



**PERSONAL DATA** *(Please type or print.)*

1. Name: \_\_\_\_\_

2. Other names used: \_\_\_\_\_ Dates of usage: \_\_\_\_\_

3. Home mailing address: \_\_\_\_\_  
STREET CITY STATE ZIP

4. Contact information: \_\_\_\_\_  
HOME PHONE CELL PHONE MESSAGE PHONE DATE

Email address: \_\_\_\_\_

5. POSITION(S) DESIRED:

ELEMENTARY: (Grades K-6) List in order of preference.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

JUNIOR HIGH: (Grades 6-8) List all subject area preferences and total semester hours acquired in each area.

1. \_\_\_\_\_ Hours 2. \_\_\_\_\_ Hours 3. \_\_\_\_\_ Hours 4. \_\_\_\_\_ Hours

6. When will you be available? \_\_\_\_\_

7. Present position: \_\_\_\_\_

8. Reason for leaving present position: \_\_\_\_\_

9. Present (or most recent) administrative supervisor(s):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

10. Have you ever been dismissed from a position? *(Please check one.)*  Yes  No

If yes, please explain: \_\_\_\_\_

11. Have you ever been asked to resign from a position? *(Please check one.)*  Yes  No

If yes, please explain: \_\_\_\_\_

**CERTIFICATION**

12. Arizona certificate(s) now held:

Certificate	Expiration Date

Endorsement(s) now held:

Endorsement	Expiration Date

13. Arizona certificate(s)/endorsement(s) for which you are now eligible: *(Candidates are responsible for obtaining proper certification.)*

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14. Location of placement records and files, if available: *(Provide complete address.)*

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**EDUCATIONAL PREPARATION** (*"See resume" is not sufficient.*)

15. Schools

Name of School	Location	Number of Yrs Attended	Dates	Graduation	
				Year	Degree
High School					
Undergraduate					
Graduate					
Graduate					

Highest degree earned: \_\_\_\_\_ Graduate semester hours earned **AFTER** highest degree: \_\_\_\_\_

Undergraduate Major: \_\_\_\_\_ GPA \_\_\_\_\_ Undergraduate Minor: \_\_\_\_\_ GPA \_\_\_\_\_

Graduate Degree(s) in: \_\_\_\_\_ GPA \_\_\_\_\_ \_\_\_\_\_ GPA \_\_\_\_\_

College activities in which you participated: \_\_\_\_\_

**PROFESSIONAL EXPERIENCE**

16. STUDENT TEACHING EXPERIENCE:

Name of School	Location		Grades or Subjects Taught	Dates	Cooperating Teacher & Phone
	City	State			

17. CONTRACTUAL TEACHING ONLY: List most recent experience first and indicate whether position was full-time (FT) or part-time (PT) equivalency. **DO NOT** list *substitute teaching* experience. (“See resume” is not sufficient.)

*Contractual Only*

Name & Type of School (Elem/Jr High/Sr High/etc.)	Complete Address (list street, city, state, zip)	Grade(s) or Subjects Taught	No. Years		Dates		Reason for Leaving
			FT	PT	Start	End	

*(List additional years on separate sheet.)*

18. OTHER WORK EXPERIENCE: List most recent experience first.

Employer	Location	Nature of Work	Dates

**ACTIVITIES AND HONORS**

19. Describe your special abilities or talents (*e.g.*, sports, drama, etc.).

20. List any extensive travel you have done.

21. List any professional organizations to which you belong.

22. List leadership positions which you have held in various organizations.

23. List honors received.

**PERSONAL INFORMATION**

24. Give names and complete addresses of three (3) references that are familiar with your personality, character, and work performance.

NAME	YEARS KNOWN	OFFICIAL POSITION	ADDRESS			
			STREET	CITY	STATE	PHONE

**Selective Service Registration** *(In compliance with Arizona HB2193)*

25. Are you required to be registered with the Selective Service System?  Yes  No

If yes, please state the place of registration indicating the following:

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Local Board Number

26. Selective Service Number: \_\_\_\_\_

**Immunization Record Information**

27. Arizona State Department of Health Services regulations 9R9-6-729 and R9-6-742 require that an immunization record for each school employee be on file prior to employment. It shall be a condition of employment that the employee provide the District with proof of immunization for Rubeola or Rubella unless employee falls within one (1) of the exceptions listed below.

Check the box(es) below which apply to you:

- I was born prior to January 1, 1942 (no immunizations needed).
- I was born between January 1, 1942 and January 1, 1957 (**Rubella immunization IS required**).
- I have laboratory evidence of measles/rubella antibodies (serological proof), verification of tests is attached.
- I was born after January 1, 1942, verification of immunity for measles and rubella is attached.
- I request exemption from immunization; I understand if there is an outbreak of measles I will NOT be allowed to work.

**PROFESSIONAL GROWTH:** Please fill out this page. Use back of this application if more room is needed.

28. Write a brief statement indicating:

- a. The reasons why you desire to teach in the Palominas Elementary School District.
  
- b. What plans you have for professional growth.
  
- c. What your educational goal is for the future.
  
- d. Your philosophy of education.

**CONVICTION REPORT**

Because of the tremendous responsibility the Palominas Elementary School District has to its school children and community, the following information is needed from ALL applicants and employees regarding convictions. A record on convictions does not prohibit employment; 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 convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Superintendent. Please read carefully and answer EVERY question. **Please print clearly.**

1. Name: \_\_\_\_\_  
LAST
FIRST
MIDDLE

Other names used: \_\_\_\_\_ Dates of usage: \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_

3. Have you ever been convicted of a minor offense other than traffic violation(s)?  Yes  No

4. Have you ever been convicted of a felony?  Yes  No

5. Have you ever been convicted of a sex or drug related offense?  Yes  No

6. Have you ever been convicted of a dangerous crime against children as defined in A.R.S. § 13.604.01?  Yes  No

**If any of the boxes above are marked "YES", fill in the information below and attach a letter of explanation.**

**CONVICTION INFORMATION**

1. CONVICTION CHARGE		DATE OF CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
REMARKS		LENGTH AND TERMS OF PROBATION	

2. CONVICTION CHARGE		DATE OF CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
REMARKS		LENGTH AND TERMS OF PROBATION	

**CONVICTION** means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of *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.

**\*\*A.R.S. § 13.604.01** requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping, and sexual abuse.

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 the agents of the Palominas Elementary School District. I authorize the Palominas Elementary School District to make reference checks prior to employment and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE