

**PAYSON UNIFIED SCHOOL DISTRICT #10**

P.O. BOX 919 \*\* 902 WEST MAIN STREET

PAYSON AZ 85547

(928) 474-2070 FAX (928) 472-2013

**APPLICATION FOR SUBSTITUTE TEACHER**

(Please type or Print)

Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Miss \_\_\_\_\_  
Ms \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Mailing  
City State Zip Code

Phone Number: \_\_\_\_\_ Message Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBSTITUTE TEACHING LEVELS YOU DESIRE**

(INDICATE ONE OR MORE - LIST ORDER OF PREFERENCE AND SUBJECTS)

K-5 Elementary  K-8 Middle School  9-12 High School  
 6-8 Middle School \_\_\_\_\_  
 9-12 High School \_\_\_\_\_  
Days of Week Preferred:  Mon  Tues  Wed  Thurs  Fri

*Submission of resume' recommended, not required.  
This application must be completed without reference to resume'.  
Applications will be retained for one year.*

**PERSONAL DATA**

(Please type or print)

- 1. When will you be available for work? \_\_\_\_\_
- 2. Other names used (include maiden name) \_\_\_\_\_ Date of use \_\_\_\_\_
- 3. Previous mailing address: \_\_\_\_\_  
Street City State Zip Code
- 4. Location of placement records and file: (give complete address / phone #)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Arizona Certificates now held or eligible (indicate below)

TYPE(S) & GRADE(S)	MAJORS	APPROVED AREAS	ENDORSEMENTS	EXP. DATE

**PERSONAL DATA CONTINUED**

**5b. Other State Certification**

STATE	TYPE / GRADE(S)	MAJOR(S)	APPROVED AREAS	ENDORSEMENTS	EXPIRATION DATE

6. Do you have a driver's license?       YES                       NO      TYPE? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_      State: \_\_\_\_\_      Exp. Date: \_\_\_\_\_

Commercial Driver's License?       YES                       NO

**An Equal Opportunity Organization**  
*This District does not discriminate on the basis of age, race, color, religion, sex, marital status, disability, or national origin.*

Provide information below for employers  
for at least the last twenty (20) years with the most recent first.  
"See Resume" is not responsive.

You are required to provide the month and year for each date required. If you are being considered for employment, the District will contact your current and past employers. Attach supplemental sheet if necessary. Identify question(s) to which you are responding.

**PROFESSIONAL EXPERIENCE**

Dates Employed Month / Year	Employer's Name Address/Phone	Supervisor's Name	Reason for Leaving	Grade Level/ Subject Taught
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

**7. Please explain any gaps in employment of over 30 days. (For the past 20 years) Attach supplemental sheet if necessary.**

necessary. Identify question(s) to which your are responding.

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8. Have you ever been dismissed from a position?  YES  NO  
 If yes, explain.

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8a. Have you ever been asked to resign from a position?  YES  NO  
 If yes, explain.

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8b. Have you ever resigned from a position rather than being non-renewed or dismissed or face disciplinary action by an employer or against your certificate? If yes, explain  YES  NO

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**EDUCATION AND PROFESSIONAL PREPARATION**

9. List schools attended and special training received: ("See Resume" is NOT responsive)						
HIGH SCHOOL	ADDRESS					
COLL./ UNIVERSITY	ADDRESS	DATES ATTENDED	YR. GRAD	DEGREE	MAJOR / MINOR	GPA
		From:				
		To:				
		From:				
		To:				
		From:				
		To:				
		From:				
		To:				

Highest Degree Earned: \_\_\_\_\_ Total graduate hours above degree earned: \_\_\_\_\_

Total undergraduate hours above degree earned (if applicable): \_\_\_\_\_

**EDUCATION AND PROFESSIONAL PREPARATION CONTINUED.**

Describe additional education not previously listed. (I.e. Trade, Technical, Specialty Schools)

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9a. List honors you have received: \_\_\_\_\_

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9b. List professional organizations to which you belong: \_\_\_\_\_

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9c. List leadership positions in organizations: \_\_\_\_\_

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9d. Describe special abilities or talents applicable to student instruction or activities: \_\_\_\_\_

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**PERSONAL REFERENCES**

Give names and complete address and phone number of 3 references who are familiar with your personality, character and work habits. **(DO NOT use relatives as references).**

NAME	DATES KNOWN <small>(Provide Month &amp; Year)</small>	OCCUPATION	ADDRESS	PHONE #
	From:  To:			
	From:  To:			
	From:  To:			

**CONVICTION REPORT**

10. Because of the responsibility the Payson Unified School District No. 10 has to its school children and community, the following

information is needed from all applicants and employees regarding convictions.\* A record of conviction does not necessarily disqualify applicant from consideration; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of dismissal if employed and may result in prosecution for filing false information with a public agency. Applicants and employees must report any considerations that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the District Personnel Clerk. Please read carefully and answer every question.

**PLEASE PRINT CLEARLY**

a. NAME: \_\_\_\_\_  
Last First Full Middle Name

OTHER NAMES USED: \_\_\_\_\_ (Include Maiden Name, Nicknames, Etc.)

- b. Social Security Number: \_\_\_\_\_
- c. Have you ever been convicted of a minor offense other than a traffic violation?  YES  NO
- d. Have you ever been convicted of a felony?  YES  NO
- e. Are you now waiting trial on a felony charge?  YES  NO
- f. Have you ever been convicted of a sex or drug related offense?  YES  NO
- g. Have you ever admitted or been convicted of a dangerous crime against children as defined in A.R.S. 13-604-01?\*\*\*  YES  NO

**IF YOU ANSWERED YES TO ANY OF QUESTIONS C THROUGH G, ATTACH "SUPPLEMENTAL CONVICTION INFORMATION FORM" AVAILABLE FROM THE PERSONNEL OFFICE:**

11. Is there any other information not required by this application that you should disclose to the District so that it may accurately evaluate your fitness to work in a position of public trust with minor students?  YES  NO

(If you are uncertain as to the relevance or necessity to disclose a matter, trait, etc., disclose and the District will determine whether the information is pertinent). If your answer is anything other than NO, explain fully.

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate and complete.

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of Payson Unified School District No. 10.

I authorize the Payson Unified School District No. 10 to make reference checks prior to employment and I will execute such documents to facilitate this investigation. (This obligation to cooperate does not cease upon employment). I understand that my employment is not finalized until the background investigation has been completed and the Governing Board has officially approved my employment. I understand that misrepresentation or omission of per fact or failure to cooperate in the investigation may be cause for dismissal.

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

\***CONVICTION** means the final judgement on a verdict or a finding of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken.

Conviction does not include a final judgement which has been expunged by pardon, reversed, set aside or otherwise rendered invalid.

\*\* Please note that prior to hiring, you must submit a notarized statement, provided by the district, attesting to the fact that you have neither admitted nor committed the crimes listed in A.R.S. 15-512D and A.R.S. 13-604.01. In conjunction with this you will submit fingerprints for a background check. The crimes required to be disclosed on the affidavit are:

\*\*\***A.R.S. 15-512(D)**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Sexual abuse of a minor.</li> <li>2. Incest.</li> <li>3. First- or second-degree murder.</li> <li>4. Kidnapping.</li> <li>5. Arson.</li> <li>6. Sexual assault.</li> <li>7. Sexual exploitation of a minor.</li> <li>8. Felony offenses involving contributing to the delinquency of a minor.</li> <li>9. Commercial sexual exploitation of a minor.</li> <li>10. Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana or dangerous or narcotic drugs.</li> <li>11. Felony offenses involving the possession or use of marijuana or dangerous drugs.</li> </ol> | <ol style="list-style-type: none"> <li>12. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.</li> <li>13. Burglary in the first degree.</li> <li>14. Burglary in the second- or third-degree.</li> <li>15. Aggravated or armed robbery.</li> <li>16. Robbery.</li> <li>17. A dangerous crime against children as defined in A.R.S. 13-604.01*.</li> <li>18. Child abuse.</li> <li>19. Sexual conduct with a minor.</li> <li>20. Molestation of a child.</li> <li>21. Voluntary manslaughter.</li> <li>22. Aggravated assault.</li> <li>23. Assault.</li> <li>24. Exploitation of minors involving drug offenses.</li> </ol> |
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\***A.R.S. 13-604.01:** prohibits any of the following with a minor under the age of fifteen.

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Second-degree murder.</li> <li>2. Aggravated assault resulting in serious physical injury or committed by the use of a deadly weapon or dangerous instrument.</li> <li>3. Sexual assault.</li> <li>4. Molestation of a child.</li> <li>5. Sexual conduct with a minor.</li> </ol> | <ol style="list-style-type: none"> <li>6. Commercial sexual exploitation of a minor.</li> <li>7. Child abuse as defined in 13-3623, sub.b, para. 1.</li> <li>8. Kidnapping.</li> <li>9. Sexual abuse.</li> <li>10. Taking a child for the purpose of prostitution.</li> <li>11. Child prostitution.</li> <li>12. Involving or using minors in drug offenses.</li> </ol> |
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STATEMENT OF COMPLIANCE WITH THE  
MILITARY SELECTIVE SERVICE ACT

PLEASE PRINT

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Date of Birth Social Security Number

I certify that I am registered with Selective Service.

I certify that I am not required to be registered with Selective Service because:

I am female;

I am in the services on active duty;  
(NOTE: Members of the Reserves and National Guard are not considered on active duty).

I have not reached my 18th birthday;

I have passed my 26th birthday;

I am a permanent resident of the Trust Territory of the Public Islands or the No. Mariana Islands.

I am a member of the United States Armed Forces Reserves or National Guard.

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