

Littlefield Unified School District

3475 E. Rio Virgin Rd., P.O. Box 730, Beaver Dam, AZ 86432

APPLICATION FOR CERTIFIED PERSONNEL

Thank you for your interest in applying for a certified position with Littlefield Unified School District. Please refer to the following steps as a guide for your application process:



Answer all questions completely, accurately and honestly. Incomplete applications will not be accepted. False statements are the cause for refusal of application, removal from consideration or dismissal from a position. Avoid any reference on the application to sex, race, creed, age, religion, handicap, or national origin. A resume may be attached but is not acceptable in lieu of a completed application.



Attach a copy of your valid Arizona Certificate or a copy of the application receipt for certification from the Arizona Dept. of Education. Questions concerning Arizona certification requirements may be answered by calling the Arizona Dept. of Education, Certification Unit at 602-542-4367 or via the web at www.ade.state.az.us/certification.



Attach a copy of your valid State of Arizona Fingerprint Clearance Card (front and back).



Attach a copy of ALL your college transcripts. Official transcripts will be required at the time of employment.



Attach a copy of all AEPA scores and all Highly Qualified (NCLB) forms.



Attach three current professional reference letters or names and telephone numbers of professional references.



Certified applications remain on file for two years.

If you are offered a position with Littlefield Unified School District you will be required to show proof of immunity to Rubeola (Measles) if born on or after 1/1/57 and proof of immunity to Rubella (German Measles) regardless of your birth date. Also required will be your Social Security card and driver's license. All attachments can be e-mailed to HR@lusd9.com or faxed to (928) 347-5967.

Littlefield Unified School District states its intent to comply with the law and regulations of Title IX issues by the United States Department of Health, Education and Welfare which prohibits discrimination on the basis of sex in education programs or activities, which receive federal funds, extending to employment and administration of such programs and activities.

ADA prohibits discrimination in employment based on disability. If you are handicapped or disabled and cannot complete this application please call (928) 347-5486 and someone will assist you.

IDENTITY

Name _____ SS # _____
Last First Middle

Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

CERTIFIED POSITIONS

Check All That Apply

<input type="checkbox"/> Primary (Preschool-2)	<input type="checkbox"/> Language Arts (Eng.)	<input type="checkbox"/> Foreign Language (specify) _____
<input type="checkbox"/> Intermediate (3-5)	<input type="checkbox"/> Social Studies	_____
<input type="checkbox"/> Middle (6-8)	<input type="checkbox"/> Science (area) _____	<input type="checkbox"/> Business
<input type="checkbox"/> High School (9-12)		<input type="checkbox"/> Art
<input type="checkbox"/> Special Education	<input type="checkbox"/> Math (area) _____	<input type="checkbox"/> Music
<input type="checkbox"/> Guidance/Counselor	_____	<input type="checkbox"/> Other _____
	<input type="checkbox"/> P.E. _____	_____

List subjects or grade levels in order of preference _____

What extra curricular activities are you willing to sponsor or coach _____

EDUCATIONAL BACKGROUND

Name of School	Location	Major/Minor	Degree

Highest degree earned _____ Graduate semester hours after highest degree _____

CERTIFICATION

Certificate	Endorsements	Approved Areas	Exp. Date

STUDENT TEACHING EXPERIENCE

Name of School	Location	Grade/Subject	Dates	Teacher

TEACHING EXPERIENCE

Previous Work Experience in Education. Full-Time Years Worked _____ List full-time and part-time work experience, beginning with the most recent. Do NOT include student teaching. "See Resume" is not sufficient.

NAME & ADDRESS OF SCHOOL	PHONE NUMBER	ASSIGNMENT/ SALARY	NO. YEARS		DATE (MO/YR)		REASON FOR LEAVING	(Y/N) MAY WE CONTACT
			FT	PT	FROM	TO		

PERSONAL DATA

Are you currently under contract? Yes No If yes, where? _____

Have you ever worked under a different name? Yes No If so, what name(s)? _____

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

List any honors received _____

List any additional relevant information _____

HEALTH & PHYSICAL CONDITION

Do you know of any reason that you would be unable to perform any duties of the position sought?

Yes No If yes, please explain _____

CONVICTION REPORT

CONVICTION means the final judgment on a verdict or finding of guilty, a plea of guilty, or 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. § 15-512 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined in A.R.S. § 15-512 as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, child abuse, kidnapping and sexual abuse, if any of these crimes are conducted against a minor under 15 years of age.

A record of conviction 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. Upon employment, all persons must sign a notarized statement indicating that they are not awaiting trial nor have they been convicted of crimes as mandated by A.R.S. § 15-512.

Please read carefully and answer every question.

- | | | |
|---|------------------------------|-----------------------------|
| Have you ever been convicted of a minor offense other than a traffic violation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been convicted of a felony? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been convicted of a sex or drug related offense? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been convicted of a dangerous crime against children as defined in A.R.S. § 15-512? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If any of the above are marked "YES", please explain on the following page and include the following information:

- Conviction Charge
- Date
- Court
- City and State of Conviction
- Amount of Fine
- Length of Jail Term or Probation

Under penalty of prosecution and dismissal, I hereby certify that the information 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 Littlefield Unified School District. I authorize Littlefield Unified 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. Furthermore, I understand that I have no right to access any materials submitted and information gathered by the District during the application process and such materials and information are considered the sole property of Littlefield Unified School District.

Signature

Date

Littlefield Unified School District

Reference Form

SECTION I. TO BE COMPLETED BY APPLICANT:

- Three (3) references required
- Complete reference information
- Read and sign the authorized statement

Applicant's Name _____

Social Security # _____

Position Applying for _____

Reference Name _____	Title in relationship to applicant _____
Company/School _____	Telephone# _____

AUTHORIZATION STATEMENT

I have applied for employment with Littlefield Unified School District. I authorize Littlefield Unified School District to collect any information orally or in writing about my qualifications and past performance. I will not hold you or the organization liable for supplying any information regarding my employment/education. Thank you for your assistance.

Signature

Date

SECTION II. TO BE COMPLETED BY REFERENCE:

PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW.

CHARACTERISTICS	STRONG	SATISFACTORY	UNSATISFACTORY	NO BASIS TO JUDGE
General appearance, appropriate dress, grooming				
Exercises professional judgment in absences from work.				
Accepts constructive criticism and supervision.				
Communicates information effectively.				
Demonstrates good judgment.				
Establishes personal growth and career path.				
Effectively diagnose and address situations or conditions.				
Displays a practical approach to problem solving.				
Inspired cooperation and confidence.				
Provides support and assistance when needed.				
Is knowledgeable and current in the field.				
Is receptive to new ideas and changes.				

SECTION III. FOR TEACHER POSITIONS ONLY, PLEASE ANSWER THE FOLLOWING:

PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW.

CHARACTERISTICS	STRONG	SATISFACTORY	UNSATISFACTORY	NO BASIS TO JUDGE
Handles matters in a fair and consistent manner.				
Communicates student's successes and failures to parents.				
Demonstrates knowledge of subject matter.				
Demonstrates ability to diagnose and address student needs.				
Encourages student performance consistent with abilities.				
Uses a variety of instructional methods.				
Assigns work which is relevant and purposeful.				
Works well as part of an instructional team.				

How long have you known the applicant? _____

Reference Address _____

Would you employ the applicant for the position desired? _____

Name _____

Signature _____

Address _____

City _____

State/Zip _____

Date _____

THANK YOU FOR YOUR COOPERATION

CERTIFIED APPLICANT QUESTIONNAIRE

Complete this section in your own handwriting

What are your three (3) most important reasons for wanting to be a teacher?

1. _____
2. _____
3. _____

What three (3) things do you most want to know about your students in order to be helpful to them?

1. _____
2. _____
3. _____

What four (4) key components do you believe you must include in your lessons?

1. _____
2. _____
3. _____
4. _____

What two (2) core teaching strategies do you use as a rule to influence the lives of your students?

1. _____
2. _____

How do you build satisfying and productive relationships with students?

AFFIDAVIT (Please read carefully before signing)

My signature below indicates that I HAVE READ, UNDERSTAND AND AGREE to the following:

1. In accordance with Arizona Revised Statute § 15-534.F, personnel employed by the school district shall certify that they agree they are not awaiting trial on and have never been convicted of or admitted in open court or pursuant to a plea agreement committing any of the following criminal offenses in this State or similar offenses in another 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 or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs, felony offenses involving the possession or use of marijuana or dangerous 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 section § 13-604.01, child abuse, sexual conduct with a minor, molestation of a child, voluntary manslaughter, aggravated assault, assault, exploitation of minors involving drug offenses.)
2. It is unlawful for a person seeking employment with this district to fail to give notice of conviction of a dangerous crime against children such as defined in Arizona Revised Statute § 13-604.01 (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, sexual abuse, taking a child for the purpose of prostitution, child prostitution, and involving or using minors in drug offenses.)
3. If employed by the school district, employment is conditional and rests upon (1) satisfactory pre-employment reference checks, (2) results of a fingerprint check, and is subject to (3) the policies and regulations of the district, (4) submitting documentary proof of authorization to work in the United States, (5) and, if required, appropriate state certification/licensing. Employment will not be finalized until the background investigation has been completed. Misrepresentation or omission of pertinent facts may be cause for termination. Parties providing this information will be released from any liability in connection with reference and fingerprint checks made by the district.
4. Every answer I have provided on this application is both complete and truthful. I understand and agree that (1) if any information is omitted from and not filled in on this Application, or if any false information is furnished, the District will reject my application, (2) if any false information is furnished, I will be ineligible for any future consideration for employment and may be subject to criminal prosecution, and (3) if I am employed by the District, I may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined that I have furnished false information on this Application.

Signed: _____ Date: _____

Thank you for your interest in Littlefield Unified School District

**Littlefield Unified School District
3475 E. Rio Virgin Road.
P.O. Box 730
Beaver Dam, AZ 86432
(928) 347-5486**

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, _____ (applicant's name), have applied for employment with Littlefield Unified School District to work as a _____ (job title). I understand that in order for the School District to determine my eligibility, qualifications and suitability for employment, the School District will conduct a background investigation to determine if I am to be considered for an offer of employment. This investigation may include asking my current employer, 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, positions(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 Education Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution.

In light of the preceding paragraph, I waive _____/do not waive _____ (initial only one) 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 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 School district will not further consider my application if it cannot complete its background investigation.

In light of the preceding paragraph, I waive _____/do not waive _____ (initial only one) my right to receive a copy of any written communication furnished to the 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 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 School District to complete its background investigation.

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

Dated this _____ day of _____, 20__.

Witness

Applicant