

## SUBSTITUTE TEACHER APPLICATION

Western Arizona Vocational Education #50 PO Box 7000 • Kingman, AZ 86402

Phone: 928-753-0747 • Fax: 928-718-4958

## AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. No questions on this application should be answered in such a manner as to disclose race, color, creed, national origin, ancestry, age, marital status, sex, or the existence of any physical handicaps or mental condition unrelated to the performance of the position for which you are applying.

Position for which you are applying: <u>Su</u>	abstitute Teacher *Lake	<u> Havasu City – Culinary/H</u>	ospitality Campus	
This application will be considered com	plete when the District i	s in receipt of the followin	g:	
☐ Completed Application Form ☐ Resume ☐ Current AZ Teaching Certific ☐ Valid IVP Fingerprint Card	<u></u>	Three (3) Current Letters o (Professional Referenc Transcript(s) of Credits/De	es Preferred)	
*Copies of transcripts and teacher certification hired as a Substitute Teacher. When all of these consideration for openings.				
1. PERSONAL:				
Name:		Social Security #: (will	be requested if hired)	
(Last) (First)	(Middle)			
Address:	(\$4040   7:0)	Email:		
(Number/Street) (Ci Primary Phone:	(State/Zip) Other Phone:			
2. PRESENT EMPLOYMENT:				
Title of present position:	Emp	ployed by:		
Business address:	Bus	Business phone:		
Number of students supervised:	Nur	mber of staff supervised:		
Length of time in present position:	Pres	sent end date and salary:		
3. SUMMARY OF WORK EXPERIE	ENCE: List employment	t experience in chronologic	cal order (most recent	
at top). Please include teaching, student	t teaching and any other	work experience.		
INSTITUTION AND LOCATION	POSITION	FROM/TO	YEARS	
			Revised 10/26/2017	

AME OF SCHOOL AND LOCATION  - INCLUDE HIGH SCHOOL, COLLEGE, GRADUATE WORK	DATES	SEM. HRS.	DEGREE/ DIPLOMA	MAJOR SUBJECT	MINOR SUBJECT
		<u> </u>			
ARIZONA CERTIFICATIO	•	•			
CERTIFICATION TYPE	CER	CERTIFICATION NUMBER		EXPIRATION DATE	
				HONORS:	
REFERENCES: Please List pur current/most recent immedi	ersons who	IVITIES, S	SERVICE, AND I	ofessional work. <i>Be</i>	
REFERENCES: Please List pour current/most recent immediance.  NAME OF	IENT, ACT	IVITIES, S	SERVICE, AND I		e sure to includ

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. 1. Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any 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 the dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the cases(s). Yes No Explanation 2. 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 dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the cases(s). Yes No Explanation 3. 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 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. Yes No Explanation 4. 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 answer "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 If so, provide details, including date of conviction, court where convicted, sentence imposed and present status of convictions. 6. Have you ever been convicted of a felony? \(\begin{aligned} \text{Yes} \\ \ext{\text{\text{\text{o}}}} \\ \text{No} \quad \text{If "Yes," attach an explanation.} \end{aligned} I attest that all the information provided in this application is true and correct. I understand that, if employed, false statements shall be considered sufficient cause for dismissal. I authorize the verification of this information and the release of grade transcripts and additional information pertinent to my employment from the sources identified in this application. I understand I am responsible for costs associated with fingerprint and certification requirements. WAVE #50 will be conducting (at their expense) an independent background check on all new employees. As a substitute teacher, I am required to follow all Governing Board, state and administrative policies and procedures. I am on call as needed with no guarantee of hours or full-time employment.

Signature of Applicant

Please respond to the following questions. "Yes" answers will not necessarily result in denial of employment.

Date