
APPLICATION FOR CERTIFIED (TEACHING) POSITION

Thank you for your inquiry concerning a certified position at Gila Crossing community School District. Our school has been recognized for excellence numerous times at the state and national level. As one of the fastest growing districts in the State, we are currently recruiting quality teachers to add to our outstanding staff of educators.

EMPLOYMENT APPLICATION PROCESS

To be considered for a certified position at Gila Crossing Community School, you must acquire and submit the following information. Files will not be considered unless they are complete. **Note: due to limited support staff in the Human Resources office, we are unable to match documents or materials sent separately with the exception of a confidential placement file so please staple 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.

1. APPLICATION:

- Complete all sections. (Please do not indicate “see resume”).
- Be specific as to the elementary grade level(s) or secondary subject(s).
- 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. LETTERS OF RECOMMENDATION:

- Three letters of reference from your employers and/or supervisors preferably from the education field.

CERTIFICATION

Appropriate **AZ certification** is required at time of application. And 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
Director of Certification
1535 West Jefferson St. #126
Phoenix, AZ 85007
(602) 542-4367 or (602) 542-4368
www.ade.state.az.us

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 6 months or as long as you update your file using a Certified Application Update Form to let us know of your continuing interest and additional qualifications, i.e. experience, certificates etc. Update Forms are available on our site.

GILA CROSSING COMMUNITY SCHOOL IS ON A TRADITIONAL CALENDAR with a one week intersession in October, 2 week in December and 1 week in March. **Anticipated start date for teachers new to GCCS is mid July.**

We are pleased that you chose Gila Crossing Community School for possible employment and wish you the best in your future.

Gila Crossing Community School



“Home of the Eagles”

Rural Route #2 Box 809

Laveen, Arizona 85339

Phone: (520) 550-4834

Fax: (520) 550-4252

Web Site: <http://www.gccs.bia.edu>



APPLICATION FOR CERTIFICATED EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

The Gila Crossing Community School District does not discriminate on the basis of race, color, sex, religion, age, disability, or national origin.

IMPORTANT: Before final consideration for employment, a screening interview is required. Out-of-state candidates should write to the State Department of Education regarding certification. All applicants must qualify for Arizona certification prior to employment

Arizona Department of Education

Certification Division

P. O. Box 6490

Phoenix, AZ 85005-6490

(602) 542-4367

www.ade.az.gov/certification

Applications will remain on file for sixth months from the date submitted.

PERSONAL DATA

Name _____

Other names used _____ Dates of usage _____

Home Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell Telephone _____

Tribal Affiliation _____ Census # _____

E-Mail Address _____ Message Telephone _____

County and State(s) you have lived in during past 5 years _____

How did you learn about the position(s) for which you are applying? (List web-site address, if applicable) _____

IMPORTANT: Before final consideration for employment, the candidate must have on file in the Personnel Office a completed application, a current resume, a copy of official transcripts, placement file or three letters of recommendation and evidence of State certification. In addition, a personal interview is a prerequisite to employment.

1. EMPLOYMENT PREFERENCE(S):

1st Grade/Subject Choice _____

2nd Grade/Subject Choice _____

3rd Grade/Subject Choice _____

4th Grade/Subject Choice _____

Indicate below the area(s) in which you are qualified to teach:

Elementary (K-5) (circle preferences)

K* 1 2 3 4 5

Requires Arizona elementary certification. * Requires Early Childhood certification/endorsement by 2009-2010.

Middle School (6-8) (circle preferences)

6 7 8

Requires Arizona certification and one of the following: academic major or equivalent hours (at least 24 semester hours), graduate degree, advanced certification, or the Arizona Subject Knowledge Proficiency Exam.

Subject Area Certification _____

English as a Second Language / Bilingual Education (Arizona endorsement required)

Level / Area _____

Special Education (Arizona certification required)

Level / Area _____

Specialists (art, counselor, librarian, music, PE, etc.) (Arizona certification, approved area, and/or endorsement in area of specialization required)

Level / Area _____

2. When will you be available? _____

3. Present position _____ Salary _____

4. Reason for leaving present position _____

5. Are you currently under contract with another district? () Yes () No

If yes, where _____ Contractual dates _____

6. 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? θ Yes θ No
 (Please explain on a separate page if "Yes" is checked.)

7. 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? θ Yes θ No
 (Please explain on a separate page if "Yes" is checked.)

8. 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? (Please explain on a separate page if "Yes" is checked.) θ Yes θ No

9. Arizona Certificates

Type	Approved Areas	Endorsements	Education ID No.	Expiration Date

10. Fingerprint Clearance Card

Card Number	Issue Date	Expiration Date

11. Other Certificates (Include Out-of-State Teaching Certificates)

Type	Approved Areas	Endorsements	Education ID No.	Expiration Date

An out-of-state teacher who relocates to Arizona may obtain a one-year reciprocal teaching certificate, if the teacher possesses a valid teaching certificate from another state.

12. EDUCATIONAL PREPARATION

Institution	Degree	Major	Minor	GPA
Undergraduate				
Graduate				
Graduate				

Highest degree earned: _____ Graduate semester hours earned after highest degree: _____
SALARY CREDIT FOR GRADUATE HOURS BEYOND DEGREE(S) WILL BE GIVEN ONLY AT THE INITIAL TIME OF EMPLOYMENT AS VERIFIED BY OFFICIAL TRANSCRIPTS. THE NUMBER OF HOURS GRANTED WILL NOT EXCEED THE NUMBER LISTED (ABOVE) ON THIS APPLICATION.

13. STUDENT TEACHING EXPERIENCE (Must be completed even if resume is submitted)

Dates From / To	Name of School City / State	Grade Level / Subject	Cooperating Teacher	Telephone and Fax Numbers

Consideration of salary credit for previous experience in a public school will be based upon full-time certificated work experience, as recorded on this application. Such credit will be given only at the initial time of employment and the amount of credit allowed is subject to limitations set forth in District policy and administrative evaluation of experience.

14. PROFESSIONAL EXPERIENCE - CONTRACTUAL TEACHING ONLY: List most recent experience first and indicate whether position was full-time (FT) or part-time (PT). DO NOT list substitute teaching experience.

Dates From / To	FT or PT	Name of School City / State	Grade Level / Subject	Supervisor	Telephone Number	Reason for Leaving

4. At the end of your first year of District employment, how will you determine whether or not you have been successful?

17. MILITARY RECORD

Military Status: _____ Branch of Service: _____

Type of Discharge: _____

Are You Now in the Reserves or National Guard? _____

18. IMMUNIZATION RECORD INFORMATION. Arizona State Department of Health Services regulations (R9-6-729 and R9-6-742) require that an immunization record for each school employee be on file prior to employment. It shall be a condition of employment that the employee provide the district with proof of immunization for Rubella or Rubeola unless employee falls within one of the exceptions provided in district policy.

PLEASE CHECK IF YOU WERE:

____ born after December 31, 1941. If so, you must provide documentation of Rubella (German Measles) immunity.

____ born after December 31, 1956. If so, you must provide documentation of Measles (Rubeola) immunity.

Exceptions:

____ 1. Statement signed by licensed physician or state/local health officer affirming that immunization is medically inappropriate.

____ 2. Employee provided statement indicating that religious reasons preclude compliance.

19. CONVICTION REPORT

CONVICTION means a final judgment on a verdict or a finding of guilt, or a plea of nolo contendere (No Contest), in any state or Federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does NOT include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

<p>REQUIRED FOR ALL CATEGORIES OF EMPLOYEES: The following information is needed regarding criminal convictions. <u>A record of conviction does not prohibit employment; however, failure to complete this report accurately and completely shall result in disqualification from consideration for employment, or may be cause for dismissal or result in prosecution for filing false information with a public agency. A. (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. Applicants and employees must also report any convictions that occur subsequent to completing this report. Questions regarding this report may be directed to the Human Resources Department at (520) 550-4834. Please read carefully, answer each question and sign and date the bottom.</u></p> <p>B. NOTE: <u>The District may refuse to hire applicants and may discharge employees who have falsified answers to inquires 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</u></p>		
Social Security Number: - - _____		
Last Name: _____	First Name: _____	M.I. _____
Other Name Used: _____	Date of Usage: _____	

Have you ever been convicted of a minor offense other than traffic violations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been convicted of a felony?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been convicted of a drug-related offense?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been convicted of a sex-related offense?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been convicted of any of the following?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

- a. Sexual abuse of minor
- b. Incest
- c. First or second degree murder
- d. Kidnapping
- e. Arson
- f. Sexual assault
- g. Sexual exploitation of a minor
- h. Felony offenses involving contributing to the delinquency of a minor
- i. Commercial sexual exploitation of a minor
- j. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or illicit drugs
- k. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs
- l. Misdemeanor offenses involving the possession or use of marijuana and/or dangerous drugs
- m. Burglary in the first degree
- n. Burglary in the second or third degree
- o. Aggravated or armed robbery
- p. Robbery
- q. A dangerous crime against children as defined in ARS 13-604.01
- r. Child abuse
- s. Sexual conduct with a minor
- t. Molestation of a child
- u. Manslaughter
- v. Aggravated assault
- w. Assault
- x. Exploitation of minors involving drug offenses
- y. Driving under the influence of intoxicating liquor or drugs as prescribed in ARS 28-1381 or aggravated driving under the influence of intoxicating liquor or drugs as prescribed in ARS 28-1383
- z. Offenses involving domestic violence

If any of the above answers are marked "YES", fill in the information below.

<u>Conviction Charge(s):</u> _____	
<u>Date(s) of Conviction(s):</u> _____	
<u>City/State:</u> _____	<u>Amount of fine:</u> _____
<u>Length of jail term:</u> _____	<u>Length and Terms of Probation:</u> _____
<u>Comments:</u> _____	

SUPPORTING DOCUMENTS. Submit copies of the following items with your application:

1. Copy of your Arizona Teaching Certificate.
2. Copy of your Arizona Educator Proficiency Assessment (AEPA) results.
3. Copy of your Arizona fingerprint clearance card.
4. Copy of documentation showing successful completion of 15 hours in Structured English Immersion (SEI) or an ESL, SEI, or bilingual full endorsement (All persons certified before to August 31, 2006)
5. Copy of documentation showing successful completion of 45 hours in Structured English Immersion (SEI) or an ESL, SEI, or bilingual full endorsement (All persons certified on or after August 31, 2006)

Applications must include:

1. A current resume.
2. Legible copies of official transcripts.

3. Three letters of professional recommendation, including letters from teaching supervisors. If you do not have teaching experience, letters of reference are accepted.
4. Immunization record.



CERTIFICATION

NOTIFICATION/AFFIDAVIT/SIGNATURE

My signature below indicates that I HAVE READ, I UNDERSTAND, AND I AGREE to the following:

It is the policy of the Gila Crossing Community School (“GCCS”) not to discriminate on the basis of race, color, religion, gender (including sexual harassment as described in the District’s policies concerning sexual harassment), sexual orientation, age, national origin, disability, marital status, political affiliation, or veteran status in its educational programs, activities or employment policies as required by federal law. The District abides by federal laws regarding people with disabilities. If you have a special need, reasonable accommodations will be made in accordance with the American Disabilities Act of 1990. Inquiries regarding compliance with any of the above may be directed to the District’s Personnel Department or to the Director of the Office For Civil Rights, U.S. Department of Education, Federal Office Building, 1244 Speer Blvd., Suite 310, Denver, CO 80204-3582.

Every answer I have provided on this application is both complete and truthful. 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 will reject my application; (2) if any false information is furnished, I will be ineligible for any consideration for employment and may be subject to criminal prosecution; and (3) if I am employed by the District, I may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined that I have furnished false information on this application.

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 about my education training, or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reason for not rehiring (if applicable), and similar information. In addition, I understand that the District will confirm my fingerprint clearance card is still valid.

If I am employed by the District, employment is conditional and rests upon (a) satisfactory pre-employment reference checks, (b) results of fingerprint check, and is subject to (c) the policies and regulations of the District, (d) submitting documentary proof of authorization to work in the United States, (e) and, if required, appropriate state certification/licensing. Employment will not be finalized until the background investigation has been completed. Misrepresentation or omission of pertinent facts may be cause for termination. Parties providing this information will be released from any liability in connection with reference and fingerprint checks made by the District.

I authorize the Gila Crossing Community School District to make reference checks prior to employment and I will execute such documents to facilitate this investigation.

I further understand and acknowledge that any promise or offer of employment by any Gila Crossing Community School District employee other than the Superintendent, Administrative Services Manager, or Personnel Director is not valid and that no employment decisions are final until approved by the Governing Board.

I hereby certify that the information presented on this application is true, accurate and complete. I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of pertinent facts shall be cause for not considering my candidacy or in the event hired dismissal from the District.

Please PRINT Your Name Here _____

Applicant’s signature

Date

PROFESSIONAL STAFF HIRING

**CONSENT TO CONDUCT BACKGROUND INVESTIGATION
AND RELEASE**

GILA CROSSING COMMUNITY SCHOOL

I, _____ (applicant's name) have applied for employment with this 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 the 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 the 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.

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.

Dated this _____ day of _____, 20_____.

Applicant's Signature

GILA CROSSING COMMUNITY SCHOOL
Rural Route # 2 Box 809
Laveen, AZ 85339

RACE-SEX DOCUMENTATION

The following information is necessary for the district to keep on file to verify statistics regarding the classification of applicants in making required annual reports to the Department of Health, Education and Welfare and the Office of Civil Rights.

This information is to be removed from the application upon receipt and kept on file and will not be transferred to the application.

1. Type of position applied for: _____ Administrative _____ Teacher

2. If you checked "Teacher", please indicate which field(s) certified in, in order of preference. You must be certified or certifiable in that field indicated.

A _____ B _____ C _____ D _____

3. Sex: _____ Male _____ Female

4. Race:

_____ White-Non-Hispanic _____ Black-Non-Hispanic

_____ Hispanic _____ Asian/Pacific Island

_____ American Indian/Alaskan Native

NOTE: PLEASE RETURN ENCLOSED WITH YOUR APPLICATION TO ENSURE PROPER ACCOUNTING PROCEDURES. THIS WILL BE REMOVED FROM APPLICATION UPON RECEIPT.