



Vernon Elementary School District

P.O. Box 89
Vernon, Arizona 85940
Attn: Nicolette Gardner
ngardner@vernon.k12.az.us

Phone: (928) 537-5463

Fax: (928) 537-1820

APPLICATION FOR CERTIFIED AND/OR ADMINISTRATIVE EMPLOYMENT

An Equal Opportunity Employer

The Vernon Elementary School District does not discriminate on the basis of race, color, national origin, sex, age or handicap in admission or access to, or treatment or employment in its educational programs or activities. Inquires concerning Title VI, Title VII, Title IX and Section 504 may be referred to the Superintendent, P.O. Box 89, Vernon, Arizona 85940, (928) 537-5463.

SECTION A- PERSONAL DATA

Date _____

Mr./Mrs./Miss/Ms. _____
Last Name Middle Name First Name

Street Address/ P.O. Box City State Zip

Alternate or Work Address City State Zip

Home Phone: _____ Work Phone: _____ Message Phone: _____

E-mail Address _____ Social Security Number _____

List any relatives now employed by Vernon Elementary School District # 9 _____

Date You Are Available _____ Citizen of the U.S. or Legal Right to Work? Yes [] No []

Have you filed an application here before? Yes [] No [] If yes, give date _____

Have you ever been employed here before? Yes [] No [] If yes, give date _____

Are you employed now? Yes [] No [] May we contact your present employer? Yes [] No []

SECTION B- POSITION DESIRED

List the subjects you prefer to teach for which you are qualified.
(Generally, 24 semester hours within a major teaching

Indicate With A [√] All Areas You Are Willing
Or Qualified To Teach

<u>SUBJECT</u>	<u>SEMESTER HOURS</u>
_____	_____
_____	_____
_____	_____

Primary [] Elementary []
Administration [] Special Education []
Coaching [] Other []

What Language(s) Do You Speak? _____ Read/Write? _____

SECTION C- TEACHING/ ADMINISTRATIVE CERTIFICATES

Certificate Type	State Where Issued	Valid & Expire Dates	Approved Areas	Endorsements
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION D- ACADEMIC BACKGROUND

SCHOOL AND ADDRESS DATES ATTENDED MAJOR/MINOR DEGREE & HRS GPA

COLLEGE/UNIVERSITY	FROM:	TO:			

GRADUATE STUDY

COLLEGE/UNIVERSITY	FROM:	TO:			

SECTION E- TEACHING EXPERIENCE

LIST MOST RECENT EMPLOYER FIRST (Include Student Teaching if within the last three years)

	Employer Name & Address	Dates Employed	Grade And Subject Taught Or Position	Reason For Leaving
Present or Last Position	Name: _____ Address: _____ Phone No. _____	From: _____ To: _____	_____ Supervisor: _____	
Next Position	Name: _____ Address: _____ Phone No. _____	From: _____ To: _____	_____ Supervisor: _____	
Next Position	Name: _____ Address: _____ Phone No. _____	From: _____ To: _____	_____ Supervisor: _____	
Next Position	Name: _____ Address: _____ Phone No. _____	From: _____ To: _____	_____ Supervisor: _____	

SECTION F- REFERENCES

List Three Individuals Who Can Provide a Professional And/ Or Character References For You.

Reference Name and Address

Telephone Number

1		
2		
3		

SECTION G- NARRATIVE STATEMENT

PLEASE STATE BRIEFLY IN YOUR OWN HANDWRITING HOW AND WHAT YOU CAN CONTRIBUTE TO A EDUCATIONAL SYSTEM SERVING A RURAL AND SMALL SCHOOL. ALSO INCLUDE A STATEMENT OF YOUR PLANS FOR PROFESSIONAL GROWTH AND YOUR EDUCATIONAL GOALS FOR THE FUTURE.

SECTION I- AGREEMENT

- 1. Have you ever been dismissed from a teaching position? Yes [] No []
- 2. Have you ever been dismissed from an administrative position? Yes [] No []
- 3. Have you ever been asked to resign from a teaching position? Yes [] No []
- 4. Have you ever been non-renewed from a teaching position? Yes [] No []
- 5. Have you ever resigned rather than face disciplinary action and/ or nonrenewal
By an employer and/ or disciplinary action against a license/ certificate? Yes [] No []
- 6. Have you ever had your certificate revoked? Yes [] No []
- 7. Are you aware of any reason you would not be able to perform the duties
required of the position? Yes [] No []

I hereby certify that the above information, to the best of my knowledge is true, accurate, and complete. Any misrepresentation or omission of facts shall be sufficient cause for my disqualification for employment or termination of employment. Furthermore, it is understood that this application and records become the property of Vernon Elementary School District # 9.

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 District. I authorize the District to make reference checks prior to employment and I will execute documentation to facilitate this investigation. I release from liability any person giving or receiving such information and further agree that any reference and personal information which becomes a part of this record are to be regarded as confidential and will not be revealed.

Signature _____ Date _____

How did you hear about Vernon Elementary School District:

University bulletin [] Newspaper [] Career Fair [] Internet [] VESD Employee [] Other []

For Official Use Only

- [] Authorization to Release Information
- [] EOE Form
- [] Conviction Report
- [] Affidavit
- [] Resume
- [] Letter of Application
- [] Lesson Design
- [] Three Letter s of Reference
- [] Transcripts
- [] Certificate

Interviewed By: _____ Date: _____

Remarks:

PROFESSIONAL STAFF HIRING
(Policy GCF-EB Revision Date 8/11/11)

**CONSENT TO CONDUCT BACKGROUND
INVESTIGATION AND RELEASE**

I, _____ [applicant's name], Have applied for employment with the Vernon Elementary School District to work as a _____ [job title]. I understand that in order for the School District to determine my eligibility, qualification, 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 any 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.

In light of the preceding paragraph, I waive ____ / do not waive ____ (initial only one[1]) 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[1]) 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 the original.

Dated this ____ day of _____, 20____.

Applicant Signature

Witness Signature



Vernon Elementary School District

P.O. Box 89

Vernon, Arizona 85940

Attn: Nicolette Gardner

ngardner@vernon.k12.az.us