

Application for Certified/Professional Employment

GILA COUNTY EDUCATION SERVICE AGENCY

1400 E. Ash Street, Globe, AZ 85501
Phone: (928) 402-8784 Fax: (928) 402-0038
www.gilacountyesa.org

~ *An Equal Opportunity Employer* ~

Please type information into the spaces provided.

Date: _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street Apt. City/State Zip Code

Telephone: Home _____ Office _____ Message _____

Driver License No. _____ State _____ Type _____

If you have lived in Arizona less than two years, please provide previous address:

Address _____
Street Apt. City/State Zip Code

How long at this address? _____

DESIRED (TYPE OF) POSITION _____

Will you accept? (Check all that apply) Full-Time Part-Time Substitute Will Substitute

List languages that you fluently: Speak _____ Write _____

No question on this application should be answered in such a manner as to disclose race, color, creed, national origin, ancestry, age, marital status, sex or the existence of any physical or mental condition unrelated to the performance of the position for which you are applying.

If employed by the Gila County Education Service Agency, you will be required to provide the following information:

1. Fingerprint Clearance Card
2. Selective Service Registration Number (if applicable)
3. Proof of Immunization from Measles/Rubella unless exempt because of age, medical or religious reasons
4. Proof of Citizenship with a) one of the following documents: valid US Passport, Certificate of US Citizenship, Certificate of Naturalization, unexpired foreign passport with attached Employment Authorization, Alien Registration Card with photo or b) one document from List A **and** one from List B below:

LIST A

State issued Driver's License or I.D. Card
US Military Card

LIST B

Original Social Security Card
Valid Birth Certificate
Unexpired INS Employment Authorization

EMPLOYMENT EXPERIENCE

Please provide an accurate, complete history of full and part-time employment, including military service, in chronological order with present or most recent employer first. Please account for gaps in employment. Use an extra page if necessary.

Employer	From (MM/YY)	To	No. of Years	FT or PT?
Address		Telephone		
Position/Duties				
Supervisor/Title			Salary	
Reason for Leaving				

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Address		Telephone		
Position/Duties				
Supervisor/Title			Salary	
Reason for Leaving				

Have you ever been dismissed from a position? _____ If yes, please explain.

Have you ever been asked to resign from a position? _____ If yes, please explain.

Have you ever resigned rather than face disciplinary action and/or nonrenewal by an employer and/or disciplinary action against license/certificate? _____ If yes, please explain.

EDUCATIONAL PREPARATION

List all colleges or universities attended for undergraduate study in chronological order. Begin with first undergraduate study and include institutions attended even though no degree was earned. Use additional page if necessary.

College or University and Location	Dates of Attendance	Major	Sem. Hrs. in Major	Minor	Sem. Hrs. in Minor	Degree Earned	Date Earned

CERTIFICATION

What Arizona certificates do you hold? Type of certificate: Elementary, Secondary, Vocational, School Nurse, Psychology, Social Work, etc.

Certificate (please note if Standard, Provisional, Emergency, etc.)	Endorsements	Date of Issue	Expiration Date

REFERENCES

Please provide references qualified to give information demonstrating your fitness for the position you are seeking. List references in chronological order beginning with your most recent supervisor.

Name	Address	Title/Occupation	Telephone

Are you currently employed? Yes No

Date Available _____

CONVICTION REPORT

Please read carefully and answer every question. Please print clearly.

1. Name _____ Social Security No. _____
Last First Middle

Other Names Used _____ Dates of Usage _____

- 2. Have you ever been convicted of a minor offense other than traffic violation(s)? Yes No
- 3. Have you ever been convicted of a felony? Yes No
- 4. Have you ever been convicted of any type of sex or drug-related crime? Yes No
- 5. Have you ever been convicted of a dangerous crime against children as defined in ARS §13.604.01**? Yes No

If any of the answers above are marked "Yes", fill in the information below and attach a letter of explanation.

Conviction Charge		Date	Court
City	State	Amount of Fine	Length of Jail Term
Remarks		Length/Terms of Probation	

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City	State	Amount of Fine	Length of Jail Term
Remarks		Length/Terms of Probation	

** Conviction means the final judgment on a verdict or a finding of guilty, or a plea of guilty, or a plea of nolo contendere, 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 which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.*

*** ARS §13.604.01 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, child abuse, kidnapping, and sexual abuse.*

READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE.

I certify that all information given on this application and any supporting information is true and complete, and I understand that any falsification or material omission of this information is grounds for refusal to hire or, if hired, termination. I authorize the Agency to investigate completely my application. I further authorize the Agency to contact all former and current employer references and educational institutions listed. All references are authorized to release all information they might have with regard to any of the subjects covered by this application, and I release this Agency and all references from any liability or damages which might result or be claimed because of information provided. I agree that, if hired, I will follow all Agency policies, rules, procedures, and other directions.

Applicant's Signature

Date

GILA COUNTY EDUCATION SERVICE AGENCY

PROFESSIONAL STAFF

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, _____ [applicant’s name], have applied for employment with the Gila County Education Service Agency to work as a _____ [job title]. I understand that in order for the Agency to determine my eligibility, qualifications, and suitability for employment, the Agency 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 [1]) my right to see any written reference or other information provided to the Agency by any educational institution.

According to Arizona Revised Statutes Section 23-1361, any employer that provides a written communication to the Agency 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 reference concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that the Agency 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 [1]) my right to receive a copy of any written communication furnished to the Agency by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to the Agency 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 furnished written or oral references requested by this Agency 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 _____, 20__.

Applicant

Witness