

**PINAL COUNTY SCHOOL OFFICE**

**Attn: Shannon Henderson**

P. O. Box 769  
Florence, AZ 85132  
520-464-8972

Mary C. O'Brien Accommodation SD     Secure Care Program     Professional Development Division  
**(Please check applicable school/program.)**

**APPLICATION FOR  
CERTIFICATED EMPLOYMENT**

\_\_\_\_\_  
Last Name                      First                      Middle

Date of Application \_\_\_\_\_                      Date of Availability \_\_\_\_\_

Position Desired (*First Preference Only*) \_\_\_\_\_  
Grade Level (Elementary, Jr. High, Sr. High) and/or Subject

**An Equal Opportunity Employer**

**IMPORTANT:** Before final consideration for employment, the candidate must have on file, a complete set of transcripts and a placement file or letters of recommendation. It is the candidate's responsibility to see that transcripts and placement files are provided. A screening interview may also be required. Out-of state candidates should contact the Arizona State Department of Education, 1535 W. Jefferson St., Phoenix, Arizona 85007, (602) 542-4367, regarding certification. All applicants must qualify for Arizona certification prior to employment.

**PHOTO**  
(Required upon Employment)

The PCSS does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap/disability, national origin or any other legally protected status.

The Pinal County School Superintendent maintains a drug-free educational workplace and reserves the right to test employees for use of alcohol or drugs whenever reasonable suspicion exists that the employee has violated the drug-free workplace policy.

**REASONABLE ACCOMMODATION:** Any applicant with a disability who needs reasonable accommodation in any step of the application process should contact the Human Resources Department at (520) 464-8972.

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

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

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

3. Home mailing address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Issuing State \_\_\_\_\_

Expiration Date \_\_\_\_\_

4. Business mailing address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Message Phone: \_\_\_\_\_

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

5. Are you legally eligible to work in the United States?  Yes  No Do you presently have work authorization that would allow you to begin working immediately?  Yes  No

6. POSITION DESIRED: Please check qualified areas and indicate preference.

ELEMENTARY (K-6): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

JUNIOR HIGH (7-8): Subjects in order of preference and **total semester hours** in each area.  
1. \_\_\_\_\_ **HOURS** 2. \_\_\_\_\_ **HOURS** 3. \_\_\_\_\_ **HOURS**

SENIOR HIGH (9-12): Subjects in order of preference and total semester hours in each area.  
1. \_\_\_\_\_ **HOURS** 2. \_\_\_\_\_ **HOURS** 3. \_\_\_\_\_ **HOURS**

SPECIAL EDUCATION (K-12): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

7. Present Position \_\_\_\_\_ Salary \_\_\_\_\_

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

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

NAME	TITLE	WORK PHONE
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10. Have you ever been dismissed from a position? *(Please check)*  Yes  No

If yes, explain \_\_\_\_\_

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

If yes, explain \_\_\_\_\_

12. Have you ever resigned rather than face disciplinary action and/or non-renewal by an employer and/or disciplinary action against a license/certificate? (Please check)  Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you ever been disciplined for any reason which resulted in suspension from work (with or without pay)? (Please check)  Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATION

14. Do you hold a valid and current Arizona Teaching Certificate? (Please check)  Yes  No  
**If YES, please complete item 16. If NO, proceed to item 17.**

15. Arizona certificates now held:

SPECIFIC TITLE OF CERTIFICATE/ENDORSEMENT	DATE ISSUED	EXPIRATION DATE

16. Have you applied to the Arizona State Department of Education, Certification Unit, for a teaching certificate?

Yes  No If YES, date application submitted \_\_\_\_\_

17. Have you completed the fingerprint requirement for the Arizona Teaching Certificate?

Yes  No If YES, date completed \_\_\_\_\_

18. Arizona certificates/endorsements for which you are now eligible: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Inquiries regarding certification should be directed to the Arizona State Department of Education, Teacher Certification Division, 1535 West Jefferson Street, Phoenix, Arizona 85007, (602) 542-4367. Make contact immediately as certification procedures may cause up to a 4-month delay in a certificate being issued.

## EDUCATIONAL PREPARATION

19. List educational institutions attended: ("See resume" is not sufficient.)

NAME OF INSTITUTION	LOCATION	DEGREE	MAJOR	MINOR
High School				
Undergraduate				
Undergraduate				
Graduate				
Graduate				

Highest degree earned \_\_\_\_\_ Number of graduate semester hours earned after highest degree \_\_\_\_\_

## PROFESSIONAL EXPERIENCE

20. Student Teaching Experience:

Name of School	City	State	Grades and/or Subjects Taught	From	To	Cooperating Teacher

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

Name and Complete Address of School (street, city, state, zip)	Grades and/or Subjects Taught	FT	PT	From	To	Reason for Leaving

*(List additional years on separate sheet)*

22. **OTHER WORK EXPERIENCE:** List most recent experience first.

EMPLOYER	LOCATION	NATURE OF WORK	DATES

23. Please explain any gaps in employment not accounted for in items (21) or (22): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EXTRACURRICULAR INTERESTS AND PROFESSIONAL ACTIVITIES

24. Please check the items for which you have an extracurricular interest:

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Education Programs | <input type="checkbox"/> Intramural Programs     |
| <input type="checkbox"/> After – School Programs  | <input type="checkbox"/> Newspaper Advisor       |
| <input type="checkbox"/> Class Advisor/Sponsor    | <input type="checkbox"/> Special Olympics Coach  |
| <input type="checkbox"/> Club Advisor/Sponsor     | <input type="checkbox"/> Student Council Advisor |
| <input type="checkbox"/> Coach – Athletics        | <input type="checkbox"/> Yearbook Advisor        |

\_\_\_\_\_ **Specify Sport**

\_\_\_\_\_ **Other**

\_\_\_\_\_ **Specify Sport**

\_\_\_\_\_ **Other**

25. List professional organizations to which you belong and include the leadership positions held within those organizations: \_\_\_\_\_

\_\_\_\_\_

26. List the educational committees in which you have participated and/or directed: \_\_\_\_\_

\_\_\_\_\_

27. List the special awards or honors related to the education field which you have received:

\_\_\_\_\_

28. Languages spoken fluently (other than English): \_\_\_\_\_

## PERSONAL INFORMATION AND REFERENCES

29. Give names and complete addresses of three references who are familiar with your personality, character and work performance. *(Do not include family/relatives.)*

NAME	YEARS KNOWN	OFFICIAL POSITION	COMPLETE ADDRESS	PHONE

30. List any relatives currently employed by the school/program:

\_\_\_\_\_





c. Which of these instructional or management techniques/programs have you experienced?

Assertive Discipline (Canter)

Literature-Based Programs  
Achievement (TESA)

Peer Tutoring

Hands-on Experience in  
Science

Computers as Instructional

Year-round Education

Six-Trait Writing Training

Mastery Learning

Early Childhood Education

At-Risk Student Models

Thematic Units Tools

Positive Discipline (Jones)

Integrated Instruction

Math Manipulatives

Other  
\_\_\_\_\_

Study Skills Program

Total Quality Improvement

Essential Elements of  
Instruction (Hunter)

Behavior Disordered Programs

Cooperative Learning

Montessori Programs

Reality Therapy (Glasser)  
\_\_\_\_\_

Interdisciplinary Teaching

Writing Across the Curriculum

Competency Based Instruction

Crisis Prevention Training

Site-based Advisory Councils



# CRIMINAL ACTIVITY REPORT

Because of the responsibility the Pinal County School Superintendent has to our school children and community, the following information is needed from all applicants and employees. A record of arrest or 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 dismissal if employed. Failure to disclose all information may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions and arrests that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Pinal County School Superintendent's Office. Please read carefully and answer every question. **Please print clearly.**

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

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

**Answer these questions truthfully, even if the condition was ultimately expunged, reversed or otherwise set aside. If any of the boxes are marked "YES", fill in the information below and attach a letter of explanation.**

2. Have you ever been convicted of any misdemeanor offense(s) other than traffic violation(s)?  Yes  No
3. Have you ever been convicted of a DUI offense?  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
7. Have you ever been arrested for any offense which has not been resolved?  Yes  No

CONVICTION INFORMATION			
CONVICTION CHARGE		DATE OF CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
FACTUAL DETAILS OR OTHER 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.

\*\*A.R.S. § 13.3716 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined in A.R.S. § 13.604.01 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, if any of these crimes are committed against a minor under 15 years of age.

Under penalty of prosecution, perjury 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 Pinal County School Superintendent. I authorize the PCSS to make reference and criminal background 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 and the Pinal County School Superintendent has officially approved my employment. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal. Furthermore, I understand that I have no right of access to any materials submitted and information gathered by the PCSO during the application process and that such materials and information are considered the sole property of the Pinal County School Superintendent's Office.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date