



**CHINLE UNIFIED SCHOOL DISTRICT NO. 24**  
**PO BOX 587**  
**CHINLE, ARIZONA 86503-0587**

**APPLICATION FOR CERTIFIED EMPLOYMENT**

**Position Desired:**  **Date:**

**Last Name:**  **First Name:**  **Middle Name:**

**Phone Number:**

**Permanent Address:**  **City:**  **State:**  **Zip Code:**

**Present Address:**  **City:**  **State:**  **Zip Code:**

**Earliest date you will be available:**

**Fields of Study: (Majors & Minors. List any of 24 or more semester hours)**

Subject	No. of Semester Hours	Average Grade	Subject	No. of Semester Hours	Average Grade

**AN EQUAL OPPORTUNITY EMPLOYER**

*The Chinle Unified School District does not discriminate against any individual on the basis of race, color, ethnicity, national origin, religion, sex or gender, sexual orientation, disability, age, or marital status.*

## **EDUCATIONAL PREPARATION**

<i>College or Universities Attended</i>	<i>Location</i>	<i>Major Field of Study</i>	<i>Graduated Year</i>	<i>Diploma or Degree</i>

*\* If in progress, when will all requirements be completed.*

## **TEACHING EXPERIENCE (Full-time, contract teaching) \***

<i>Name of School</i>	<i>Location</i>	<i>Grade or Subjects Taught</i>	<i>Number of Years</i>	<i>Dates</i>

*\* In a recognized and accredited educational institution.*

## **ADMINISTRATIVE OR OTHER WORK EXPERIENCE**

*(List all years since high school graduation including years when unemployed)*

<i>Employer's Name</i>	<i>Location</i>	<i>Position Held</i>	<i>Dates</i>

## **REFERENCES**

<i>Name</i>	<i>Phone Number</i>	<i>Relation to Your Work</i>	
		<u><i>Position</i></u>	<u><i>Location</i></u>

Are we free to contact your references and those under whom you have worked or are now working?

## **CERTIFICATION**

<i>Arizona Teaching or Administrative Certificates Now Held</i>	<i>Expiration Date</i>
<i>Endorsements:</i>	

*Location of placement files and records (give complete address)*

*Extracurricular Activities You are Qualified to Direct*

**IMPORTANT:** *The following documents must be filed before your application can be considered:*

- (1) completed application form;*
- (2) completed resume;*
- (3) copies of transcript(s), current letters of reference; and*
- (4) credentials.*

1. *It is the responsibility of the applicant to obtain the appropriate Arizona Certification from the Arizona Department of Teacher Certification at 1535 West Jefferson Street, Phoenix, Arizona.*
  
2. *Official transcripts are required to be on file with the personnel office within (45) days after employment. Copies of transcripts are adequate for application purposes.*
  
3. *Costs for the applicant to interview for a position, or to move to the Chinle District are the responsibility of the applicant.*
  
4. *Housing is available for certified employees. Please contact the housing office at (928) 674-9580 to obtain the latest information*
  
5. *The State of Arizona requires that individuals born after January 01, 1957 present evidence of immunity to rubeola (measles) prior to reporting for work. It can be a record of immunization or a physician statement affirming serologic evidence of having had measles.*
  
6. *If an employee was born after January 01, 1942 that are also required by the state to provide evidence of immunity to rubeola (German Measles).*

*I hereby certify, that the information presented on this form is true, accurate and complete. I agree that any falsification will be sufficient cause for disqualification or dismissal. References and personal information which become a part of this record are to be regarded as confidential and will not be revealed to me.*

*Signature* \_\_\_\_\_

***Thank you for your interest in a position with CHINLE UNIFIED SCHOOL DISTRICT NO. 24***



**CHINGLE UNIFIED SCHOOL DISTRICT #24  
CERTIFICATION IN ACCORDANCE WITH A.R.S. 15-512. D**

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

(Check box if this statement is true) I am awaiting trial on or I have been convicted of or admitted committing the criminal offenses in this state or similar offenses in another jurisdiction which are checked below:

- Sexual abuse of a minor
- Incest
- First or second degree murder
- Kidnapping
- Arson
- Sexual assault
- Sexual exploitation of a minor
- Contributing to the delinquency of a minor
- Commercial sexual exploitation of a minor
- Felony offenses involving distribution of marijuana or dangerous or narcotic drugs
- Burglary
- Robbery
- A dangerous crime against children as defined in A.R.S. 13-604.01, including the following crimes against a minor under 15 years of age: 1.) aggravated assault resulting in a serious physical injury or committed by the use of a deadly weapon or dangerous instrument, 2.) taking a child for the purpose of prostitution as defined in A.R.S. 13-3206, 3.) child prostitution as defined in A.R.S. 13-3212, or 4.) involving or using minors in drug offenses.
- Child abuse
- Sexual conduct with a minor
- Molestation of a child
- Voluntary Manslaughter
- Aggravated assault

(Check box if this statement is true) I am NOT awaiting trial or NOR have I been convicted of NOR admitted committing any of the offenses listed above.

I understand I am required to pay for the cost of the fingerprint check.

I certify that the above statements are true. I understand that submitting information inconsistent with that received from the fingerprint check may result in termination.

**NOTE: Please sign in the presence of a NOTARY PUBLIC.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The above named, who is known to me or has provided proper identification, signed his/her name on this document in my presence on the day \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_

## PROFESSIONAL STAFF HIRING

### CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, \_\_\_\_\_ [applicant's name], have applied for employment with the Chinle Unified School District to work as a \_\_\_\_\_ [job title]. I understand that in order for the School District to determine my eligibility, qualifications and suitability for employment, the School District will conduct a background investigation 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 the School District by any educational institution.

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

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

EXHIBIT

EXHIBIT

Whether or not I have waived my right to see or to receive copies of written references furnished to the School 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 this School District to complete its background investigation.

A photocopy or facsimile ("fax") copy of this form that shows my signature shall be valid as an original.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

Witness

\_\_\_\_\_

Applicant