***Home of the “Mustangs”***



**MAINE CONSOLIDATED SCHOOL #10**

**10 Spring Valley Road PO Box 50010 Parks, AZ 86018**

**Superintendent - Dr. Justin Roberson jroberson@mcsd10.org**

**(928) 635-2115 Fax (928) 635-5320**

**APPLICATION**

**1. PERSONAL INFORMATION:** **POSITION DESIRED**

Respond to all items

Name

Last First Middle

Home Address Telephone ( ) City State Zip Business Address Telephone ( ) City State Zip In what languages are you fluent? SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. EXPERIENCE:**

List in consecutive order beginning with the next most recent position following the position listed in Section 2. List the district or school size and the number of individuals supervised for each position under “Position Statistics.” Note any non-educational experiences with an asterisk.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | Position, Institution Location | Supervisor Name and Title | | Supervisor’s Phone |
| To:  From: |  |  | | (Business) |
| (Home) |
| Reason for leaving (Please be Specific) | | | Position Statistics: | |
| To:  From |  |  | | (Business) |
| (Home) |
| Reason for leaving (Please be Specific) | | | Position Statistics: | |
| To:  From |  |  | | (Business) |
| (Home) |
| Reason for leaving (Please be Specific) | | | Position Statistics: | |
| To:  From |  |  | | (Business) |
| (Home) |
| Reason for leaving (Please be Specific) | | | Position Statistics: | |

**3. PERSONAL REFERENCES:**

List the names of persons who are familiar with your character, work, personality and work habits.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Official Position | Telephone (Business) | Telephone (Residence) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**4. EDUCATION:** List all graduate and undergraduate work and degrees earned

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of School  and Location | Date Entered | Date of  Degree or Diploma | Degree,  Diploma or Hours | Major | Minor |
| High School |  |  |  |  |  |
|  |  |  |  |  |  |
| Undergraduate Institutions |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Graduate Institutions/Other |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**5. HONORS AND DISTINCTIONS:**

List degrees, honors, awards, commendations, elective or appointive offices held, or other distinctions received.

**6. MEMBERSHIPS AND AFFILIATIONS:** List educational and other and note leadership roles.

**7. COMMUNITY ACTIVITIES:** List each activity and specify the community

**8. BACKGROUND CHECK AND INFORMATION:**

In addition to the following information, a thorough background check may be made at the option of the Governing Board.

If additional space is needed, begin your explanation here and attach additional sheets and clearly identify as *9. Background check and Information: A, B, C, and D respectively.*

**“YES” answers to the following questions will not necessarily result in denial of employment. The District will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist the District in determining your eligibility and suitability for employment.**

A. Have you ever been convicted of, admitted committing, pleaded no contest, or are you waiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer “YES” even if the matter was later dismissed, deferred, reversed, vacated or expunged.. If you answer “YES” you must provide dates of the proceedings, the name and address of the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).  Yes  No

**Explanation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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B. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer “YES” even if the matter was later resolved with any form of settlement or severance agreement , regardless of its terms. If you answer “YES you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination.  Yes  No

**Explanation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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C. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer “YES you must provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings tool place, a statement of the accusations against you, the final disposition and/or current status of the charge or complaint.  Yes  No

**Explanation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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D. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer “YES” you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you.  Yes  No

**Explanation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. STATED REQUIREMENTS AND INFORMATION:**

1. All applicants without a current Arizona Certificate are responsible for contacting Teacher Certification, Arizona Dept. Of Education, 1535 West Jefferson, Phoenix, Arizona 85007, (602) 542-4367 to determine eligibility for certification and providing written documentation with this application.
2. The School District is an Equal Opportunity Employer, complies with Title IX, and shall seek the “best qualified”applicants for all vacant positions regardless of race, creed, age, gender, religion, handicap, or national origin.
3. Should this application be treated as confidential with regard to your present employer?  Yes  No

**10. ACKNOWLEDGMENT OF APPLICANT**

**Read this paragraph carefully before signing this application.**

I certify that every answer and statement I have provided on and accompanying this application is complete, truthful and current. I understand and agree that:

1. If any information is omitted from or not filled in on this application, or if any false information is furnished, the District may reject my application.
2. If any false information is furnished, I will be ineligible for any future consideration for employment and may be subject to criminal prosecution, and
3. If I am employed by the District and if it is later determine that I have furnished false information on this Application, I may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked.

I authorize investigation of all statements on the application form and other materials provided as part of my application for this position.

**(Signature) (Date)**

**11. CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE:**

Read this section carefully and sign in the presence of the witness who also shall sign below.

I, (applicant’s name), have applied for employment with the Maine Consolidated School District #10 to work as a . I understand that in order for the District to determine my eligibility, qualifications, and suitability for employment, the District will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution I have attended and other individuals 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 bed rehired, reasons for not rehiring (if applicable) and similar information.

I hereby give 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.

**I waive \_\_\_\_\_\_/do not waive \_\_\_\_\_\_ (initial only one)** my right to see any written reference or other information provided to the District by any educational institution.

According to Arizona Revised Statutes Section 23-1361, any employer that provides a written communication to the 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 District will not further consider my application if it cannot complete its background investigation.

**I waive \_\_\_\_\_\_/do not waive\_\_\_\_\_\_ (initial only one)** my right to receive a copy of any written communication furnished to the District by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to the 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 the District 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 , .**

**Applicant Signature Witness Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type or Print Full Name Type or Print Full Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position or Title**

**Return application to jroberson@mcsd10.org with a letter of interest**

**and three letters of reference**