: _____ Phone Number: _____

POSITION(S) DESIRED

(INDICATE ONE OR MORE - LIST ORDER OF PREFERENCE AND SUBJECTS)

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> K-5 Elementary | <input type="checkbox"/> Administration | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> 6-8 Middle School _____ | _____ | _____ |
| <input type="checkbox"/> 9-12 High School _____ | _____ | _____ |

*Submission of resume' recommended, not required.
 This application must be completed without reference to resume'.
 Applications will be retained for one year.*

PERSONAL DATA

(Please type or print)

1. When will you be available for work? _____
2. Other names used (include maiden name): _____ Date of use: _____
3. Previous mailing address: _____

Street
City
State
Zip Code
4. Location of placement records and file: (give complete address/phone #)

5a. Arizona Certificates now held (indicate below)

Applicant will not be eligible for employment without current and appropriate Arizona Certification

TYPE(S) & GRADE(S)	MAJORS	APPROVED AREAS	ENDORSEMENTS	EXP. DATE

PERSONAL DATA CONTINUED

5b. Other State Certification

STATE	TYPE / GRADE(S)	MAJOR(S)	APPROVED AREAS	ENDORSEMENTS	EXPIRATION DATE

5c. Highly Qualified Status

HQ Areas	HQ Evidence

6. Do you have a driver's license? YES NO TYPE? _____

Driver's License Number: _____ State: _____ Exp. Date: _____

Commercial Driver's License? YES NO

***An Equal Opportunity Organization
This District does not discriminate on the basis of age, race,
color, religion, sex, marital status, disability, or national origin.***

Provide information below for employers
for at least the last ten (10) years with the most recent first.
"See Resume" is not responsive.

You are required to provide the month and year for each date requested. If you are being considered for employment, the District will contact your current and past employers. Attach supplemental sheet if necessary. Identify question(s) to which you are responding.

PROFESSIONAL AND OTHER WORK EXPERIENCE

Dates Employed Month / Year	Employer's Name Address/Phone	Supervisor's Name	Reason for Leaving	Grade Level/ Subject Taught
To: From:				
To: From:				
To: From:				
To: From:				
To: From:				
To: From:				
To: From:				
To: From:				
To: From:				

7. Please explain any gaps in employment of over 30 days (within the past 10 years). Attach supplemental sheet if necessary. Identify question(s) to which you are responding.

8a. Have you ever been dismissed from a position? YES NO
 If yes, explain.

8b. Have you ever been asked to resign from a position? YES NO
 If yes, explain.

8c. Have you ever resigned from a position rather than being non-renewed or dismissed or face disciplinary action by an employer or against your certificate? If yes, explain. YES NO

EDUCATION AND PROFESSIONAL PREPARATION

9a. List schools attended and special training received: ("See Resume" is NOT responsive)

HIGH SCHOOL	ADDRESS					
COLL./ UNIVERSITY	ADDRESS	DATES ATTENDED	YR GRAD	DEGREE	MAJOR / MINOR	GPA
		To:				
		From:				
		To:				
		From:				
		To:				
		From:				

Highest Degree Earned: _____ Total graduate hours above degree earned: _____

Total undergraduate hours above degree earned (if applicable): _____

EDUCATION AND PROFESSIONAL PREPARATION CONTINUED

Describe additional education not previously listed. (i.e., Trade, Technical, Specialty Schools)

9b. List honors you have received:

9c. List professional organizations to which you belong:

9d. List leadership positions in organizations:

9e. Describe special abilities or talents applicable to student instruction or activities:

PERSONAL REFERENCES

Give names and complete addresses and phone numbers of 3 references who are familiar with your personality, character, and work habits. **(DO NOT use relatives as references.)**

NAME	DATES KNOWN <small>(Provide Month & Year)</small>	OCCUPATION	ADDRESS	PHONE #
	To: From:			
	To: From:			
	To: From:			

CONVICTION REPORT

10. Because of the responsibility the Payson Unified School District No. 10 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 considerations that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the District's Human Resources personnel. Please read carefully and answer every question.

PLEASE PRINT CLEARLY

a. NAME: _____
Last First Full Middle Name

OTHER NAMES USED: _____ (Include Maiden Name, Nicknames, Etc.)

b. Social Security Number (Optional): _____

- | | | |
|--|------------------------------|-----------------------------|
| c. Have you ever been convicted of a minor offense other than a traffic violation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Have you ever been convicted of a felony? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Are you now waiting trial on a felony charge? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Have you ever been convicted of a sex or drug related offense? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. Have you ever admitted or been convicted of a dangerous crime against children as defined in A.R.S. 13-604-01?*** | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

IF YOU ANSWERED YES TO ANY OF QUESTIONS C THROUGH G, ATTACH "SUPPLEMENTAL CONVICTION INFORMATION FORM" AVAILABLE FROM THE PERSONNEL OFFICE

11. 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? YES NO

(If you are uncertain as to the relevance or necessity to disclose a matter, trait, etc., disclose and the District will determine whether the inform: is pertinent). If your answer is anything other than NO, explain fully

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 agents of Payson Unified School District No. 10.

I authorize the Payson Unified School District No. 10 to make reference checks prior to employment and I will execute such document to facilitate this investigation. (This obligation to cooperate does not cease upon employment). 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 fact or failure to cooperate in the investigation may be cause for dismissal.

Signature: _____ **Date:** _____

***Conviction** means the final judgment on a verdict or a finding of guilty, or a plea of guilty or nolo contendere, 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.

** Please note that prior to hiring, you must submit a notarized statement, provided by the district, attesting to the fact that you have neither admitted nor committed the crimes listed in A.R.S. 15-512D and A.R.S. 13-604.01. 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)**

- | | |
|--|--|
| 1. Sexual abuse of a minor | 11. Felony offenses involving the possession or use of marijuana or dangerous drugs |
| 2. Incest. | 12. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs |
| 3. First- or second-degree murder | 13. Burglary in the first degree. |
| 4. Kidnapping. | 14. Burglary in the second- or third-degree. |
| 5. Arson. | 15. Aggravated or armed robbery. |
| 6. Sexual assault. | 16. Robbery |
| 7. Sexual exploitation of a minor. | 17. A dangerous crime against children as defined in A.R.S. 13-604.01***. |
| 8. Felony offenses involving contributing to the delinquency of a minor. | 18. Child Abuse |
| 9. Commercial sexual exploitation of a minor. | 19. Sexual conduct with a minor. |
| 10. Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana or dangerous or narcotic drugs. | 20. Molestation of a child. |
| | 21. Voluntary manslaughter |
| | 22. Aggravated assault |
| | 23. Assault. |
| | 24. Exploitation of minors involving drug offense: |

*****A.R.S. 13-604.01:** prohibits any of the following with a minor under age fifteen

- | | |
|---|--|
| 1. Second-degree murder | 7. Child abuse as defined in 13-3623, sub.b, para. 1 |
| 2. Aggravated assault resulting in serious physical injury committed by the use of a deadly weapon or dangerous instrument. | 8. Kidnapping. |
| 3. Sexual assault | 9. Sexual abuse |
| 4. Molestation of a child | 10. Taking a child for the purpose of prostitution |
| 5. Sexual conduct with a minor | 11. Child prostitution |
| 6. Commercial sexual exploitation of a minor | 12. Involving or using minors in drug offenses |
| | 13. Continuous sexual abuse of a child |
| | 14. Attempted first degree murder. |
| | 15. Sex Trafficking |
| | 16. Manufacturing methamphetamine under circumstances that cause physical injury to a minor. |

PAYSON UNIFIED SCHOOL DISTRICT NO. 10

**STATEMENT OF COMPLIANCE WITH THE
MILITARY SELECTIVE SERVICE ACT**

PLEASE PRINT

Last Name

First Name

Full Middle Name

Address

City

State

Zip Code

Date of Birth

Social Security Number

(Disclosure is Optional. The District will not make consideration of your application, employment or any other right, benefit or privilege contingent upon your disclosure of your Social Security Number. Should you disclose your Social Security Number in this application, it will be used exclusively in the following ways: Military Service Act, Employment Eligibility Verification (I-9 Form) and background check.)

I certify that I am registered with Selective Service.

I certify that I am not required to be registered with Selective Service because:

I am female;

I am in the services on active duty;

(NOTE: Members of the Reserves and National Guard are not considered on active duty).

I have not reached my 18th birthday;

I have passed my 26th birthday;

I am a permanent resident of the Trust Territory of the Public Islands or the No. Mariana Islands.

I am a member of the United States Armed Forces Reserves or National Guard.

Signature

Date