

Heber-Overgaard Unified School District #6
P.O. Box 547; 3375 Buckskin Canyon
Heber, Arizona 85928
Telephone (928) 535-4622 Fax (928) 535-5146
Email: HR@h-oschools.org
www.heberovergaardschools.org

APPLICATION FOR SUPERINTENDENT / FEDERAL PROGRAMS DIRECTOR

1. PERSONAL INFORMATION:

Date Received: _____

Name _____ Social Security No. _____

Mailing Address _____ Physical Address _____

City _____ State _____ Zip _____ Phone (____) _____

Work Phone (____) _____ Email _____

Position(s) desired (Indicate one or more preference):

First Choice _____ Second Choice _____

Third Choice _____

2. PROFESSIONAL DATA:

a. Are you currently under contract? _____ Yes _____ No

b. When will you be available? _____

c. Arizona Certificates now held:	Expiration Date
_____	_____
_____	_____
_____	_____

d. In what languages are you fluent? _____

IMPORTANT: Before consideration will be given for employment, the candidate must have on file in the District Office a complete set of transcripts, completed application, resume, and current Fingerprint Clearance Card according to § 15.503. It is the candidate's responsibility to see that these materials are provided.

Heber-Overgaard Unified School District No. 6 is an Equal Opportunity Employer, complies with Title IX, and shall seek the best qualified applicants for all vacant positions regardless of age, race, color, religion, sex, marital status, disability, or national origin.

Notice of Nondiscrimination (Section 504 of the Rehabilitation Act and Americans with Disabilities Act) . Applicants for admission and employment, students, parents, persons with disabilities, agreements with the Heber-Overgaard Unified School District #6 are hereby notified that this district does not discriminate on the basis of race, sex, color, national origin, age, or disability in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning the district's compliance with the regulations implementing Title VI, Title IX, The Americans with Disabilities Act (ADA) or Section 504 is directed to contact the following individual who has been designated by the school to coordinate efforts to comply with the regulations regarding nondiscrimination: Name: Mr. Ronald Tenney, Superintendent Phone: 928-535-4622

3. WORK EXPERIENCE:

Provide information about at least the last ten years of your employment history with the most recent experience first. Please list complete employer information. The district reserves the right to contact your current and former employers.

Dates Employed	Employer's Name and Address	Supervisor's Name & Phone No.	Reason for Leaving	Grade Level or Subjects Taught
From: ____/____/____ To: ____/____/____				
From: ____/____/____ To: ____/____/____				
From: ____/____/____ To: ____/____/____				
From: ____/____/____ To: ____/____/____				

A. Have you ever been dismissed from a position? Yes No

If yes, please explain _____

B. Have you ever been asked to resign from a position? Yes No

If yes, please explain _____

C. Have you ever resigned from a position rather than being non-renewed or dismissed?
 Yes No

If yes, please explain _____

4. EDUCATION AND PROFESSIONAL PREPARATION:

List schools attended and special training received. Please note that “See Resume” is not an appropriate response to any question.

	Location	Dates Attended	Year Graduated	Degree/Certificate	Major/Minor	Grade Point Average
High School						
College						

5. QUALIFICATIONS AND NARRATIVE:

Please list the following items:

1. Professional honors received _____

2. Professional organization memberships _____

3. Leadership positions _____

4. Special abilities or talents applicable to administration _____

B. Attach separate sheet(s) and answer **all** of the following questions – ***in your own handwriting:***

1. What is your philosophy of education?
2. Schools are not normally homogeneous groupings. Explain how you would meet the needs of ELL, Special Needs, At-Risk, and Gifted learners in your school?
3. What programs or innovative ideas would you like to implement in your school?
4. What are specific examples of how you have or will actively involve parents in the education of their children?
5. What would you describe as your proudest moment as an educator?
6. What approach do you use in establishing and maintaining a school-wide atmosphere conducive to learning?
7. What special qualifications do you possess that make you the best choice for the position?

6. PERSONAL AND PROFESSIONAL REFERENCES:

List the names of persons who are familiar with your character, personality, aptitudes and work habits. Do not include relatives on this list of references.

Name	Relationship to Applicant	Address	Phone Numbers
			() _____ () _____
			() _____ () _____
			() _____ () _____
			() _____ () _____
			() _____ () _____

7. ACKNOWLEDGEMENT OF APPLICANT:

I certify that every answer and statement I have provided on and accompanying this application is complete, truthful, and current. I understand and agree that:

- i. If any information is omitted from or not completed on this application, or if any false information is furnished, the District may reject my application.
- ii. If any false information is furnished, I will be ineligible for any future consideration for employment and may be subject to criminal prosecution.
- iii. If I am employed by the District and if it is later determined that I have furnished false information on this application, I may be dismissed from employment, criminally prosecuted, and, if certified, have my certificate revoked.

I authorize investigation of all statements on this application form and other material provided as part of my application for this position.

Applicant Signature

Date

Please email, mail, or deliver this application and all related materials to:

Office of the Superintendent
 Heber-Overgaard Unified School District No. 6
 P.O. Box 547; 3375 Buckskin Canyon Rd.
 Heber, Arizona 85928
 Phone (928) 535-4622 FAX (928) 535-5146
 Email: HR@h-oschools.org

IF YOU ANSWERED “YES” TO ANY OF THE ABOVE QUESTIONS, 1 THROUGH 5, PLEASE COMPLETE THE “APPLICATION SUPPLEMENTAL CONVICTION INFORMATION” ON THE NEXT PAGE.

APPLICATION SUPPLEMENTAL CONVICTION INFORMATION
(the following information will be retained in the district office and not available to other personnel in the district)

Conviction Charge		CONVICTION INFORMATION	
		Date of Conviction	Court of Conviction
City	State	Amount of Fine	Length of Jail Term
Remarks			
Length and Term of Probation			
If you have more than one reportable offense, copy this sheet to provide the information			

6. 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 YOU ANSWERED “YES” TO QUESTION 6, PLEASE FULLY EXPLAIN THE ANSWER ON AN ATTACHED, SEPARATE PIECE OF PAPER.

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application and supporting material 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 the Heber-Overgaard Unified School District No. 6.

I authorize the Heber-Overgaard Unified School District No. 6 to make reference checks prior to employment, and I will execute 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.

Applicant Signature

Date

FBI NOTIFICATION OF APPLICANT PRIVACY RIGHTS

Your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit based on information in the criminal history record. {Reasonable opportunity is defined as being decided upon by a case by case basis with the applicant, in regards to position applied for.}

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under “Criminal History Summary Checks” or by calling (304)625-5590.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602)223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.dps.gov).

By signing I acknowledge that I have received these Privacy Rights as outlined above.

Signature

Date

(to be given to applicant if they desire this information)

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under “Criminal History Summary Checks” or by calling (304)625-5590.

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