

COCONINO COUNTY REGIONAL ACCOMMODATION SCHOOL DISTRICT

Coconino County Superintendent of Schools Office

2384 N. Steves Blvd.
 Flagstaff, Arizona 86004
 (928) 779-6591 Fax (928) 779-6571

AN EQUAL OPPORTUNITY EMPLOYER

The Coconino County Superintendent of Schools affirms that the district does not discriminate on the basis of race, color, national origin, sex, sexual orientation, age, religion, or disability in admission or access to, or treatment or employment in its educational programs or activities.

CERTIFIED APPLICATION

NAME: _____ SOC. SEC. #: _____
Last First Middle

ADDRESS: _____
Street City State

Zip
 PERMANENT ADDRESS, IF DIFFERENT: _____

TELEPHONE: _____
Home Work Cell

POSITION(S) APPLYING FOR: _____

DATE AVAILABLE FOR EMPLOYMENT: _____ EMAIL: _____

- Languages spoken fluently (other than English) _____
- Reason for leaving present position _____
- May we contact your present employer? Yes No Expected Salary _____

Have you ever been asked to resign or failed to receive a continuing contract? Yes No
 If yes, please explain:

EDUCATIONAL TRAINING

Level of Education	School/University	State	Degree	Major	Minor	Date
High School						
College/University						
College/University						
College/University						

CERTIFICATION

(LIST ALL AREAS IN WHICH YOU HOLD VALID ARIZONA AND/OR OUT-OF-STATE TEACHING CERTIFICATES. NOTE: APPLICANTS HOLDING A CERTIFICATE FROM ANOTHER STATE MUST OBTAIN AN ARIZONA CERTIFICATE IN ORDER TO TEACH IN CCRASD.)

AREA OF CERTIFICATION	ISSUING STATE	EXPIRATION DATE

PROFESSIONAL EXPERIENCE

(Present or most recent first)

Dates		Name of Employer and Address		Your Title	
From					
To					
		(Area Code) Telephone:			
Work Performed:			Reason for Leaving:		
Name & Title of Supervisor:				Final Yearly Salary:	
Dates		Name of Employer and Address		Your Title	
From					
To					
		(Area Code) Telephone:			
Work Performed:			Reason for Leaving:		
Name & Title of Supervisor:				Final Yearly Salary:	
Dates		Name of Employer and Address		Your Title	
From					
To					
		(Area Code) Telephone:			
Work Performed:			Reason for Leaving:		
Name & Title of Supervisor:				Final Yearly Salary:	

List any professional workshops, seminars, trainings, projects pertinent to teaching, in which you have participated.

REFERENCES

References should include superintendents, principals or professors who have first-hand knowledge of your professional competence and your personal qualifications. Experienced teachers should include the superintendent and principal of the two most recent schools in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

NAME	POSITION	ADDRESS	TELEPHONE

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:

BACKGROUND CHECK

1. Have you ever been convicted of, admitted convicting, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? Yes No
2. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? Yes No
3. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? Yes No
4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? Yes No

If any of the above statements have been answered “yes,” please explain:

ORIGINAL STATEMENT

In your handwriting, write a brief statement explaining why you are uniquely qualified for a position with the Coconino County Regional Accommodation School District.

[Empty rectangular box for signature and date]

Under penalty of criminal prosecution and dismissal, I hereby certify that the information presented in this application is true, accurate and complete. I understand and agree that misrepresentation or omission of relevant facts would be good cause for rejection of my application or, if I have been employed, for immediate termination of my employment.

I understand that, if I am considered for an offer of employment, the Coconino County Regional Accommodation School District will conduct a background investigation for the District to determine my eligibility, qualifications and suitability for employment. I hereby give my consent for any employer or educational institution to release any information requested for this background 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.

Signature of Applicant

Date

[Notarized ARS 15-512 Certification Form](#)

Name

Position

I, _____ being duly sworn, do hereby certify that I have
(Signature)

never been convicted of or admitted committing, am not now awaiting trial for committing any of the following criminal offenses in the State of Arizona or similar offenses in any other jurisdiction:

- Sexual abuse of a minor.
- Incest.
- First or second degree murder.
- Kidnapping.
- Arson.
- Sexual assault.
- Sexual exploitation of a minor.
- Felony offenses involving contributing to the delinquency of a minor.
- Commercial sexual exploitation of a minor.
- Felony offenses involving sale, distribution or transportation of offer to sell, transport or distribute marijuana or dangerous or narcotic drugs.
- Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
- Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
- Burglary in the first degree.
- Burglary in the second or third degree.
- Aggravated or armed robbery.
- Robbery.
- A dangerous crime against children as defined in § 13-604.01.
- Child abuse.
- Sexual conduct with a minor.
- Molestation of a child.
- Manslaughter.
- Aggravated assault.
- Assault.
- Exploitation of minors involving drug offenses.

Subscribed, sworn to, and acknowledged before me by _____

On the day of _____, _____

In _____ County, State of _____.

(Seal)

Notary Public

Consent to Conduct Background Investigation and Release

I, _____ (applicant's name), have applied for employment with the Coconino County

Regional Accommodation School District to work as a _____ (job title). I understand that in order for the Coconino County Regional Accommodation School District to determine my eligibility, qualifications and suitability for employment, the Coconino County Regional Accommodation School District will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution.

I waive _____ / do not waive _____ (initial one only) my right to see any written reference or other information provided to the School District by any educational institution.

According to Arizona Revised Statutes Section 23-1361, any employer that provides a written communication to the Coconino County Regional Accommodation School District regarding my current or past employment must send me a copy at my last known address. I acknowledge that some employers are unwilling to provide factual written references concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that the Coconino County Regional Accommodation School District will not further consider my application if it cannot complete its background investigation.

I waive _____ / do not waive _____ (initial only one) my right to receive a copy of any written communication furnished to the Coconino County Regional Accommodation School District by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to the Coconino County Regional Accommodation School District by employers or educational institutions, I release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by this Coconino County Regional Accommodation School District to complete its background investigation.

A photocopy of facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

DATED this _____ day of _____, 20__.

Witness Signature

Applicant Signature

Witness: Print Name

Applicant: Print Name

Witness Title