

HACKBERRY ELEMENTARY SCHOOL DISTRICT NO.3  
CEDAR HILLS SCHOOL  
9501 NELLIE DRIVE, KINGMAN AZ 86401  
928.692.0013 Fax: 928.692.1075

**CERTIFIED EMPLOYMENT APPLICATION**  
For Highly Qualified, Certified Teacher Position

**IMPORTANT:** Before final consideration for employment, the candidate must have on file in the personnel office a complete set of Transcripts, Certification and Fingerprint clearance. It is the candidate's responsibility to see that transcripts and placement file are provided. A screening interview is also required. Out-Of-State candidates should write to the State Department of Education, 1535 W. Jefferson Street, Phoenix, AZ 85007, regarding certification. All applicants must qualify for Arizona Certification prior to employment.

The District does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap or national origin. BOTH MALE AND FEMALE ARE URGED TO APPLY.

**ACKNOWLEDGEMENT OF APPLICANT READ THIS PARAGRAPH BEFORE SIGNING THIS EMPLOYMENT APPLICATION:**

- A. Every answer I have provided on this employment application is both complete and truthful. I understand and agree that:
1. If any information is omitted from or not filled in on this application, or if any false information is furnished, the District will reject my application.
  2. I will be ineligible for any future consideration for employment and may be subject to criminal prosecution, and
  3. If I am employed by the District, I may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined that I have furnished false information on this application

NO QUESTION ON THIS EMPLOYMENT 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.



LAST

FIRST

MIDDLE

DATE: \_\_\_\_\_

Position Desired (First Preference Only) \_\_\_\_\_  
Grade Level and/or Subject

Both Male and Female are urged to apply

EQUAL OPPORTUNITY EMPLOYER

*PHOTO*

*(Required upon Employment)*

PERSONAL DATA (please type or print)

Name \_\_\_\_\_

Other Names Used \_\_\_\_\_ Dates of Usage \_\_\_\_\_  
\_\_\_\_\_

Home Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Position Desired:

\_\_\_\_\_ Elementary, Grade K-6, list in order of preference

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

When will you be available? \_\_\_\_\_ Present Position \_\_\_\_\_

Salary \_\_\_\_\_ Reason for leaving your present position

\_\_\_\_\_  
\_\_\_\_\_

Present (or most recent) administrative supervisor(s):

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

Have you ever been dismissed or asked to resign from a position? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Have you been employed by HESD#3 before? \_\_\_\_\_ When: \_\_\_\_\_

List any friends or relatives employed by HESD#3

\_\_\_\_\_



PROFESSIONAL GROWTH:

Please fill out this page in your own handwriting. If more room is needed, attach a separate sheet.

Write a brief statement indicating:

- a. The reasons why you desire to teach at Hackberry Elementary School District No.3
- b. What plans do you have for professional growth?
- c. What are your educational goal(s) for the future?



## PERSONAL INFORMATION AND REFERENCES

Give names and complete addresses of three (3) references that are familiar with your personality, character and work performance. Also be sure to include accurate phone numbers, including area code.

Name	Years Known	Official Position	Address	Phone (with area code)

### SELECTIVE SERVICE REGISTRATION: (In compliance with Arizona HB2193)

Are you required to be registered with the Selective Service System? \_\_\_\_\_ Yes \_\_\_\_\_ No

### IMMUNIZATION RECORD INFORMATION:

Arizona State Department of Health Services regulations (R9-6-729 and R9-6-742) require that an immunization record for each school employee be on file prior to employment. It shall be a condition of employment that the employee provide the District with proof of immunization of Rubella or Rubeola unless employee falls within one of the exceptions provided in the District policy (GBE(2)-R-Staff Health and Safety).

ALL Employees are required to take a medical test for active Infectious Pulmonary Tuberculosis.

If any of the following questions are answer is YES, attached additional information.

Are you receiving Arizona retirement? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever claimed Industrial Compensation for an injury? \_\_\_\_\_ Yes \_\_\_\_\_ No



**EMPLOYMENT HISTORY:**

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Contact/Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Contact/Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Contact/Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date