# **Heber-Overgaard Unified School District #6** P.O. Box 547; 3375 Buckskin Canyon Heber, Arizona 85928

Telephone (928) 535-4622 Fax (928) 535-5146

Email: HR@h-oschools.org www.heberovergaardschools.org

1.	PERS	SONAL INFORMATION:		Date Received:
Name_			Social Secur	rity No
Mailing	Address	3	Physical Ac	ddress
City		State_	Zip	Phone ()
Position	n(s) desir	red (Indicate one or more preference	e of grade level or	Emailsubject area):
First Ch	noice		_ Second Choice_	
Third C	hoice		Fourth Choice_	
2.	PROI	FESSIONAL DATA:		
	a.	Are you currently under contract?	?Yes _	No
	b.	When will you be available?		
	c.	Arizona Certificates now held:		Expiration Date
Office a candida	a comple te's resp ation pri-	In what languages are you fluent? Before consideration will be given ete set of transcripts, completed appropriately to see that these materials or to employment. Out-of-state	n for employment, plication, proof or crials are provide candidates should	the candidate must have on file in the District Arizona certification, and a resume. It is the d. All applicants must qualify for Arizona d contact the below address for certification
		C	Department of Edu ertification Unit	
		1535 V	West Jefferson Str	eet

Phoenix, Arizona 85007 1-602-542-4367

www.ade.az.gov/certification

Heber-Overgaard Unified School District No. 6 is an Equal Opportunity Employer, complies with Title IX, and shall seek the best qualified applicants for all vacant positions regardless of age, race, color, religion, sex, marital status, disability, or national origin.

Notice of Nondiscrimination (Section 504 of the Rehabilitation Act and Americans with Disabilities Act). Applicants for admission and employment, students, parents, persons with disabilities, agreements with the Heber-Overgaard Unified School District #6 are hereby notified that this district does not discriminate on the basis of race, sex, color, national origin, age, or disability in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning the district's compliance with the regulations implementing Title VI, Title IX, The Americans with Disabilities Act (ADA) or Section 504 is directed to contact the following individual who has been designated by the school to coordinate efforts to comply with the regulations regarding nondiscrimination: Name: Mr. Ron Tenney, Superintendent Phone: 928-535-4622

#### 3. WORK EXPERIENCE:

Provide information about at least the last ten years of your employment history with the most recent experience first. Please list complete employer information. If you have not had five years of teaching experience, please provide information about your student teaching experience. The district reserves the right to contact your current and former employers.

Dates Employ	ed	Employer's Name and Address	Supervisor's Name & Phone No.	Reason for Leaving	Grade Level or Subjects Taught
From:	/				
To:	_/				
Erom:	1				
From:					
From: To:					
From:	/				
Α.	Have	you ever been dismi	ssed from a position?	Yes	No
	If yes	, please explain			
В.	Have	vou ever heen asked	to resign from a positi	on? Ves	No
Б.			to resign from a posici		
		, r			
C.		you ever resigned fro YesNo	om a position rather the	an being non-re	enewed or dismissed?
	If yes	, please explain			

#### 4. EDUCATION AND PROFESSIONAL PREPARATION:

List schools attended and special training received. Please note that "See Resume" is not an appropriate response to any question.

	Location	Dates	Year	Degree/	Major/	Grade Point
		Attended	Graduated	Certificate	Minor	Average
High School						
College						
College						

### 5. QUALIFICATIONS AND NARRATIVE:

Please list the following items:

Professional	organization memberships
Leadership p	positions in organizations
Special abili	ties or talents applicable to student instruction

#### B. Attach separate sheet(s) and answer <u>all</u> of the following questions – <u>in your own handwriting:</u>

- 1. What is your philosophy of education?
- 2. Modern classrooms are not normally homogeneous groupings. Explain how you would meet the individual needs of ELL, Special Needs, At-Risk, and Gifted learners in your classroom?
- 3. What programs or innovative ideas would you like to implement in your classroom?
- 4. What are specific examples of how you have or will actively involve parents in the education of their children?
- 5. What would you describe as your proudest moment as an educator?
- 6. What special qualifications do you possess that make you the best choice for the vacant position?
- 7. What approach do you use in establishing and maintaining a classroom atmosphere conducive to learning?

#### 6. PERSONAL AND PROFESSIONAL REFERENCES:

List the names of persons who are familiar with your character, personality, aptitudes and work habits. Do not include relatives on this list of references.

Name	Relationship to Applicant	Address	Phone Numbers
			()
			()
			()
			()
			()

#### 7. ACKNOWLEDGEMENT OF APPLICANT:

I certify that every answer and statement I have provided on and accompanying this application is complete, truthful, and current. I understand and agree that:

- i. If any information is omitted from or not completed on this application, or if any false information is furnished, the District may reject my application.
- ii. If any false information is furnished, I will be ineligible for any future consideration for employment and may be subject to criminal prosecution.
- iii. If I am employed by the District and if it is later determined that I have furnished false information on this application, I may be dismissed from employment, criminally prosecuted, and, if certified, have my certificate revoked.

I authorize investigation of all statements on this application for this position.	application form and other material provided as part of my
Applicant Signature	Date
Please email mail or deliver	this application and all related materials to:

Office of the Superintendent
Heber-Overgaard Unified School District No. 6
P.O. Box 547; 3375 Buckskin Canyon Rd.
Heber, Arizona 85928
Phone (928) 535-4622 FAX (928) 535-5146

Email: HR@h-o.k12.az.us

#### 8. BACKGROUND CHECK AND INFORMATION:

Due to the responsibility the Heber-Overgaard Unified School District No. 6 has to its children and community, the following information is required from all applicants and employees regarding convictions.\* A record of conviction does not disqualify an applicant from consideration; however, failure to provide complete and accurate information may cause disqualification from consideration for employment, may be cause for dismissal if employed, and may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions that occur subsequent to the time they initially complete this form. Questions regarding this information should be directed to the Superintendent's office. Please read carefully and answer each question legibly.

\*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. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

\*\*Please note that prior to hiring, you must submit a notarized statement attesting to the fact that you

\*\*Please note that prior to hiring, you must submit a notarized statement attesting to the fact that you are not now awaiting trial on, or have ever been convicted of, or admitted in open court or pursuant to a plea agreement, committing any of the crimes listed in ARS 15-512D and ARS 13-604.01. In conjunction with this, you will submit fingerprints for a background check.

The crimes required to be disclosed on the affidavit are:

**/	ARS 13-604.0	1			ARS 15-512D		
roh	ibits any of th	ne following with a minor u	nder	1.	Sexual abuse of a minor	12. Misdemeanor	offenses
	age of 15:			2.	Incest	of the possess	sion or
	Second degr			3.	First or second degree murder	use of mariju	
2.		assault resulting in serious		4.	Kidnapping	dangerous dri	
		rry or committed by the use		5.	Arson	13. Burglary in the	first degree
		on or dangerous instrument		6.	Sexual assault	14. Burglary in the	second or
	Sexual assau			7.	Sexual exploitation of a minor	third degree	
	Molestation			8.	Felony offenses involving	15. Aggravated or	armed robbery
		act with a minor			contributing to the delinquency	<ol><li>Robbery</li></ol>	
		sexual exploitation of a mi			of a minor	17. A dangerous cr	-
		as defined in ARS 13-3623	B.1	9.	Commercial exploitation of a minor		er ARS 13-604.1
	Kidnapping			10.	Felony offenses involving sale,	18. Child abuse	
	Sexual abuse				distribution, or transportation of,	19. Sexual conduct	
0.		ld for the purpose of prostit	ution		offer to sell, transport or distribute	20. Molestation of	
1.	Child prostit				marijuana or dangerous or	21. Voluntary man	
2.	involving or	using minors in drug offen	ses	1.1	narcotic drugs	<ul><li>22. Aggravated ass</li><li>23. Assault</li></ul>	auit
				11.	Felony offenses involving the possession or use of marijuana,	24. Exploitation of	minora
					dangerous drugs, or narcotic	involving dru	
					drugs	mvorving ara	ig offenses
					urugo		
	Name	·			Social Security Numbe	r	
	rvanic	Last	First		liddle		
		Last	FIISt	101	nuale		
	Othor	names used:			Dates u	sad:	
	Other	names useu			Dates u	scu	
	1.	Have you ever bee	n convicted (	of a min	or offense other than traffic		
	1.				onsidered a minor traffic offense	e) Yes	No
	2.	Have you ever bee				Yes	No
		-			-		
	3.	Are you awaiting t				Yes	No
	4.	Have you ever bee	n convicted of	of a sex	or drug related offense?	Yes	No
	5.	Have you ever adr	nitted to or be	een conv	victed of a dangerous crime		
		against children as				Yes	No

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, 1 THROUGH 5, PLEASE COMPLETE THE "APPLICATION SUPPLEMENTAL CONVICTION INFORMATION" ON THE NEXT PAGE.

## APPLICATION SUPPLEMENTAL CONVICTION INFORMATION

(the following information will be retained in the district office and not available to other personnel in the district)

		CONVICTION INFORMATION	
Conviction Char	ge	Date of Conviction	Court of Conviction
City	State	Amount of Fine	Length of Jail Term
Remarks			
ength and Term	of Probation		
**If you have m	ore than one r	eportable offense, copy this sheet t	o provide the information**
so that it may acc	curately evaluate to the relevance	nation, not required by this application, to your fitness to work in a position of pulse or necessity to disclose a matter, train is pertinent.)	blic trust with minor students? (If you
IF YOU ANSW ATTACHED, S		TO QUESTION 6, PLEASE FULLY CE OF PAPER.	EXPLAIN THE ANSWER ON AN
and supporting m	naterial is true, ac rstand that any c	I dismissal, I hereby certify that the infocurate, and complete. I authorize the indocument relevant to this information in District No. 6.	vestigation of all statements contained
and I will execut until the backgro	te documents to sound investigation	Unified School District No. 6 to make a facilitate this investigation. I understand on has been completed and the Governitisrepresentation or omission of pertinent	d that my employment is not finalized ing Board has officially approved my
Applicant Signa	4000		ate

#### FBI NOTIFCATION OF APPLICANT PRIVACY RIGHTS

Your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit based on information in the criminal history record. {Reasonable opportunity is defined as being decided upon by a case by case basis with the applicant, in regards to position applied for.}

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under "Criminal History Summary Checks" or by calling (304)625-5590.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602)223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.dps.gov).

Signature	Date

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