



Certified Personnel Application

Dear Applicant,

The Governing Board and Administration at Superior Unified School District #15 would like to take this opportunity to thank you in advance for taking the time to complete our application.

To assist us in processing your application in the expedient manner, please be sure to thoroughly complete all areas of the application and provide all pertinent information as indicated below:

- **CERTIFICATE** – Submit a copy of your valid Arizona Department of Education certificate. If your certificate is pending indicate in the date issued column, list what certificates you have made application for, i.e. Elementary K-8, Secondary, etc.
- **TRANSCRIPTS** – Include a complete set of college transcripts. Unofficial copies are sufficient until hired; at time of employment an official set will be required.
- **REPLACEMENT FILE/RECOMMENDATIONS** – A placement file or three current employment letters of recommendation.
- **RESUME** – Attach your most current resume.
- **REFERENCES** – Provide current and complete phone numbers.
- **EMPLOYMENT HISTORY** – Complete job history for the past 10 years, if you have gaps in your employment history, indicate reasons for gap. Be sure to provide complete and current phone numbers.
- **DRIVER'S LICENSE** – Attach a copy of your current driver's license.
- **SOCIAL SECURITY CARD** – Attach a copy of your social security card.
- **FINGERPRINT CLEARANCE CARD** – Attach a copy of your current clearance card.

Available positions are posted on our website, www.superiorusd.org. If you have any questions, you can contact us at (520) 689-3002.

Once again, thank you and we wish you the best of luck in your endeavors!

Superior Unified School District



1500 Sunset Drive Suite 101
 Superior, AZ 85173
 P: (520) 689-3000 F: (520) 689-3009
 Web: www.superiorusd.org

CERTIFIED PERSONNEL APPLICATION

It is the policy of the Superior Unified School District to provide all persons with equal employment and educational opportunities regardless of race, color, sex, national origin, religion, marital status, age or handicap.

Es la polisa del Distrito Escolar Unifacado de Superior de proveer a todas las personas igualdad de empleo y las oportunidades educacionales sin distincion sobre de raza, color, sexo, origen nacional, religion, estado civil, edad o discapacidad.

Date _____ Position Applying For _____

Name _____ E-Mail Address _____

Address _____

Primary Number _____ Message Number _____

Emergency Contact Name _____ Phone Number _____

Have you ever been employed by Superior Unified School District #15? Yes No

If yes, explain _____

What languages other than English do you speak? _____ read? _____ write? _____

Date available for employment _____ Would you be willing to substitute? _____

Selective Service Registration (in compliance with A.R.S. 38-201)

Are you required to be registered with the Selective Service System? Yes No

If yes, please state the place of registration indicating the following:

City _____ State _____ Local Board Number _____

Selective Service Number _____

CERTIFICATIONS

What ARIZONA certificates do you hold? Type of certificate (Elementary, Secondary, etc.)

Certificate	Endorsements	Date Issued	Date of Expiration

EDUCATION

Attach additional pages if necessary

	Name of School	Location	Years Attended	Date Graduated	Degree
High School					
College or Trade School					
College or Trade School					

WORK EXPERIENCE

List present employer first. All phone numbers and addresses must be current. List your professional experience/employment and account for all time and experience during the last 10 years. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached.

Dates Employed	Employers Name (include address and phone)	Supervisors Name	Reason for Leaving	Position/Title
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

Please explain any gaps in employment _____

PROFESSIONAL AFFILIATIONS/ASSOCIATIONS/HONORS

List professional affiliations/associations to which you belong and include the leadership positions held within these organizations and/or honors received.

PERSONAL REFERENCES

(List three, do not use relatives)

Name _____ Address _____

Title _____ Phone Number _____

Name _____ Address _____

Title _____ Phone Number _____

Name _____ Address _____

Title _____ Phone Number _____

CONVICTION REPORT

All applicants and employees are required to report criminal convictions. For purposes of this form, the term "conviction" means the final judgment on a verdict or a finding of guilty, plea of guilty, or a plea of nolo contendere in any court of competent jurisdiction in a criminal case, including, but not limited to city, state, county or federal courts. You must answer "yes" to the questions even if an appeal is pending or could be taken and even if the conviction was subsequently dismissed, set aside, deferred, vacated or expunged. A conviction record will not necessarily be a bar to employment. The District will consider the following in reviewing a conviction record: (1) Length of time since the conviction; (2) Circumstances of the offense; (3) Number of convictions; (4) Employment record since the conviction; (5) Rehabilitation; (6) Nature of the job for which the applicant has applied; and (7) Any other relevant information. The District may refuse to hire applicants and may discharge employees who have falsified answers to inquiries about their conviction record or fail to accurately and completely answer such questions. The District may also file a criminal report against an applicant/employee for filing false information with a public agency. Applicants and employees must report any convictions that occur subsequent to the time they initially complete this form.

- 1. Have you ever been convicted of, admitted committing or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegations of drug or alcohol impairment)?

____ Yes ____ No If you answer "yes" you must answer the following questions:

- a. Explanation of the incident(s) giving rise to the conviction and/or a statement of the accusation against you.

- b. Date (s) of proceedings _____

- c. Name of court where proceedings occurred _____

- d. Final disposition of the case _____

- 2. Have you ever been convicted of a dangerous crime against children, defined in A.R.S. 13-604.01, including second degree murder, aggravated assault, sexual assault, child molestation, sexual conduct with a minor commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping or sexual abuse?

____ Yes ____ No If you answer "yes" you must answer the following questions:

- a. Explanation of the incident(s) giving rise to the conviction and/or a statement of the accusation against you.

- b. Date(s) of proceedings _____

- c. Name of agency _____

- d. Address/Telephone of agency _____

- e. Final disposition _____

Use additional paper if necessary to completely and accurately answer these questions and provide any other information you believe might be relevant.

ADDITIONAL REQUIREMENTS

All SUSD employees are required to obtain a Fingerprint Clearance Card through the Arizona Department of Public Safety. All SUSD employees must pay the cost of the Fingerprint Clearance Card and fingerprinting. The District reserves the right to contact all agencies and individuals who have information on the applicant.

All SUSD employees must certify, before a notary public, on a written form to be provided by the District that they are not awaiting trial and have never been convicted of or admitted committing criminal offenses as specified in "Certification In Accordance with A.R.S. 15-512.D."

All SUSD employees are required to have an immunization record on file prior to employment. It shall be a condition of employment that the employee provides the district with proof of immunization for measles immunity. Initial one:

____ I was born January 1957 or later and will provide proof of immunization or immunity upon employment

____ I was born January 1957 or later and will submit a statement signed by a licensed physician or state/local Health officer affirming that immunization is medically appropriate

____ I will provide a statement indicating that religious reasons preclude compliance

____ I was born before 1957 and am not required to show proof of immunization

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 Superior Unified School District #15. I authorize Superior Unified School District #15 to make reference checks prior to employment and I will execute such documents to facilitate this investigation. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

_____ Signature

_____ Date

CONSENT TO CONDUCT BACKGROUND INVESTGATION AND RELEASE

I, _____, have applied for employment with the Superior Unified School District #15 (SUSD). I understand that in order for SUSD to determine my eligibility, qualifications, and suitability for employment, SUSD will conduct a back ground investi8gation 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) my right to see any written reference or other information provided to SUSD by any educational institution.

According to A.R.S. 23-1361, any employer that provides a written communication to SUSD 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 SUSD 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 see any written communication furnished to SUSD by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to SUSD 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 SUSD 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_____.

APPLICANT

WITNESS

SUPPLEMENTAL INFORMATION

Name (please print) _____
Last First Initial

This is supplemental information for Superior Unified School District #15. This information is voluntary. This information will be kept confidential and enables us to comply with Federal reporting requirements. The information shall not be used to discriminate because of race, color, religion, sex, age, or national origin, in accordance with A.R.S. 41-1463; and will not limit segregate, or classify employees because of such individual's race, color, religion, sex, age, or national origin. (A.R.S. 41-1463, B.2.)

_____ Male _____ Female

Ethnic Category

- _____ White, Non-Hispanic
- _____ Black, Non-Hispanic
- _____ Hispanic
- _____ American Indian or Alaskan Native
- _____ Asian or Pacific Islander
- _____ Other _____

Signature

Date