Aguila Elementary School District #63 P.O. Box 218; 50023 N. 514th Ave. Aguila, Arizona 85320

Telephone (928) 685-2222 Fax (928) 685-2433

Email: awannemacher@aguilaschool.org

www.aguilaschool.org

APPLICATION FOR CERTIFIED EMPLOYMENT

1.	PEF	RSONAL INFORMATION:		Date Received:
Name			Social Se	curity No
Mailir	ng Addre	ess	Physical	Address
City_		State	Zip	Phone ()
Email Positio	on(s) de	sired (Indicate one or more preference	of grade level	or subject area):
First C	Choice_		Second Choi	ce
Third	Choice_		Fourth Choic	e
2.	PRO	OFESSIONAL DATA:		
	a.	Are you currently under contract?	Yes	s No
	b.	When will you be available?		
	c.	Arizona Certificates now held:		Expiration Date
				_
	d. 1	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, proof of Arizona certification, and a resume. It is the candidate's responsibility to see that these materials are provided. All applicants must qualify for Arizona certification prior to employment. Out-of-state candidates should contact the below address for certification information:

Arizona Department of Education Certification Unit 1535 West Jefferson Street Phoenix, Arizona 85007 1-602-542-43637 www.ade.az.gov/certification

Aguila Elementary School District No. 63 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.

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. If you have not had five years of teaching experience, please provide information about your student teaching experience. 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		
<u> zmprojeu</u>	und Fradress	Tume & Thone To.	Zeaving	Subjects raught		
From:/_						
To:/_						
From:/_						
To:/_						
From:/_						
To:/_						
From:/_						
To:/_						
A. Ha	ve you ever been dismi	ssed from a position?	Yes	No		
If y	If yes, please explain					
	, i					
В. На	ve you ever been asked	to resign from a positi	on?Yes	No		
TC -	ulassa suulain	-				
11 y	ves, please explain					
C. Ha	ya yay ayar rasignad fr	om a position rather th	on hoing non ro	naviad or dismissad?		
	ve you ever resigned fr YesNo	om a position ramer in	an being non-re	newed of distillssed?		
īf.	If yes, please explain					
11 y	es, piease expiain					

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

5. QUALIFICATIONS AND NARRATIVE:

Please list the following items:

1.	Professional honors received					
2.	Professional organization memberships					
3.	Leadership positions in organizations					
4.	Special abilities or talents applicable to student instruction					
5.	Extra-curricular activities qualified to sponsor					

B. Attach separate sheet(s) and answer <u>all</u> of the following questions:

- 1. What is your philosophy of education?
- 2. Modern classrooms are not normally homogeneous groupings. Explain how you would meet the individual needs of ELL, Special Needs, At-Risk, and Gifted learners in your classroom?
- 3. What programs or innovative ideas would you like to implement in your classroom?
- 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 special qualifications do you possess that make you the best choice for the vacant position?
- 7. What approach do you use in establishing and maintaining a classroom atmosphere conducive to learning?

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.

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 deliv	ver this application and all related materials to:				

Office of the Superintendent Aguila Elementary School District No. 63 P.O. Box 218; 50023 N. 514th Ave. Aguila, AZ 85320 Phone (928) 685-2222 FAX (928) 685-2433

Email: awannemacher@aguilaschool.org

8. BACKGROUND CHECK AND INFORMATION:

Due to the responsibility the Aguila Elementary School District No. 63 has to its children and community, the following information is required from all applicants and employees regarding convictions.* A record of conviction does not disqualify an applicant from consideration; however, failure to provide complete and accurate information may cause disqualification from consideration for employment, may be cause for 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 complete this form. Questions regarding this information should be directed to the Superintendent's office. Please read carefully and answer each question legibly.

Name:_			S	ocial Security Number		
	Last	First	Middle	•		
Other n	ames used:			Dates used:_		
1.		been convicted of DUI conviction is		other than traffic a minor traffic offense) _	Yes	No
2.	Have you ever	been convicted of	a felony?**	_	Yes	No
3.	Are you awaiti	ng trial on a felon	y charge?	_	Yes	No
4.	Have you ever	been convicted of	a sex or drug re	lated offense?	Yes	No
5.		admitted to or been as defined by AI			Yes	No
COMP		APPLICATION		BOVE QUESTIONS, 1 TAL CONVICTION INF		
are unc	it may accurately certain as to the	y evaluate your fit	ness to work in a essity to disclos	nis application, that you sho a position of public trust w se a matter, trait, etc., dis	ith minor s	tudents? (If yo
		"YES" TO QUI		EASE FULLY EXPLAIN	THE AN	SWER ON AN
and sup	pporting material and understand	is true, accurate, a	and complete. I t relevant to thi	tify that the information prauthorize the investigation s information may be revi	of all state	ments contained
will exe the bac	ecute documents ekground invest	to facilitate this i	investigation. I completed and	to make reference checks understand that my employ the Governing Board has sion of pertinent facts may	yment is no as officiall	ot finalized unti y approved m
Applica	ant Signature			 Date		

*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 that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

**Please note that prior to hiring, you must submit a notarized statement attesting to the fact that you are not now awaiting trial on, or have ever been convicted of or admitted in open court or pursuant to a plea agreement, committing any of the crimes listed in ARS 15-512D and ARS 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:

***ARS 13-604.01			ARS 15-512D		
Prohibits any of the following with a minor under 1.		Sexual abuse of a minor	12. Misdemeanor offenses		
The age of 15: 2.		Incest	of the possession or		
1.	Second degree murder	3.	First or second degree murder	use of marijuana or	
2.	Aggravated assault resulting in serious	4.	Kidnapping	dangerous drugs	
	physical injury or committed by the use of a	5.	Arson	Burglary in the first degree	
	deadly weapon or dangerous instrument	6.	Sexual assault	Burglary in the second or	
3.	Sexual assault	7.	Sexual exploitation of a minor	third degree	
4.	Molestation of a child	8.	Felony offenses involving	Aggravated or armed robbery	
5.	Sexual contact with a minor		contributing to the delinquency	16. Robbery	
6.	Commercial sexual exploitation of a minor		of a minor	A dangerous crime against	
7.	Child abuse as defined in ARS 13-3623.B.1	9.	Commercial exploitation of a minor	children as per ARS 13-604.1	
8.	Kidnapping	10.	Felony offenses involving sale,	18. Child abuse	
9.	Sexual abuse		distribution, or transportation of,	Sexual conduct with a minor	
10.	Taking a child for the purpose of prostitution		offer to sell, transport or distribute	20. Molestation of a child	
11.	Child prostitution		marijuana or dangerous or	21. Voluntary manslaughter	
12.	Involving or using minors in drug offenses		narcotic drugs	22. Aggravated assault	
		11.	Felony offenses involving the	23. Assault	
			possession or use of marijuana,	24. Exploitation of minors	
			dangerous drugs, or narcotic	involving drug offenses	
			drugs	- •	
			=		

APPLICATION SUPPLEMENTAL CONVICTION INFORMATION

(FOR DISTRICT OFFICE USE ONLY)

Conviction Charge		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							