#### MARY C. O'BRIEN ACCOMMODATION DISTRICT

Attn: Michelle Gonzalez mgonzalez@pinalk12.org 3740 N. Toltec Rd. Eloy AZ 85131 (520) 450-4477

Mary C. O'Brien Accommodation SD Hope School - Contracted Program (Please check applicable school/program.)

## APPLICATION FOR SUBSTITUTE TEACHER

|             | Last Name | First           | Middle |  |
|-------------|-----------|-----------------|--------|--|
| Application |           | Date of Availal | oility |  |

Position Desired

Date of

Grade Level (Elementary, Jr. High, Sr. High) and/or Subject. Please list all in which you are willing to substitute.

#### **An Equal Opportunity Employer**

**IMPORTANT**: Before final consideration for employment, the candidate must have on file a complete set of transcripts and a placement file or letters of recommendation. It is the candidate's responsibility to see that transcripts and placement files are provided. A screening interview may also be required. Out-of state candidates should contact the Arizona State Department of Education, 1535 W. Jefferson St., Phoenix, Arizona 85007, (602) 542-4367, regarding certification. All applicants must qualify for Arizona certification prior to employment.

The PCSS does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap/disability, national origin or any other legally protected status. РНОТО

(Required upon Employment)

The Pinal County School Superintendent maintains a drug-free educational workplace and reserves the right to test employees for use of alcohol or drugs whenever reasonable suspicion exists that the employee has violated the drug-free workplace policy.

**REASONABLE ACCOMMODATION:** Any applicant with a disability who needs reasonable accommodation in any step of the application process should contact the Human Resources Department at (520) 450-4479.

### PERSONAL DATA

|            | Name                  |                     |  |
|------------|-----------------------|---------------------|--|
| 2.         | Other names used      |                     | Dates of usage   |
| 3.         | Home mailing address  | 5:                  |  |
|            | Street                |                     | Email address:   |
|            | City                  | State               | Cell phone:  |
|            | Zip Phon              | ie                  |  |
| <b>4</b> . |                       |                     | United States? □ <b>Yes</b> □ <b>No</b> Do you presently<br>by you to begin working immediately? □ Yes □ No        |
| 5.         | Have you ever been d  | ismissed from a p   | position? (Please check) $\Box$ Yes $\Box$ No  |
|            | If yes, explain       |                     |  |
| 6.         | -                     | Ū.                  | m a position? ( <i>Please check</i> ) <b>Yes No</b>  |
|            |                       |                     |  |
| 7.         | and/or disciplinary a | ction against a lic | e disciplinary action and/or non-renewal by an employer<br>ense/certificate? ( <i>Please check</i> ) <b>Yes No</b> |

## CERTIFICATION

9. Do you hold a valid and current Arizona Teaching Certificate? (*Please check*) □ Yes □ No If YES, please complete item 10. If NO, proceed to item 11.

#### **10**. Arizona certificates now held:

| EXPIRATION DATE |
|-----------------|
|                 |
|                 |
|                 |
|                 |
|                 |
|                 |
|                 |

- **11**. Have you applied to the Arizona State Department of Education, Certification Unit, for a teaching certificate?
  - □ Yes □ No If YES, date application submitted \_\_\_\_\_
- 12. Have you completed the fingerprint requirement for the Arizona Teaching Certificate?
  - □ Yes □ No If YES, date completed \_\_\_\_\_

13. Arizona certificates/endorsements for which you are now eligible:

Inquiries regarding certification should be directed to the Arizona State Department of Education, Teacher Certification Division, 1535 West Jefferson Street, Phoenix, Arizona 85007, (602) 542-4367. Make contact immediately as certification procedures may cause up to a 4-month delay in a certificate being issued.

## **EDUCATIONAL PREPARATION**

14. List educational institutions attended: ("See resume" is not sufficient.)

| NAME OF INSTITUTION | LOCATION | DEGREE | MAJOR | MINOR |
|---------------------|----------|--------|-------|-------|
| High School         |          |        |       |       |
|                     |          |        |       |       |
| Undergraduate       |          |        |       |       |
|                     |          |        |       |       |
| Undergraduate       |          |        |       |       |
|                     |          |        |       |       |
| Graduate            |          |        |       |       |
|                     |          |        |       |       |
| Graduate            |          |        |       |       |
|                     |          |        |       |       |

Highest degree earned\_\_\_\_\_ Number of graduate semester hours earned after highest degree\_\_\_\_\_

## **PROFESSIONAL EXPERIENCE**

**15**. Student Teaching Experience:

| Let Staathe I tating Li | -perionee. |       |                                  |      |    |                     |
|-------------------------|------------|-------|----------------------------------|------|----|---------------------|
| Name of School          | City       | State | Grades and/or<br>Subjects Taught | From | То | Cooperating Teacher |
|                         |            |       |                                  |      |    |                     |
|                         |            |       |                                  |      |    |                     |

# **16. 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. ("See resume" is not sufficient.)

| experience. ( bee resume r        | is not sufficient.) |    |    |      |    |            |
|-----------------------------------|---------------------|----|----|------|----|------------|
| Name and Complete Address of      | Grades and/or       | FT | РТ | From | То | Reason for |
| School (street, city, state, zip) | Subjects Taught     |    |    |      |    | Leaving    |
|                                   |                     |    |    |      |    |            |
|                                   |                     |    |    |      |    |            |
|                                   |                     |    |    |      |    |            |
|                                   |                     |    |    |      |    |            |
|                                   |                     |    |    |      |    |            |
|                                   |                     |    |    |      |    |            |
|                                   |                     |    |    |      |    |            |
|                                   |                     |    |    |      |    |            |

#### 17. OTHER WORK EXPERIENCE: List most recent experience first.

| EMPLOYER | LOCATION | NATURE OF WORK | DATES |
|----------|----------|----------------|-------|
|          |          |                |       |
|          |          |                |       |
|          |          |                |       |
|          |          |                |       |
|          |          |                |       |
|          |          |                |       |

18. Please explain any gaps in employment or 30 days or more:

**19**. Languages spoken fluently (other than English): \_\_\_\_\_

## PERSONAL INFORMATION AND REFERENCES

**20**. Give names and **complete addresses** of three references who are familiar with your personality, character and work performance. (*Do not include family/relatives*.)

| NAME | YEARS<br>KNOWN | OFFICIAL POSITION | COMPLETE ADDRESS | PHONE |
|------|----------------|-------------------|------------------|-------|
|      |                |                   |                  |       |
|      |                |                   |                  |       |
|      |                |                   |                  |       |
|      |                |                   |                  |       |
|      |                |                   |                  |       |
|      |                |                   |                  |       |

21. List any relatives currently employed by the school/program:

## **CRIMINAL ACTIVITY REPORT**

Because of the responsibility the Pinal County School Superintendent has to our school children and community, the following information is needed from all applicants and employees. A record of arrest or conviction\* does not prohibit employment. However, failure to complete this form accurately and completely may mean disqualification from consideration for employment, or may be cause for dismissal if employed. Failure to disclose all information may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions and arrests that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Pinal County School Superintendent's Office. Please read carefully and answer every question. <u>Please print clearly</u>.

| 1. Name   |  |
|---|--|
| Other names used  | Dates of usage   |
| Answer these questions truthfully, even if the condition was ultime<br>wise set aside. If any of the boxes are marked "YES", fill in the in<br>2. Have you ever been convicted of any misdemeanor offense | nformation below and <u>attach a letter of explanation</u> . |
| 3. Have you ever been convicted of a DUI offense?   | □ Yes □ No   |
| 4. Have you ever been convicted of a felony?  | 🗆 Yes 🗆 No   |
| 5. Have you ever been convicted of a sex or drug related offen  | $\square Yes \square No$                                     |
| 6. Have you ever been convicted of a dangerous crime against as defined in A.R.S. §13.604.01?**   | children □ Yes □ No  |

7. Have you ever been arrested for any offense which has not been resolved?

|                              | CONVI  | CTIO | N INFORMATION    |                     |
|------------------------------|--------|------|------------------|---------------------|
| CONVICTION CHARGE            |        | DATE | OF CONVICTION    | COURT OF CONVICTION |
|                              |        |      |                  |                     |
| CITY                         | STATE  |      | AMOUNT OF FINE   | LENGTH OF JAIL TERM |
|                              |        |      |                  |                     |
| FACTUAL DETAILS OR OTHER REL | MARKS: |      | LENGTH AND TERMS | OF PROBATION:       |
|                              |        |      |                  |                     |
|                              |        |      |                  |                     |

\*CONVICTION means the final judgment on a verdict or a finding of guilty, 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. \*\*A.R.S. § 13.3716 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined in A.R.S. § 13.604.01 as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse, if any of these crimes are committed against a minor under 15 years of age.

Under penalty of prosecution, perjury and dismissal, I hereby certify that the information presented on this application is true, accurate and complete. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the Pinal County School Superintendent. I authorize the PCSS to make reference and criminal background checks prior to employment and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed and the Pinal County School Superintendent has officially approved my employment. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal. Furthermore, I understand that I have no right of access to any materials submitted and information gathered by the PCSO during the application process and that such materials and information are considered the sole property of the Pinal County School Superintendent's Office.

Applicant Name

Date

 $\Box$  Yes  $\Box$  No

SIGNATURE REQUIRED AT INTERVIEW

#### CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT DISCLOSURE AND RELEASE OF INFORMATION AUTHORIZATION

I authorize Pinal County Schools and Risk Assessment Group, Inc., a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. The information received may include, but is not limited to academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand that this information may be transmitted electronically and authorize such transmission.

If currently employed: My employer may be contacted,

| YES     |                |                      |
|---------|----------------|----------------------|
| NO      |                |                      |
| <br>N/A | Post Hire Only | Applicant's Initials |

I understand that a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand that I have the right to inspect those files with reasonable notice during regular business hours and that I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: Risk Assessment Group, LLC. P.O. Box 27443, Tempe, Arizona 85285. Phone 866-777-1114.

Are you applying for employment in the State of California? \_\_\_\_\_ Yes \_\_\_\_\_ No If you are applying for employment in the State of California please note that a new Disclosure and Release of Information Authorization is required for any subsequent Consumer Report/Investigative Consumer Report.

Are you applying for employment in California, Minnesota or Oklahoma? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, would you like a copy of any Consumer Report prepared for you? \_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment has been made. *I am willing that a photocopy of this authorization be acceptable with the same authority as the original; and that if employed by the above named company (except if employed in the state of California), this authorization will remain in effect throughout such employment.* 

Signature

Social Security Number

Date

NOTE: The following information is needed to conduct a background investigation and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. PLEASE PRINT CLEARLY.

| Last Name                              | First Name         | Middle Name    |               |
|--|--------------------|----------------|---------------|
| Please list all aka's including maider | names              |                |               |
| Street Address                         | City               | State          | Zip Code      |
| Driver's License Number                | State of License E | xpiration Date | Date of Birth |
| Last School Graduated From             |                    | Ca             | ampus         |
| Year of Graduation                     |                    | Degree         |               |

#### Hiring Agents – Please fax to your Risk Assessment Group CSA

www.riskassessmentgroup.com Helping You Build a Better Team