

# APPLICATION FOR CERTIFIED POSITIONS

(Teachers, Substitute Teachers, Nurses, Psychologists, Counselors, Occupational, Physical and Speech Therapists)

Thank you for your inquiry concerning a certified position in the Flagstaff Unified School District #1.

## EMPLOYMENT APPLICATION PROCESS

To be considered for a certified position in the Flagstaff Unified School District #1, you must acquire and submit the following information. Files will not be considered unless they are complete. Place all paperwork together and submit as a packet. You may also want to make a copy of your application and related documents as they will not be released after submittal to the Human Resources office. Failure to complete the application in full may eliminate your application from further consideration.

### 1. APPLICATION:

- Complete all sections (Please do not indicate "see resume").
- Be specific as to the elementary grade level(s) or secondary subject(s) taught.
- Please indicate only those areas for which you are Highly Qualified to teach.
- Be specific when listing the type(s) of Arizona certificates you currently possess or for which you are eligible.

### 2. REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- Notarized ARS 15-512 Certification Form
- Supplementary Application Questions Form
- Consent to Conduct Background Investigation and Release Form
- Statistical Data form (information remains confidential)
- A copy of appropriate AZ certification; certification must be valid
- Valid AZ Fingerprint Clearance Card, copy of front and back
- Employment Verifications
- Three (3) current Letters of Recommendation
- Transcripts (unofficial or copies are acceptable at this time)

**Official transcripts will be necessary at the time of employment (excluding substitutes).**

## CERTIFICATION

Appropriate **AZ certification** is required at time of employment. Because a fingerprint clearance and satisfactory completion of assessments are requirements prior to issuance of a teaching certificate, please plan accordingly. Complete information regarding certification may be obtained from:

Arizona Department of Education      [www.ade.state.az.us](http://www.ade.state.az.us)  
2384 N. Steves  
Room #137A  
(928) 679-8117

Information regarding fingerprint clearance for the state of Arizona may be obtained through the Department of Public Safety (DPS) at 602-223-2279.

**UPDATING FILES** is the candidate's responsibility. All files will be retained on active status for **one calendar year**. Applications must request that their applications be retained for the next calendar year prior to December 31 of each year. If no request of this nature is received the application will be destroyed.

We are pleased that you chose Flagstaff Unified School District #1 for possible employment and wish you the best in your future.

# FLAGSTAFF UNIFIED SCHOOL DISTRICT #1

AN EQUAL OPPORTUNITY EMPLOYER

3285 E. Sparrow Ave.

Flagstaff, AZ 86004

(928) 527-6070

## APPLICATION FOR CERTIFIED PERSONNEL

Print clearly or use typewriter. Answer all questions completely. This application is part of the examination procedure. This information will assist us in determining your eligibility for employment. Any additional information you wish to include must be attached to the application before the application is submitted. Employment decisions are based solely upon the individual's qualifications for the position being filled. The Flagstaff Unified School District is committed to a policy of non-discrimination in relation to race, color, creed, sex, age, national origin, or handicap.

Application Date: \_\_\_\_\_

Position(s) Desired: \_\_\_\_\_

\_\_\_\_\_

| Last Name | First Name | Middle Name |
|-----------|------------|-------------|
|-----------|------------|-------------|

E-mail address: \_\_\_\_\_ Driver License: State \_\_\_\_\_ # \_\_\_\_\_

Present address: \_\_\_\_\_

| Street | City/State | Zip Code |
|--------|------------|----------|
|--------|------------|----------|

Permanent phone: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

Do you have the legal right to accept employment in the United States? Yes  No

If no, have you applied for work authorization? Yes  No

What languages, other than English, do you speak? \_\_\_\_\_ Write? \_\_\_\_\_

Have you previously been employed by Flagstaff Unified School District #1? Yes  No

If so, when and in what position? \_\_\_\_\_

What Arizona teaching certificate(s) do you hold?

| Certificate | Approved/Endorsed Areas | Date Issued | Date of Expiration |
|-------------|-------------------------|-------------|--------------------|
|-------------|-------------------------|-------------|--------------------|

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

If you do not hold a certificate, please note the certificate for which you are eligible and the date you applied:

| Certificate | Date Applied |
|-------------|--------------|
|-------------|--------------|

Do you have a fingerprint clearance card from the Arizona Department of Public Safety? Yes  No

If no, date applied: \_\_\_\_\_

Have you ever been dismissed or asked to resign from a position? Yes  No

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

Have you ever resigned rather than face disciplinary action and/or non-renewal? Yes  No

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

# TEACHING POSITION FOR WHICH YOU ARE APPLYING

Please indicate your teaching area preference (grade level, subject area, or \*special area) in order of preference. For Grade 7-12 teaching positions, please indicate the criteria used to meet the No Child Left Behind Highly Qualified rating. If you are not applying for a teaching position please leave blank.

## ELEMENTARY, K-6

Grade Level or \*Special Area

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

2. \_\_\_\_\_

3. \_\_\_\_\_

## SECONDARY, GRADE 7 – 12

For each subject area preference, please indicate how you met (or will meet) the Highly Qualified definition. No Child Left Behind requires teachers in core curricular areas to demonstrate competence by one or more of the following:

- a) Passed a rigorous content State academic subject matter test (In Arizona this is the AEPA Professional Knowledge Test and the Subject Knowledge Test in the Content Area in which you are teaching. This test was first available in 1999); or
- b) Hold an advanced degree in your content area; or
- c) Hold National Board Certification **in the area in which you are teaching**; or
- d) 24 credit hours in the content area

### Middle School 7-8

| Subject or *Special Area | # Credit Hours | Passed AZ State Academic Subject Knowledge Test | Advanced Degree Subject Area | Nat'l. Certification |
|--------------------------|----------------|---|------------------------------|----------------------|
| 1. _____                 | _____          | _____   | _____                        | _____                |
| 2. _____                 | _____          | _____   | _____                        | _____                |
| 3. _____                 | _____          | _____   | _____                        | _____                |

### High School 9-12

| Subject or *Special Area | # Credit Hours | Passed State Academic Subject Knowledge Test | Advanced Degree Subject Area | Nat'l. Certification |
|--------------------------|----------------|--|------------------------------|----------------------|
| 1. _____                 | _____          | _____  | _____                        | _____                |
| 2. _____                 | _____          | _____  | _____                        | _____                |
| 3. _____                 | _____          | _____  | _____                        | _____                |

Other: \_\_\_\_\_

\*Special Areas: Cross-categorical, Hearing Impaired, Severely and Profoundly Disabled, Emotional Disability, Learning Disability, Mental Retardation, Orthopedic/Health Impairment, Speech and Language Impaired, Visually Impaired, Guidance Counselor (K-12), School Psychologist (preK-12), Art, Gifted, Library Media Specialist, Music (choral, band, or strings), Physical Education, ESL.

## EXTRA CURRICULAR ACTIVITIES

Please check the activities in which you are experienced and/or willing to lead.

- Football     Basketball     Soccer     Baseball     Wrestling     Track     Softball   
 Volleyball     Tennis     Newspaper     Yearbook     Drama     Speech/Debate     Golf   
 Pom/Cheer     Dance     Student Council     Web Master/Technology

Other: \_\_\_\_\_

List years experience or level of training in above identified areas:

\_\_\_\_\_

# EMPLOYMENT EXPERIENCE

List all employment including U.S. Armed Forces in chronological order with present employer first. Account for any gaps in employment. Attach supplement if necessary. Do not indicate "See Resume".

|                               |   |                     |
|-------------------------------|---|---------------------|
| Position Held:                | No. of Years<br>(Fulltime/<br>(Part-time) | Employer:           |
| From: Mo.      Yr.            | FT      PT                                | Address:            |
| To: Mo.      Yr.              |   |                     |
| Name of Principal/Supervisor: |   | Phone:              |
| Phone # of Supervisor:        | Salary:                                   | Reason for Leaving: |

|                               |   |                     |
|-------------------------------|---|---------------------|
| Position Held:                | No. of Years<br>(Fulltime/<br>(Part-time) | Employer:           |
| From: Mo.      Yr.            | FT      PT                                | Address:            |
| To: Mo.      Yr.              |   |                     |
| Name of Principal/Supervisor: |   | Phone:              |
| Phone # of Supervisor:        | Salary:                                   | Reason for Leaving: |

|                               |   |                     |
|-------------------------------|---|---------------------|
| Position Held:                | No. of Years<br>(Fulltime/<br>(Part-time) | Employer:           |
| From: Mo.      Yr.            | FT      PT                                | Address:            |
| To: Mo.      Yr.              |   |                     |
| Name of Principal/Supervisor: |   | Phone:              |
| Phone # of Supervisor:        | Salary:                                   | Reason for Leaving: |

## Personal References

Give three references, including references from superintendents and principals under whom you have taught, who have first-hand knowledge of your character, personality, scholarship and teaching ability. (Specify local references if possible.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

# EDUCATIONAL PREPARATION

## Certification Earned

|                    |            |       |               |             |     |
|--------------------|------------|-------|---------------|-------------|-----|
| College/University | City/State | Major | Degree Earned | Year Earned | GPA |
| College/University | City/State | Major | Degree Earned | Year Earned | GPA |
| College/University | City/State | Major | Degree Earned | Year Earned | GPA |

## Student Teaching

|                                 |                      |                     |
|---------------------------------|----------------------|---------------------|
| School and District/Telephone # | Subject/Grade Taught | Cooperating Teacher |
|---------------------------------|----------------------|---------------------|

## Theories

Write a brief statement indicating:

1. What do you want to accomplish as a teacher? \_\_\_\_\_

\_\_\_\_\_

2. What methods could you use to determine students' attitudes and feelings concerning your class? \_\_\_\_\_

\_\_\_\_\_

3. What are your personal goals for the future? \_\_\_\_\_

\_\_\_\_\_

4. A student is doing poorly in your class. You talk to her, and she tells you that she considers you to be the poorest teacher she has ever met. What would you do? \_\_\_\_\_

\_\_\_\_\_

I certify that all statements made in this application are true and I agree and understand that any deliberate misstatement or omission of material facts will cause forfeiture on my part of all eligibility to any employment or dismissal of employment with Flagstaff Unified School District #1. I authorize the Flagstaff Unified School District #1 to independently verify all information I have given on this application, to include verification of educational background and employment records. I understand that the Human Resources Department will conduct a comprehensive background check on me. For the period this background check is being conducted, I will be considered a conditional employee. I understand that if I refuse to cooperate, refuse to be fingerprinted, am found to have falsified or omitted information on this form, or any document during the application process, or am discovered during the background process to be unfit to work with children or not of the quality the District desires to employ, I may not continue as an employee (candidate) of the District.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Last five (5) digits of Social Security Number XXX - X - \_\_\_\_\_