

GRIFFIN FOUNDATION SCHOOL DISTRICT

1844 S. Alvernon Way, Tucson, AZ 85711

www.griffinfoundation.org www.erscharterschool.com



Office: 520-790-8400

Fax: 520-620-6570

(PLEASE PRINT OR TYPE)

POSITION(S) DESIRED _____

NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER ¹

PRESENT ADDRESS

STREET

(AREA CODE) TELEPHONE

CITY

STATE

ZIP CODE

PERMANENT ADDRESS

STREET

(AREA CODE) TELEPHONE

CITY

STATE

ZIP CODE

E-MAIL ADDRESS (IF AVAILABLE) _____

LIST, IN ORDER OF PREFERENCE, THE GRADES, SUBJECTS AND/OR POSITIONS FOR WHICH YOU ARE APPLYING:

1. _____ 2. _____ 3. _____

CERTIFICATION

(LIST ALL AREAS IN WHICH YOU HOLD VALID ARIZONA AND/OR OUT-OF-STATE TEACHING CERTIFICATES. NOTE: APPLICANTS HOLDING A CERTIFICATE FROM ANOTHER STATE MUST OBTAIN AN ARIZONA CERTIFICATE IN ORDER TO TEACH IN ARIZONA PUBLIC SCHOOLS.)

| AREA OF CERTIFICATION | ISSUING STATE | DATE ISSUED |
|-----------------------|---------------|-------------|
| | | |
| | | |
| | | |

HAVE YOU ACQUIRED TENURE IN ARIZONA? _____

IF YES, IN WHAT SCHOOL DISTRICT? _____

DATE AVAILABLE FOR EMPLOYMENT _____

IF YOU ARE NOT EMPLOYED FULL TIME, ARE YOU INTERESTED IN BEING PLACED ON OUR SUBSTITUTE LIST? YES NO

LONG-TERM YES NO

SHORT-TERM YES NO

¹ Federal Privacy Act [5 U.S.C.§552A NOTE] Statement. Authority for requesting social security account numbers: Public School Code of 1949 [24 P.S. § 12-1212, 24 P.S. §1224] Principal Purpose: To verify certification. Other Purposes: GFSD (3/12/08)

EDUCATIONAL BACKGROUND

| | SCHOOL OR INSTITUTION AND LOCATION | MAJOR/ MINOR | DIPLOMAS, DEGREES OR CREDITS EARNED | GRADE POINT AVERAGE (GPA) |
|--------------------|------------------------------------|-----------------|---|---------------------------------|
| HIGH SCHOOL | | | | |
| COLLEGE/UNIVERSITY | | | | |
| COLLEGE/UNIVERSITY | | | | |
| GRADUATE STUDY | | | | |
| GRADUATE STUDY | | | | |

EXPERIENCE

(PRESENT OR MOST RECENT FIRST)

| Dates | | Name of Employer and Address | | Your Title |
|-----------------------------|--|------------------------------|---------------------|----------------------|
| From | | | | |
| To | | | | |
| | | (Area Code) Telephone: | | |
| Work Performed: | | | Reason for Leaving: | |
| | | | | |
| Name & Title of Supervisor: | | | | Final Yearly Salary: |
| | | | | |
| Dates | | Name of Employer and Address | | Your Title |
| From | | | | |
| To | | | | |
| | | (Area Code) Telephone: | | |
| Work Performed: | | | Reason for Leaving: | |
| | | | | |
| Name & Title of Supervisor: | | | | Final Yearly Salary: |
| | | | | |
| Dates | | Name of Employer and Address | | Your Title |
| From | | | | |
| To | | | | |
| | | (Area Code) Telephone: | | |
| Work Performed: | | | Reason for Leaving: | |
| | | | | |
| Name & Title of Supervisor: | | | | Final Yearly Salary: |
| | | | | |

Please list activities that you are qualified to supervise or coach:

Identification and collection of criminal/disciplinary records for certified educators. Disclosure: Mandatory. Failure to provide the Social Security Number will result in an applicant not being considered for employment.

If you have not been previously employed in a teaching position, please complete the following:

STUDENT OR PRACTICE TEACHING

| GRADE OR SUBJECT TAUGHT | NAME AND ADDRESS OF SCHOOL | 1. COLLEGE SUPERVISOR 2. COOPERATING TEACHER |
|-------------------------|----------------------------|---|
| | | 1. |
| | | 2. |
| | | |
| | | 1. |
| | | 2. |
| | | |

Student Teaching References:

Please attach photocopies of letters of reference and/or evaluations from college/university student teacher supervisor and cooperating teacher(s).

REFERENCES

References should include superintendents, principals or professors who have first-hand knowledge of your professional competence and your personal qualifications. Experienced teachers should include the superintendent and principal of the two most recent schools in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

| NAME | POSITION | ADDRESS | TELEPHONE |
|------|----------|---------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense? Yes No

Are you currently under charges for a criminal offense? Yes No

Have you ever forfeited bond or collateral in connection with a criminal offense? Yes No

Within the last ten years, have you been fired from any job for any reason? Yes No

Within the last ten years, have you quit a job after being notified that you would be fired? Yes No

Have you ever been professionally disciplined in any state? Yes No

Professional disciplined means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an agency, board or commission of state government, such as the Arizona Professional Standards and Practices Commission.

Are you subject to any visa or immigration status, which would prevent lawful employment? Yes No

Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

ACT 34 (COMPLIANCE (Background Check of Prospective Employees))

Each applicant must submit with the employment application a State and Federal criminal history report or a copy of the completed form/request.

ACT 151 (AZ Child Abuse History Clearance)

Each candidate must submit with his/her employment application a copy of an official clearance card obtained from the Arizona Department of Public Safety or a copy of the application applying to the Arizona Department of Public Safety for a clearance card. The clearance card must not be expired and valid. The applicant MUST submit the ORIGINAL report prior to employment.

ESSAY

Please write an essay as described on page six. For your convenience, you may attach a sheet; however, your essay may not exceed one page. At the bottom of the attachment, please print and sign your name.

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I further certify that I am the sole author of the essay. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to questions that officials of the Griffin Foundation School District may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

Date **Signature of Candidate (in ink)**
[Must be original]

Arizona school districts shall not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the Arizona Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the school district.

ESSAY

We are interested in your ability to organize and express thoughts on a specific topic in a succinct manner. Please select one of the following topics and write an essay in the space provided on this page.

1. The Most Important Qualities of an Outstanding Educator.
2. My Philosophy of Student Discipline.
3. The Importance of Continuing Professional Development and How I Plan to Incorporate It Throughout My Career.
4. Essential Elements of Instruction, Administration or Area of Certification.
5. How Information Technology (i.e., computers, Internet) can be integrated into the Instructional Process and Curriculum.

Signature

Name

This application was developed, in accordance with Section 1204.1 of Act 107 of 1996; with organizations representing school administrators, including personnel administrators, teachers and school boards. If you need accommodation in completing this application, including alternate format, please contact the school district.