

Pomerene School District #64
1396 N. Old Pomerene Rd.
P O Box 7
Pomerene, AZ 85627
TEL: (520) 586-2407
FAX: (520) 586-7724

APPLICATION FOR CERTIFIED EMPLOYMENT – SUBSTITUTE TEACHER

Name _____
Last First Middle

Present Address _____
Street/P.O. Box City State Zip

Permanent Address _____
Street/P.O. Box City State Zip

Phone () _____ Message () _____

Email _____

Have you retired from Arizona State Retirement System? _____

If yes, when? _____ If yes, a return-to-work application is required

Specific position for which you are certified or wish to be considered as an applicant for:

(1) _____

Please indicate the areas you can teach and lead appropriate activities:

___ art ___ drama ___ music ___ athletics other: _____

Special Educational Only:

What handicapping areas are you qualified to teach?

1st _____ 2nd _____ 3rd _____

It is the policy of Pomerene School District #64 not to discriminate on the basis of sex, race, color, creed, age, disability, political affiliation, marital status or national origin in its educational programs, activities, or employment policies as required by Federal Law.

Compliance officer: Michael Sherman, Pomerene School District Office,
1396 N. Old Pomerene Rd., Pomerene, AZ 85627 Phone 520-586-2407.

Has the Arizona Certification Department indicated that you are eligible for, or do you have, an Arizona Certificate? _____ if yes, what type(s)?

Type _____	No. _____
Endorsements _____	Expiration Date(s) _____

Type _____	No. _____
Endorsements _____	Expiration Date(s) _____

Type _____	No. _____
Endorsements _____	Expiration Date(s) _____

Have you ever interviewed with Pomerene School District before? _____
if yes, when? _____ Under what name? _____

Do you have any relatives, or family members that work for the district? _____
Relationship? _____

Do you speak/read/write any languages other than English? _____ If yes, what language(s) do you speak/read/write? _____

Have you ever been discharged from professional employment for any reason? _____ If so, briefly explain: _____

Have you ever had your certificate(s) suspended or revoked? _____ If so, explain briefly: _____

Have you ever been convicted or plead "no contest" for any violation of law other than minor traffic offenses? Yes _____ No _____ (NOTE: conviction of a crime is not an automatic bar from employment) If yes, please give details _____

NOTE: All candidates for positions with the Pomerene School District will complete the A.R.S. §15-512 Certification.

References: May we request a reference from your present employer? _____ (The Pomerene School District will not contact your current employer without your permission)

Do not repeat names contained in your credentials/placement file. If possible, list principal or supervisors (THIS MUST BE FILLED OUT).

I hereby authorize each person, school district, firm, and corporation listed on my application to answer any questions that may be asked and to give information that may be sought concerning this application, my work habits, character or skills.

(Please print)

Name (complete)	Official Position	Address (complete)	Phone No.

Educational Preparation: District salary policies are based on semester hours of work. Please convert quarter hours to semester hours. *Graduate work is defined as any work given by an accredited college or university acceptable toward meeting requirements of an advanced degree.

Name of H.S.	Location	Mo	Yr	Diploma Earned

Name of College or University	Location	Major/Minor	Mo	Yr	Degree Earned

Name of College University (*Graduate)	Location	Major/Minor	Mo	Yr	Degree or No. of Sem.

Teaching Experience:

Practice Teaching:

Name of school	Location	Grade or Subject	Dates
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Full Time Teaching:

List only contract teaching experience in public and private schools, colleges, or universities.

Name of school	Location	Grade or Subject	Dates	Reason for leaving
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Other experience: List all years including years when unemployed. List most recent first.

Employer's Name	Location	Position held	Dates	Reason for leaving
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Must have a valid (IVP) Arizona Fingerprint Clearance card. A copy of your transcripts and placement file may be requested before an interview.

To the best of my knowledge, the information on this application is correct and complete. I agree to have any of the above statements checked by the district and release from all liability or responsibility all persons, corporations, schools or other organizations furnishing information. I understand that misrepresentation of facts or unsatisfactory references is cause for disqualification or dismissal.

Signature

Date

APPLICATIONS WILL BE DISCARDED AFTER TWO YEARS FROM THE DATE OF RECEIPT UNLESS WE ARE NOTIFIED IN WRITING TO KEEP THE APPLICATION ON FILE.

OFFICE USE ONLY

Interviewed by

Date of Interview

Position

Wage/Daily