



SELIGMAN UNIFIED SCHOOL DISTRICT #40

P.O. Box 650
Seligman, AZ 86337
(928) 216-4123
(928) 422-3642 Fax
www.seligmanschools.org

“Home of the Seligman Antelopes”

Dear Applicant:

Thank you for your interest in employment with Seligman Unified School District. Attached is the employment application; please complete and submit **ALL** documents listed below.

1. Completed SUSD Employment Application
2. Current Résumé
3. Letter of Interest
4. Three (3) Letters of Recommendation, **CURRENT**
5. Copy of University/College Degree, High School Diploma or GED Certificate
6. Unofficial College and/or University transcripts (*NOTE: official transcripts will be required only upon selection*)

Upon receiving your application, the Superintendent will assess and review your packet to ensure you meet the minimum qualifications for the position you are applying to. The Superintendent will be in contact to schedule an interview if you meet the qualifications.

Again, thank you for your interest in employment with Seligman Unified School District. If you have any questions, please contact our Superintendent at 928-216-4123, option 1, option 11.

Regards,

Seligman Unified School District



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For Office Use Only:
_____ Date Application Received
_____ Application Received By

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CERTIFIED EMPLOYMENT APPLICATION

Please complete entire application in full. Do not use "refer to résumé" or equivalent statement. Answer all questions completely. This application is part of the review procedure; incomplete information will affect the evaluation of your application.

Date of Application: _____

Position(s) applying for: a) _____ b) _____ c) _____

PERSONAL DATA

_____/_____/_____
First Middle Last Date of Birth Social Security No.

Address: _____
P.O. Box # or Street City State Zip Code

Phone: _____ Message Phone: _____ Email: _____

In case of an emergency contact: _____ Relation: _____

Address: _____ Phone No.: _____

What Languages other than English, are you fluent with (read & write)? _____

Are you a citizen of the United States of America? Yes No

Do you have a valid driver's license? Yes No License Number: _____ Issuing State: _____

Are you a former SUSD employee? _____ If yes, indicate when & what position you held _____

IF YOU DO NOT POSSESS AN ARIZONA CERTIFICATION PLEASE CONTACT:

Arizona Department of Education – Certification Unit
Phoenix Office: 1535 W. Jefferson, Phoenix, AZ 85007 Telephone No.: (602) 542-4367
Tucson Office: 400 W. Congress Street #118, Tucson, AZ 85701 Telephone No.: (520) 628-6326
www.ade.az.gov/certification

What certification(s) do you hold?

Certificate	State	Date Issued	Expiration

What endorsement(s) do you hold?

Endorsement	State	Date Issued	Expiration

Do you have an Arizona Department of Public Safety fingerprint clearance card? Yes No

IVP#: _____ Expiration: _____ If no, date applied: _____

EDUCATION AND PROFESSIONAL TRAINING

Please list in chronological order all educational institutions attended. Transcripts must be provided for each institution listed. The information should be accurate as it is used to assist in determining your qualifications for employment.

Degree GPA	Name of Institution	Location City & State	Semester Hours	Graduation Year	Major	Minor
	Undergraduate					
	Graduate					
	Post Graduate					

PROFESSIONAL EXPERIENCE

SUBSTITUTE TEACHING			
School/Address	Principal/Supervisor	Phone No.	School Year

STUDENT TEACHING					
Sch. Yr. Fall/Spring	Grade Level	Subject	Name of Mentor Teacher	School/Address	Hours Earned
Name of College/University			Name of Supervisor	Contact Number	

List all teaching employment in chronological order with most recent first. SUSD will contact your employers for reference check.
(Do NOT put "see résumé")

TEACHING EXPERIENCE					
Dates Employed	Employer's Name (Include Address)	Phone	Supervisor's Name	Reason for Leaving	Position & Salary
From: _____ To: _____					\$
From: _____ To: _____					\$
From: _____ To: _____					\$
From: _____ To: _____					\$
From: _____ To: _____					\$

ADMINISTRATIVE OR SUPERVISORY EXPERIENCE					
Dates Employed	Employer's Name (Include Address)	Phone	Supervisor's Name	Reason for Leaving	Position & Salary
From: _____ To: _____					\$
From: _____ To: _____					\$
From: _____ To: _____					\$

Please explain any gaps in employment of over 30 days _____

Have you ever been dismissed or non-renewed from a previous employer?

Yes

No

If yes, please explain: _____

Have you ever been asked to resign from a previous employer?

Yes

No

If yes, please explain: _____

Have you ever resigned from a position rather than face disciplinary action and/or non-renewal?

Yes

No

If yes, please explain: _____

REFERENCES

Give names and complete addresses of five references that have known you for at least (5) five years and are familiar with your personality, character and work ethics. **(Do not list relatives)**

Name	Yrs. Known	Official Position	Work Phone	Other Phone
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				

Equal Opportunity Employer: Seligman Unified School District does not discriminate on the basis of age, race, color, religion, gender, material status, handicap/disability, or national origin.

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be ground for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.

I certify that my responses to this entire employment application is made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of my employment.

Signature of Applicant: _____

Date: _____