



COCHISE SCHOOL DISTRICT NO. 26

5025 N. Bowie Ave.

P.O. Box 1088

Cochise, AZ 85606

(520) 384-2540

(520) 384-4836 Fax

Karl O. Uterhardt, Superintendent

APPLICATION FOR CERTIFIED EMPLOYMENT

1. Name _____
Last First Middle
2. Present Address _____
Street/P.O. Box City State Zip
3. Permanent Address _____
Street/P.O. Box City State Zip
4. Phone () _____ Message () _____
5. Please list, in order of preference, the specific position or positions for which you are certified or wish to be considered as an applicant for:

(1) _____
(2) _____
(3) _____

If an elementary applicant:

Please indicate (4) the areas you can teach and lead appropriate activities:

___ art ___ drama ___ music ___ dance other: _____

Grades 7-8 Only:

Please indicate (4) the activities you would be willing to assist with:

___ speech ___ media prod. ___ art ___ drama ___ music ___ dance
athletics, list: _____

It is the policy of Cochise Elementary School District #26 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: Karl O. Uterhardt, Cochise Elementary School District Office,
5025 N. Bowie Ave., Cochise, AZ 85606, (520) 384-2540.

Special Educational Only:

What handicapping areas are you qualified to teach?

1st _____ 2nd _____ 3rd _____

Special education support position, please indicate (4)

____ School Psychologist ____ Speech Therapist ____ Other, list: _____

6. 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) _____

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

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

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

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

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

12. 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 Cochise School District will complete the A.R.S. §15-512
Certification.

Complete in your own handwriting:

13. Statement as to why you feel qualified for the position(s) applied for:

14. State your philosophy of education as it would apply in the classroom:

15. What are your strengths and weaknesses as related to the position you are applying for?

16. What are your long range goals and objectives as they relate to education?

17. What do you feel are the most important aspects of teaching?

18. What do you want to accomplish as a teacher?

19. How do you go about deciding what it is that should be taught in your class?

20. References: May we request a reference from your present employer? _____ (The Cochise Elementary 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.

21. 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.

22. Teaching Experience:

Practice Teaching:

Name of school	Location	Grade or Subject	Dates

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

23. Other experience: List all years including years when unemployed. List most recent first.

Employer's Name	Location	Position held	Dates	Reason for leaving

A copy of your transcripts and placement file must be sent to us before an interview will be granted.

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

Date of Interview

Election Date _____

Position Desired

Assignment _____

Interviewed by

Salary Class _____

Salary Step _____

Salary Amt. \$ _____

PROFESSIONAL STAFF HIRING**CONSENT TO CONDUCT BACKGROUND
INVESTIGATION AND RELEASE**

I, _____ [applicant's name], have applied for employment with the Cochise Elementary School District to work as a _____ [job title]. I understand that in order for the School District to determine my eligibility, qualifications, and suitability for employment, the School District 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 School District by any educational institution.

According to Arizona Revised Statutes Section [23-1361](#), any employer that provides a written communication to the School District 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 references concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that the School District 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 School District by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to the School District 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 furnishes written or oral references requested by this School District 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____.

Witness

Applicant