

LAVEEN ELEMENTARY SCHOOL DISTRICT NO. 59

9401 South 51st Avenue Laveen, Arizona 85339

Office: (602) 237-9100 FAX: (602) 237-9135 LESD #59 Is An Equal Opportunity Employer

Check the appropriate	box below (Administration/Certi	fied/Classified/Substitute) and list tl	he desired position title(s):
Administration (list]	position(s)):		
Certified (list positio		portance by Grade/Subject/Position, e.g., upational Therapist, Certificated Occupat	
First Cho	ice:		
Second C	'hoice:		
Third Ch	oice:		
Guest Teacher/Subst	itute (check which grades you w	yould like to teach): K-3]4-6
List any person presently	y employed by the Laveen School	ol District to whom you are related	l.
Name:		Relationship:	
IMPORTANT: Before constitution Resources Department		t, the candidate must have on file with the	Laveen School District's
Résumé (Administration/Certif Three (3) letters of recommendate		 Copy of Arizona fingerprint clearance card (. GED or high school transcripts (Classified) College transcripts (copies will be accepted; applicant is hired) (Administration/Certified) 	however, originals will be required if
	APPLICANT	INFORMATION	
Name:		Social Security Number:	
Address:	City	7:State:	Zip:
		Email:	
How long have you live address, provide the last needed.	d at the above address: five years of addresses lived pre	If less than five years of evious to the address listed above.	r not your permanent Attach additional pages if
Address:	City	7:State:	Zip:
Address:	City	7:State:	Zip:

		FOR OFF	ICIAL US	E ONLY	
Date Submitted	Initials	Document	Date Submitted	Initials	Document
		Application			GED / High School / College Transcripts
		Résumé			Arizona Certificate
		Three Letters of Recommendation			Arizona Fingerprint Clearance Card

Your Arizona administration/teaching/non-teaching/substitute certification for a position in the Laveen School	
Do you have a valid Arizona Certificate? Yes No Cer	rtificate Number:
	piration Date:
Subject Area Endorsement:	
If not presently certified in Arizona, when do you expect to have a valid	d Arizona certificate?
Out-of-state candidates should contact the Arizona State Department certification process on-line at http://www.ade.	
RECORD OF EDUC List all High School/Colleges/Universities attended (in chronological order, starting and you successfully complete High School or obtain a GED? No	
Dates (Month/Year):	Date Graduated:
Name of Institution:	Major Field of Study:
Location:	Semester Hours Completed:
Diploma/Degree Earned:	Grade Point Average:
Dates (Month/Year):	Date Graduated:
Name of Institution:	Major Field of Study:
Location:	Semester Hours Completed:
Diploma/Degree Earned:	Grade Point Average:
Dates (Month/Year):	Date Graduated:
Name of Institution:	Major Field of Study:
Location:	Semester Hours Completed:
Diploma/Degree Earned:	Grade Point Average:
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Dates (Month/Year):	Date Graduated:
Name of Institution:	Major Field of Study:
Location:	Semester Hours Completed:
Diploma/Degree Earned:	Grade Point Average:

STUDENT TEACHING / INTERNSHIP EXPERIENCE

DICEBLIT	TENTOTIAN (G / II	1 2 2 2 2 2 3		EIII CE
Dates (Month/Year):		Dates (Mont	:h/Year):	_
Name of School:		Name of Scl	nool:	
Supervising Teacher/Supervisor:		Supervising	Teacher/Supervisor:_	
Phone Number of School:		Phone Num	per of School:	
Location:		Location:		
Grade and Subject Taught:		Grade and S	ubject Taught:	
	FOREIGN LAN	GUAG	E SKILLS	
Language	Speak the Language		the Language	Read the Language
	Minimal Fluent	Minim		Minimal Fluent
	Minimal Fluent	Minim	al Fluent	Minimal Fluent
Sheet of paper if more space is requested. Job Title: District/Company Name: Address:	present employment, list all of your vuired. REFERENCE TO RÉSUMÉ V	WILL NOT BI	Starting Salary: Telephone Number: Start Date:	
District/Company Name:Address:			Telephone Number: Start Date:	Ending Salary: End Date: :
Job Title:			Starting Salary:	Ending Salary:
District/Company Name:			Telephone Number:	:
Address:			Start Date:	End Date:
Name of Supervisor:			Reason for Leaving	:

ADMINISTRATION / TEACHING / WORK EXPERIENCE

(Continued)	
Job Title: District/Company Name: Address: Name of Supervisor:	Starting Salary:Ending Salary: Telephone Number: Start Date:End Date: Reason for Leaving:
Job Title: District/Company Name: Address:	Starting Salary:Ending Salary: Telephone Number: Start Date:End Date:
Name of Supervisor:	Reason for Leaving:
	<u> </u>
REFERENCE List four professional references that include immediate supervisors, superintendents, and/o personality, work ethic, leadership, and/or tea	r principals that have firsthand knowledge of your character,
Name:	Years you have known this person:
Title/Position:	Telephone Number:
Address:	Telephone Number:
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Name: Title/Position: Address:	Years you have known this person: Telephone Number: Telephone Number:
Name: Title/Position: Address:	Years you have known this person: Telephone Number: Telephone Number:
Name: Title/Position: Address:	Years you have known this person: Telephone Number: Telephone Number:
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GENERAL EMPLOYMENT / CONVICTION INFORMATION

A "YES" answer to the following five questions will not necessarily result in denial of employment. The District will consider all the circumstances, including the date and nature of events that have led to the actions described below. Your written explanation will assist the District in determining your eligibility and suitability for employment. Attach additional sheets if necessary.

	Have you ever been arrested and/or convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations
	not involving allegation of drug or alcohol impairment)? You must answer "YES" even if the matter was later dismissed, deferred, vacated, or expunged. If you answer "YES," you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you,
	and the final disposition of the case(s).
	□YES □NO
	Explanation:
	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? You must answer "YES" even if the matter resolved with any form of settlement or severance agreement regardless of its terms. If you answer "YES," you must provide the date of termination of employment, the name, address, and telephone number of the employer(s),
	and a statement of the alleged reasons for termination.
	YES No
	Explanation:
	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 any other regulatory agency or body, public
	or private? If you answer "YES," you must provide the dates of proceedings, name, address, and telephone number of the agency or body where proceedings took place, a statement of the accusations against you, and the final disposition.
	Proceedings took place, a statement of the accusations against you, and the final disposition. □YES □No
	Explanation:
	Explanation.
1	A
	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? If you answered "YES," you must provide the name, address, and
	telephone number of the employer or licensing body, and a statement of the accusations against you.
	YES No
	Explanation:
5.	Have you ever been convicted of a dangerous crime against children as defined in ARS §13-604.01?
	□YES □No
	Explanation:
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ACTIVITIES / HONORS

	School Plays	Football	Softball
	Oratorical Contests	Volleyball	Soccer
List any others	Clubs	Basketball	
List any others:			
List any college	activities angued in and	any honors reasived (pro	fassional activities interest organizations
extent of particip	2 2	any nonors received (pro	fessional activities, interest, organizations,
T ' 4	•, , , •	11 22 41	
List any commu	nity activities, organization	ons, or clubs participated	in:
By signing this a _l			o request information concerning my
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CERTIFIED NON-ADMINISTRATIVE APPLICANT QUESTIONNAIREIf applying for a certified non-administrative position, complete this section in your own handwriting.

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ADMINISTRATION APPLICANT QUESTIONNAIREIf applying for an administrative position, complete this section in your own handwriting.

efly describe the qualities or characteristics you possess which you feel will contribute to to ininistrative team of Laveen Elementary School District.
efly describe the qualities or characteristics you possess which you feel will contribute to the ninistrative team of Laveen Elementary School District.

Verification of Previous Contracted Administrative, Certified, Classified, or Educational Experience



Signature and Title of Official Representative

Laveen Elementary School District 9401 S. 51st Avenue Laveen, AZ 85339 602-237-9100 602-237-9135 fax

This form is to be submitted to the Human Resources Department <u>after</u> it has been completely filled out by your previous employer.

This section is to be completed by applicant. Applicant is responsible to send or mail this form to previous employer(s) in order to receive

consideration of previous experience. Form must be returned to LESD within 30 days of date signed contract in order to be considered for credit experience. If you worked for more than one district, send a form to each district. The most recent signed employment contract is to be submitted with this form to the Laveen Elementary School District's Human Resources Department: Applicant Name Name at time of employment (if different from current name): THIS SECTION BELOW TO BE COMPLETED BY PREVIOUS EMPLOYER'S HUMAN RESOURCES OFFICE: This is to certify that the above named person was employed with_____ Name of Institution In the city of ______ County of _____ State of _____ For the period stated below: List each year separately indicating hours worked per day and days worked per year. Indicate full or part-time status. If more space is needed, feel free to make additional copies. Return the completed and signed forms(s) to address above. SALARY EARNED **FULL-TIME** DATES OF SERVICE DAYS WORKED HOURS WORKED POSITION / TITLE HOURLY **DURING THIS** MONTH/DAY/YEAR PER DAY DURING (BE SPECIFIC) OR PART-TIME TIME PERIOD THIS TIME PERIOD FROM ANNUALLY The above school system was fully approved or accredited by the_____ at the time service was performed. Employee's salary will be based on the information given above. Please provide complete information. I certify this to be a true statement.

PLEASE AFFIX STAMP, SEAL, OR ATTACH PROOF OF AUTHENTICITY

Date