

**PINAL COUNTY SCHOOL OFFICE**

**Attn: Lolly Davies**

P. O. Box 769

Florence, AZ 85132

(520) 450-4479

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

**APPLICATION FOR  
SUBSTITUTE TEACHER**

\_\_\_\_\_

Last Name

\_\_\_\_\_

First

\_\_\_\_\_

Middle

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

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

Position Desired \_\_\_\_\_

Grade Level (Elementary, Jr. High, Sr. High) and/or Subject. **Please list all in which you are willing to substitute.**

**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.

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) 450-4479.

**PHOTO**  
(Required upon Employment)

**PERSONAL DATA**

- 1. Name \_\_\_\_\_
  
- 2. Other names used \_\_\_\_\_ Dates of usage \_\_\_\_\_
  
- 3. Home mailing address:  
Street \_\_\_\_\_ **Email address:** \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ **Cell phone:** \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_
  
- 4. 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
  
- 5. Have you ever been dismissed from a position? (*Please check*)  **Yes**  **No**  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_
  
- 6. Have you ever been asked to resign from a position? (*Please check*)  **Yes**  **No**  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_
  
- 7. 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 8. 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

9. Do you hold a valid and current Arizona Teaching Certificate? *(Please check)*  Yes  No  
**If YES, please complete item 10. If NO, proceed to item 11.**

10. Arizona certificates now held:

SPECIFIC TITLE OF CERTIFICATE/ENDORSEMENT	DATE ISSUED	EXPIRATION DATE

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

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

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

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

13. 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

14. 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

15. Student Teaching Experience:

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

16. **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

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

EMPLOYER	LOCATION	NATURE OF WORK	DATES

18. Please explain any gaps in employment or 30 days or more: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## PERSONAL INFORMATION AND REFERENCES

20. 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

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

\_\_\_\_\_

# 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.**

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE REQUIRED AT INTERVIEW

**CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT  
DISCLOSURE AND RELEASE OF INFORMATION AUTHORIZATION**

I authorize Pinal County Schools and Risk Assessment Group, Inc., a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. The information received may include, but is not limited to academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand that this information may be transmitted electronically and authorize such transmission.

**If currently employed: My employer may be contacted,**  
 \_\_\_\_\_ **YES**  
 \_\_\_\_\_ **NO**  
 \_\_\_\_\_ **N/A** \_\_\_\_\_ **Post Hire Only** \_\_\_\_\_ **Applicant's Initials**

I understand that a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand that I have the right to inspect those files with reasonable notice during regular business hours and that I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: Risk Assessment Group, LLC. P.O. Box 27443, Tempe, Arizona 85285. Phone 866-777-1114.

**Are you applying for employment in the State of California?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
**If you are applying for employment in the State of California please note that a new Disclosure and Release of Information Authorization is required for any subsequent Consumer Report/Investigative Consumer Report.**

**Are you applying for employment in California, Minnesota or Oklahoma?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
**If so, would you like a copy of any Consumer Report prepared for you?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment has been made. *I am willing that a photocopy of this authorization be acceptable with the same authority as the original; and that if employed by the above named company (except if employed in the state of California), this authorization will remain in effect throughout such employment.*

\_\_\_\_\_  
 Signature Social Security Number Date

NOTE: The following information is needed to conduct a background investigation and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. PLEASE PRINT CLEARLY.

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

Please list all aka's including maiden names \_\_\_\_\_

\_\_\_\_\_  
 Street Address City State Zip Code

\_\_\_\_\_  
 Driver's License Number State of License Expiration Date Date of Birth

Last School Graduated From \_\_\_\_\_ Campus \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

**Hiring Agents – Please fax to your Risk Assessment Group CSA**

[www.riskassessmentgroup.com](http://www.riskassessmentgroup.com)  
 Helping You Build a Better Team