

COCHISE ELEMENTARY SCHOOL DISTRICT NO. 26
5025 N. BOWIE AVENUE
COCHISE, ARIZONA 85606
TEL: (520) 384-2540
FAX: (520) 384-4836

APPLICATION FOR CERTIFIED EMPLOYMENT – SUBSTITUTE TEACHER

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. Specific position for which you are certified or wish to be considered as an applicant for:
(1) SUBSTITUTE TEACHER

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 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.

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.

13. 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.

14. 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
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Name of College or University	Location	Major/Minor	Mo	Yr	Degree Earned
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Name of College University (*Graduate)	Location	Major/Minor	Mo	Yr	Degree or No. of Sem.
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15. 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

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

Employer's Name	Location	Position held	Dates	Reason for leaving

Must have a valid 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
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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