

OWENS WHITNEY ELEMENTARY DISTRICT #6

APPLICATION FOR CERTIFIED EMPLOYMENT

- The Owens Whitney Elementary District #6 intends to comply with the spirit of the law and regulations and will not discriminate on the basis of race, religion, color, national origin, ancestry, disability, medical condition, marital status, sex, age, sexual orientation or any other unlawful basis in its educational programs, activities, or employment policies as required by Title IX of the 1972 Education amendments, Section 504 of the Rehabilitation act of 1973, the Americans with Disabilities Act, and any other applicable laws and regulations.

Name:	Date:	
<hr/>		
Phone Number:		
<hr/>		
Address:		
<hr/>		
City:	State:	Zip code:
<hr/>	<hr/>	<hr/>

- The Application for Certified Employment must be completed in full to be considered for employment. Please make sure to read all sections.
- The section marked conviction report must be completed. Any "yes" answers must be fully explained.
- If you are selected to become an employee of Owens Whitney School District #6, you will be required to provide fingerprints, in accordance with the Arizona Revised Statutes Section 15-512. Failure to be fingerprinted within the specified time is a violation of statute and will result in termination procedures. Employees are responsible for the cost of the fingerprint check.
- If you have any problems or questions regarding the accurate completion of your application, please ask. We will be glad to help you.
- **I have read and understand the above information**

Signature:

OWESD
An equal opportunity organization

OWENS WHITNEY ELEMENTARY DISTRICT # 6

Certified Employment Application



APPLICANT INFORMATION																			
Last Name						First				M.I.		Date							
Street Address									Apartment/Unit #										
City						State					ZIP								
Phone												E-mail Address		Driver's license #:					
Date Available					Social Security No.						Desired Salary								
Position Applied for		<input type="checkbox"/> K-3 Elementary		<input type="checkbox"/> 4-8 Elementary-Middle School		<input type="checkbox"/> Other:													
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>					
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?											
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain											
In case of Emergency Contact:																			
EDUCATION																			
Official transcripts are required upon employment.																			
High School						Address													
From				To				Did you graduate		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
College						Address													
From				To				Did you graduate		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Other						Address													
From				To				Did you graduate		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
LIST THE FOLLOWING:																			
Additional training not listed above:				Honors Received:				Professional Organizations				Leadership Positions in Organizations				Special Abilities/Talents Applicable to Student Instruction			
CERTIFICATION INFORMATION																			
Type of Certificate/Endorsment						State						Expiration Date							

STUDENT TEACHING, PRACTICUM OR INTERNSHIP					
Dates Employed		Supervisor and Host Teacher(s)		Grade and Subject or Special Service (s) Area	School District
From:	To:				
From:	To:				
From:	To:				
From:	To:				

TEACHING EXPERIENCE					
Dates Employed:	Full or Part Time	Grade Level	Supervisor	School District	Size/District # Students
From: To:					
From: To:					
From: To:					
From: To:					

Total Years Teaching Experience:	Total Years of Special Education/Related Services:
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ADMINISTRATIVE EXPERIENCE					
Dates Employed:	Full or Part Time	Grade Level	Supervisor	School District	Size/District # Students
From: To:					
From: To:					
From: To:					
From: To:					

OTHER RELATED WORK EXPERIENCE					
Please include alternative and vocational schools, substitute teaching, college and non-teaching experience.					
Dates Employed:	Full or Part Time	Grade Level	Supervisor	School District	Size/District # Students
From: To:					
From: To:					
From: To:					

REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone	
Address			

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT			
May we contact your previous supervisor (s) for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
PROFESSIONAL EXPERIENCE OR TRAINING			
Can you perform the essential functions of the job for which you are applying? Please explain.			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge. I agree that the District shall not be held liable in any respect if my employment is terminated because of false or misleading information in my application or interview. I authorize Owens Whitney Elementary District #6 to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation or governmental agency to disclose to Owens Whitney District any information they may have regarding me. In consideration of the School District's review of this application, I hereby release the district as well as all providers of information from any liability and any damage which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such. NOTE: Any misstatements of material fact in your application may be cause for dismissal.			
Signature of Applicant			Date

**Your application will remain in our active file approximately for one year.*

CONFIDENTIAL DATA FORM:

Completion of this form is strictly voluntary. Therefore, a decision not to complete the form will have no effect upon the consideration of your application. To comply with federal, state and district guidelines for affirmative action in equal employment practices, the Owens Whitney School District must gather information and maintain records on applicant. Neither this form nor the information you provide will be used for any other purpose not required by federal, state and district guidelines.

Position applying for: _____	
Name: _____	Date: _____

MARITAL STATUS		Married		Widowed		Divorced		Single		
ETHNIC GROUP		Hispanic or Latino		Not Hispanic or Latino						
RACE Please mark one of the following race categories that apply to you		Asian		Black or African American		Alaskan Native		Pacific Islander		White
		American Indian		Native Hawaiian						
PRIMARY RACE/ETHNIC GROUP Please select what you consider to be your primary race or ethnic category		Asian		Black or African American		Alaskan Native		Pacific Islander		
		American Indian		Native Hawaiian		White		Hispanic or Latino		
DISABILITY STATUS		No disabilities		Lack of coordination		Learning disability		Non-Ambulatory		
		Sight Impaired		Mental or Psychological		Hearing Impaired		Semi-ambulatory		
		Speech Impaired								
VETERAN STATUS		Non-Veteran		Not a protected veteran		Protected veteran		Active Wartime or campaign badge		
		Veteran discharge date		Armed forces service medal		Disabled Veteran	Veteran File Number: _____			

DEFINITIONS

RACE GROUP

White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American – A person having origins in any of the Black racial groups of Africa.

American Indian - A person having origins in any of the original peoples of North, South or Central America, and who maintains tribal affiliation or community attachment.

Alaskan Native - A person having origin in the original peoples of Alaska.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent; i.e. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, and like countries.

Pacific Islander - A person having origins in any of the original peoples of Guam, Samoa, or other Pacific Islands.

Native Hawaiian - A person having origins in the original peoples of Hawaii.

Two or More Races - All persons who identify with more than one of the above races.

ETHNIC GROUP

Hispanic or Latino - A person of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of Race.

DISABLED STATUS

Disabled - person having a physical or mental impairment that substantially limits one or more major life activities.

PROTECTED VETERAN CLASSIFICATIONS

Active Wartime or Campaign Badge Veteran - A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Disabled Veteran - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or • A person who was discharged or released from active duty because of a service connected disability.

Armed Forces Service Medal Veteran - a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Recently Separated Veteran - Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

CONVICTION REPORT

Because of the responsibility the Owens Whitney School District #6 has to its school children and community, the following information is needed from all applicants and employees regarding convictions*. A record of conviction does not necessarily disqualify applicant from consideration; 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. Applicants and employees must report any convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Superintendent's office. In conjunction with this, if you were not fingerprinted by the Arizona Department of Education when you received your certificate, you will submit fingerprints for a background check.

Please read carefully and answer every question. Please print clearly. Use additional paper if needed.

Name _____
Last First Middle

Other names used _____ Date of Use: _____

Have you ever been convicted of a minor offense other than traffic violations?

(A DUI conviction is not considered a minor traffic offense)

Have you ever been convicted of a felony?**

Are you now awaiting trial on a felony charge?

Have you ever been convicted of a sex or drug related offense?

Have you ever admitted or been convicted of a dangerous crime against children as defined in A.R.S. 13-705?***

YES	NO

I, _____, being first duly sworn upon my oath, hereby state the following: That I am not now awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the following criminal offenses in Arizona or similar offenses in another jurisdiction. *Conviction means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of no contest 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.

Please note that prior to hiring, you must submit a notarized statement attesting to the fact that you are not now awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the crimes listed in A.R.S. 13-705. In conjunction with this you will submit fingerprints for a background check. The crimes required to be disclosed on the affidavit are:

A.R.S.15-512(D)

- 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 exploitation of a minor
- Felony offenses involving sale, distribution, transportation of, or offer to; sell transport of or distribution of 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 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

***A.R.S. 13-705: "Dangerous Crime Against Children" means any of the following committed against a minor under the age of fifteen (15) years of age:

- Second Degree Murder
- Aggravated assault resulting in serious physical injury or committed by the use of a deadly weapon or dangerous instrument.
- Sexual assault
- Molestation of a child
- Sexual conduct with a minor
- Commercial sexual exploitation of a minor
- Child abuse as defined in 13-3623, subsection B
- Kidnapping
- Sexual abuse
- Taking a child for the purpose of prostitution
- Child prostitution
- Involving or using minors in drug offenses

CONVICTION INFORMATION			
1. Conviction Charge		Date of Conviction:	Court of Conviction
City	State	Amount of Fine	Length of Jail Term
Remarks:			