

## SUBSTITUTE TEACHER APPLICATION REQUIREMENTS

Thank you for your interest in becoming a substitute teacher for Yavapai Accommodation School District. Please bring the following to our office to begin the application process:

1. Substitute Teacher Employment Application (immediately following this page)
2. Notice to Consumer Authorization form (last page of this packet)
3. Arizona Teaching or Substitute Certificate

To obtain your certificate, contact:

Arizona Department of Education, Certification Unit  
1535 W. Jefferson St.  
Phoenix, AZ 85007  
(602) 542-4367

4. Transcripts, unofficial or official
5. Valid Arizona Fingerprint Clearance Card
6. Immunization Record form - Bring your evidence of immunity for Rubeola (measles) and Rubella (German or 3-day measles). This is required for those born on or after January 1, 1957.
7. Loyalty Oath
8. W-4 Form (Federal tax withholding form)
9. A-4 Form (State tax withholding form)
10. I-9 Employment Eligibility form
11. Personal Data form

It is required that we see your **original Social Security card** in order to set up your payroll records or print your identification badge. Once orientation and all forms are complete, substitute assignments may begin.

# APPLICATION FOR SUBSTITUTE TEACHER

Date of application \_\_\_\_\_ Date of availability \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security Number \_\_\_\_\_

**PERSONAL DATA** (Please type or print using black ink)

1. Home mailing address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

2. Are you legally eligible to work in the United States?..... Yes  No

3. Languages spoken fluently (other than English) \_\_\_\_\_

4. Are you currently receiving benefits from the Arizona State Retirement System? .....  Yes  No

**IMPORTANT:** Before final consideration for employment, the following must be on file in the Human Resources Department: completed application, unofficial transcripts, current and valid Arizona teaching or substitute certificate, and valid fingerprint clearance card.

**AN EQUAL OPPORTUNITY EMPLOYER:** The district does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap/disability, national origin or any other legally protected status.

**DRUG-FREE WORKPLACE:** Yavapai Accommodation School District #99 maintains a drug-free workplace and reserves the right to test employees for use of alcohol or drugs whenever reasonable suspicion exists that the employee has violated the drug-free workplace policy.

**SMOKE-FREE ARIZONA ACT:** As required by Arizona law, applicants are advised that smoking is prohibited in Yavapai Accommodation School District facilities and vehicles.

**REASONABLE ACCOMMODATION:** Any applicant with a disability who needs reasonable accommodation in any step of the application process should notify a representative in the Human Resources Department.

5. If you are not available for full days/everyday, please check when you are available:

Before Noon (AM)  Mon  Tue  Wed  Thu  Fri

After Noon (PM)  Mon  Tue  Wed  Thu  Fri

Evening (5-10 pm)  Mon  Tue  Wed  Thu

**CURRENT (or most recent) EMPLOYER**

6. Present Position \_\_\_\_\_ Start date \_\_\_\_\_  
11. Present Employer \_\_\_\_\_ Phone \_\_\_\_\_  
12. Present (or most recent) Supervisor: \_\_\_\_\_  
NAME TITLE  
13. Reason for leaving present position: \_\_\_\_\_

**Answer the following questions truthfully:**

14. Have you ever been dismissed from a position?  Yes  No  
If yes, explain \_\_\_\_\_

15. Have you ever been asked to resign from a position?  Yes  No  
If yes, explain \_\_\_\_\_

16. Have you ever resigned rather than face disciplinary action and/or non-renewal by an employer and/or disciplinary action against a license/certificate?  Yes  No  
If yes, explain \_\_\_\_\_

17. Have you ever been disciplined for any reason which resulted in suspension from work (with or without pay)?  Yes  No  
If yes, explain \_\_\_\_\_

**SELECTIVE SERVICE REGISTRATION (In compliance with A.R.S. §38-201)**

18. Are you required to be registered with the Selective Service System? (Please check)  Yes  No  
If yes, please state the place of registration indicating the following :

CITY STATE LOCAL BOARD NUMBER \_\_\_\_\_  
Selective Service Number \_\_\_\_\_

19. To be in compliance with federal and state law, applicants are informed that this page may be reproduced for the public if requested.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**EDUCATIONAL PREPARATION**

20. List educational institutions attended: ("See resume" is not sufficient.)  
Highest degree earned: \_\_\_\_\_ Number of graduate semester hours earned after highest degree: \_\_\_\_\_

**PROFESSIONAL EXPERIENCE**

21. STUDENT TEACHING EXPERIENCE:  
22. List other experiences involved with tutoring or teaching students (i.e., camp activities, girl/boy scouts, recreation): \_\_\_\_\_

23. CONTRACTUAL TEACHING ONLY: List most recent experience first, indicate whether position was full-time (FT) or part-time (PT) equivalency, and include the number of years credited in position. DO NOT list substitute teaching experience. ("See resume" is not sufficient.)

24. OTHER WORK EXPERIENCE: List most recent experience first and include substitute teaching.

25. Please explain any gaps in employment not accounted for in item 23 or 24. \_\_\_\_\_

**DEGREE(S) LOCATION GRADUATION**

CIRCLE DEGREE(S)  
NAME OF INSTITUTION CITY, STATE YEAR MAJOR MINOR GPA  
BS BA  
MS MA MED  
EDS PHD EDD  
LOCATION NAME OF SCHOOL CITY, STATE SUBJRECA DTSE ST AOURGHT DATES COOPEMREANTTINOGR TOERACHER  
NAME OF SCHOOL COMPLETE ADDRESS GRADE(S) OR NO. YEARS DATES: Mo/Yr REASON FOR  
(Elem./Jr. High/Sr. High/etc.) (list street, city, state, zip)SUBJECT(S) TAUGHT FT PT Beginning Ending LEAVING  
4  
COMPLETE ADDRESS (list street, city, state, zip)SUPERVISOR'S  
(May be used for professional reference) NATURE OF WORK DATES NAME  
EMPLOYER

5 CERTIFICATION

26. Do you hold a valid and current Arizona teaching or substitute certificate? .....£  Yes £  No  
If YES, please complete item 27. If NO, proceed to item 28.

27. Arizona certificates/endorsements now held:

28. Have you applied to the Arizona State Board of Education, Certification Unit, for a teaching or substitute certificate?

£  Yes  No If YES, date applied \_\_\_\_\_

29. Do you hold a valid Arizona Fingerprint Clearance Card?

£  Yes, Date of Expiration \_\_\_\_\_ £  No, Date Applied \_\_\_\_\_

(please, provide copy) (please, provide copy)

30. Arizona certificates/endorsements for which now eligible:

\_\_\_\_\_

Inquiries regarding certification should be directed to the Arizona State Board of Education, Certification Unit, 1535 West Jefferson Street, Phoenix, Arizona 85007, (602) 542-4367, or visit their website at [www.ade.state.az.us/certification](http://www.ade.state.az.us/certification).

Make contact immediately as certification procedures may cause up to a four-month delay in a certificate being issued.

PROFESSIONAL REFERENCES

31. Give names and complete addresses of three references who are familiar with your personality, character and

work performance. (Do not include family/relatives.)

32. Name any relatives now employed by Yavapai Accommodation School District and their position/site.

\_\_\_\_\_

SPECIFIC TITLE OF CERTIFICATE/ENDORSEMENT DATE ISSUED DATE OF EXPIRATION  
NAME KYNEOAWRSN POOFSFICTHIOANL (LCisOt sMtrPeLeEt,T cEit yA,D sDtaRteE,S zSip) PHONE

PLEASE NOTE:

Assigning an individual as a substitute is solely at the discretion of the District. Placement of an individual on the list does not assure employment. Once called as a substitute for a day or partial day, the individual has no expectation of continued employment. The individual has no right to notice or hearing in connection with the District's decision not to call or to no longer call the individual as a substitute.

91-30-30 D (12/08)

CRIMINAL ACTIVITY REPORT

The following information is needed from all applicants and employees. A record of arrest or conviction\* does not

prohibit employment; however, failure to complete this form accurately and completely may mean disqualification

from consideration for employment, or may be cause for dismissal if employed. Failure to disclose all information may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions and arrests that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Assistant Superintendent of Human Resources. Please read carefully and answer every question.

1. Name \_\_\_\_\_

Other names used \_\_\_\_\_

Answer these questions truthfully even if the condition was ultimately expunged, reversed or otherwise set aside.

If any of the boxes are marked "YES," fill in the information below and attach a letter of explanation.

2. Have you ever been convicted\* of any misdemeanor offense(s) other than traffic violation(s)?  Yes  No

3. Have you ever been convicted\* of a DUI offense? .....  Yes  No

4. Have you ever been convicted\* of a felony? .....  Yes  No

5. Have you ever been convicted\* of a sex or drug related offense?.....  Yes  No

6. Have you ever been convicted\* of a dangerous crime against children

as defined in A.R.S. § 13.604.01? \*\* ..... £  Yes £  No

7. Have you ever been arrested for any offense which has not yet been resolved? ..... £  Yes £  No

CONVICTION INFORMATION

1. CONVICTION CHARGE DATE OF CONVICTION COURT OF CONVICTION  
CITY STATE AMOUNT OF FINE LENGTH OF JAIL TERM  
FACTUAL DETAILS OR OTHER REMARKS: LENGTH AND TERMS OF PROBATION:  
2. CONVICTION CHARGE DATE OF CONVICTION COURT OF CONVICTION  
CITY STATE AMOUNT OF FINE LENGTH OF JAIL TERM  
FACTUAL DETAILS OR OTHER REMARKS: LENGTH AND TERMS OF PROBATION:

\* **CONVICTION** is defined as any time you were found guilty of an offense and:  
• forfeited a bond; • received a "suspended" sentence; • received a "deferred" sentence;  
• served a term of probation; • conviction was expunged or set aside; • served time in prison; and/or  
• paid a fine; • served time in city or county jail; • plea of nolo contendere

\*\* A.R.S. §13.3716 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined in A.R.S. §13.604.01 as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse, if any of these crimes are committed against a minor under 15 years of age.

Under penalty of criminal prosecution and dismissal, I hereby certify that the information presented in this application is true, accurate and complete. I understand and agree that misrepresentation or omission of relevant facts would be good cause for rejection of my application or, if I have been employed, for immediate termination of my employment.

I understand that, if I am considered for an offer of employment, the Mesa Public School District will conduct a background investigation for the District to determine my eligibility, qualifications and suitability for employment. I hereby give my consent for any employer or educational institution to release any information requested for this background investigation. Also, I waive any rights I have under state or federal law to review or obtain a copy of such information. I understand that my employment is not finalized until the background investigation has been completed.

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 the District to complete its background

investigation. A photocopy or facsimile copy of this form that shows my signature shall be valid as an original. **Furthermore, I understand that I have no right of access to any materials submitted and information gathered by the District during the application process and that such materials and information are considered the sole property of the Yavapai Accommodation School District.**

\_\_\_\_\_  
Signature Date

## NOTICE TO CONSUMER

This is to advise you that the Yavapai Accommodation School District may obtain a consumer report concerning you for purposes of evaluating your employment, promotion, reassignment, or retention as an employee.

Unless you are otherwise notified in writing, the District will limit its request for consumer information to criminal history.

This notice is provided pursuant to the federal Fair Credit Reporting Act, which gives you specific rights

in dealing with consumer reporting agencies and users of consumer reports. You may request a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" from the District. This request should be in writing and sent to Janice L. Ramirez, Ph.D., Assistant Superintendent, Human Resources, 63 E. Main St. #101., Mesa, Arizona 85201-7422.

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\*

## AUTHORIZATION

By signing below, I authorize the Yavapai Accommodation School District to procure a consumer report in accordance with the above Notice to Consumer.

Signature

Printed Name

Social Security Number

Date

HR use only: MMR: \_\_\_\_\_ Void: \_\_\_\_\_ Badge #: \_\_\_\_\_

I:\Processing forms\perdataform.doc REV: 08/18/08

### PERSONAL DATA FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last First Middle

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnic Background: (check one)

White  Black  Hispanic  American Indian or Alaskan Native  Asian or Pacific Islander

Gender:  Male  Female

Home Address:

street # street name st, rd, ave apt #

\_\_\_\_\_  
city state zip +4

Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

e-Mail Address:

Mailing Address (leave blank if same as physical address):

street # street name st, rd, ave apt #

\_\_\_\_\_  
city state zip +4

**Emergency Notification:** Address & phone where emergency contact can be reached during **YOUR** work hours

Name: Relationship:

Telephone: #1 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ #2 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

Address:

street # street name st, rd, ave apt #

\_\_\_\_\_  
city state zip +4

Name:

\$

\$

\$

\$

Date:

**Direct Deposit Authorization Agreement Form**

w-4  
a-2  
I-9  
Loyalty Oath of Office



**YAVAPAI ACCOMMODATION SCHOOL DISTRICT**  
**Yavapai County, Arizona**

**LOYALTY OATH**

State of Arizona, County of Yavapai,

I, , do solemnly swear (or affirm) that I will support the  
(Name of Employee)

Constitution of the United States and the Constitution and laws of the State of Arizona, that I will bear true faith and allegiance to the same and defend them against all enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties of the office of (Job Title) according to the best of my ability, so help me God (or so I do affirm).

Signature of Employee

**A.R.S. §38-231**

A. In order to ensure the statewide application of this section on a uniform basis, each board, commission, agency, and independent office of this state, and of any of its political subdivisions, and of any county, city, town, municipal corporation, school district and public educational institution, shall completely reproduce this section so that the form of written oath or affirmation required in this section contains all of the provisions of this section for use by all officers and employees of all boards, commissions, agencies and independent offices.

B. Any officer or employee who fails to take and subscribe to the oath or affirmation provided by this section within the time limits prescribed by this section is not entitled to any compensation until the officer or employee does so take and subscribe to the form of oath or affirmation prescribed by this section.

C. Any officer or employee having taken the form of oath or affirmation prescribed by this section, and knowingly at the time of subscribing to the oath or affirmation, or at any time thereafter during the officer's or employee's term of office or employment, does commit or aid in the commission of any act to overthrow by force, violence or terrorism as defined in section 13-2301 the government of this state or of any of its political subdivisions, or advocates the overthrow by force, violence or terrorism as defined in section 13-2301 of the government of this state or of any of its political subdivisions, is guilty of a class 4 felony and, on conviction under this section, the officer or employee is deemed discharged from the office or employment and is not entitled to any additional compensation or any other emoluments or benefits which may have been incident or appurtenant to the office or employment.

D. Any of the persons referred to in article XVIII, section 10, Constitution of Arizona, as amended, relating to the employment of aliens, are exempted from any compliance with this section.

E. In addition to any other form of oath or affirmation specifically provided by law for an officer or employee, before any officer or employee enters upon the duties of the office or employment, the officer or employee shall take and subscribe the following oath or affirmation: [loyalty oath stated above]

F. For the purposes of this section, "officer or employee" means any person elected, appointed or employed, either on a part-time or full-time basis, by this state or any of its political subdivisions or any county, city, town, municipal corporation, school district, public educational institution or any board, commission or agency of any county, city, town, municipal corporation, school district or public educational institution.

GCD-R-F & GDD-R(1)-F(3) (09/18/03)

**EMPLOYEE IMMUNIZATION RECORD**

EMPLOYEE NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

Arizona Department of Health Services rules (A.A.C. R9-6-336 and R9-6-349) **provide for an exclusion**

**from school of non-immune persons during outbreak of Rubeola (measles) or Rubella (German measles).** It shall be a condition of employment that the employee provide the district with evidence of immunity for Rubeola and Rubella unless employee falls within an exception listed below. See MUSD governing board policy GBE - Staff Health and Safety.

**NOTE: Evidence of immunity or signed statement of exemption must be provided.**

Please check appropriate space:

**1. Rubeola (measles)**

\_\_\_\_\_ born before January 1, 1957: considered immune; no documentation necessary.

\_\_\_\_\_ born on or after January 1, 1957: must submit evidence of immunity.

Evidence of immunity to Rubeola (measles) shall consist of:

- a. a record of immunization against Rubeola showing one dose of measles vaccine, received on or after January 1, 1968 (vaccine must have been received on or after the first birthday); **or**
- b. a statement signed by a licensed physician or a state or local health officer which affirms serologic (blood test) evidence of having had Rubeola.

**2. Rubella (German or 3-day measles)**

\_\_\_\_\_ born before January 1, 1957: considered immune; no documentation necessary.

\_\_\_\_\_ born on or after after January 1, 1957: must submit evidence of immunity.

Evidence of immunity to Rubella (German measles) shall consist of:

- a. a record of immunization showing one dose of Rubella vaccine, received on or after June 1, 1969 (vaccine must have been received on or after the first birthday); **or**
- b. a statement signed by a licensed physician or a state or local health officer which affirms serologic (blood test) evidence of having had Rubella.

**EXCEPTIONS:**

1. Provide written certification by a licensed physician that medical condition or circumstance precludes immunization (**INCLUDES ATTEMPTING TO CONCEIVE OR PREGNANCY**).

2. Signed statement by employee that personal religious beliefs preclude immunization.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

HR use only:

Immunization Record: MONTH/DAY/YEAR

Measles/Mumps/Rubella (MMR) Vaccine \_\_\_\_/\_\_\_\_/\_\_\_\_

Measles/Rubella (MR) Vaccine \_\_\_\_/\_\_\_\_/\_\_\_\_

Measles Titer (blood test) \_\_\_\_/\_\_\_\_/\_\_\_\_

Rubella Titer (blood test) \_\_\_\_/\_\_\_\_/\_\_\_\_

Revised 11/14/05

