








KINGMAN ACADEMY OF LEARNING

3410 N. Burbank Street, Kingman, AZ 86409 • (928) 681-2400

CERTIFIED ADMINISTRATIVE APPLICATION

Kingman Academy of Learning requires that all candidates selected to fill vacancies have a valid Arizona IVP Fingerprint Clearance Card prior to the initial date of their employment. Applicants may be given up to 60 days for a fingerprint clearance card to be approved by the Arizona Department of Public Safety. Based on the best interest of the school, Kingman Academy of Learning reserves the right to reduce or extend the length of time given for approval of a fingerprint clearance card.

Thank you for your interest in applying for a certified administrative position with Kingman Academy of Learning. Please refer to the following steps as a guide for your application process:

-  Answer all questions completely, accurately and honestly. **Incomplete applications will not be accepted.** False statements are the cause for refusal of application, removal from consideration or dismissal from a position. Avoid any reference on the application to sex, race, creed, age, religion, handicap, or national origin. A resume may be attached but is not acceptable in lieu of a completed application.
-  Attach a copy of your valid Arizona Certificate or a copy of the application receipt for certification from the Arizona Dept. of Education. Questions concerning Arizona certification requirements may be answered by calling the Arizona Dept. of Education, Certification Unit at 602-542-4367 or via the web at www.ade.state.az.us/certification.
-  Attach a copy of your valid State of Arizona Fingerprint Clearance Card (front and back).
-  Attach a copy of **ALL** your college transcripts. Official transcripts will be required at the time of employment.
-  Attach three current professional reference letters.
-  Certified Administrative applications remain on file for two years.
-  Applications can be updated by completing the Certified Administrative Application Update Form which is available at the District Office.

If you are offered a position with Kingman Academy of Learning you will be required to show proof of immunity to Rubeola (Measles) if born on or after 1/1/57 and proof of immunity to Rubella (German Measles) regardless of your birth date. Also required will be your Social Security card and driver's license.

AN EQUAL OPPORTUNITY EMPLOYER IN COMPLIANCE WITH ALL STATE AND FEDERAL
NON-DISCRIMINATION AND AFFIRMATIVE ACTION GUIDELINES

IDENTITY &
PERSONAL DATA

Name _____ SS # _____

 Last First Middle

Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Are you currently under contract? Yes No If yes, where? _____

Have you ever worked under a different name? Yes No If so, what name(s)? _____

Are you retired from the Arizona State Retirement System (ASRS)? Yes No

List any friends or relatives employed by Kingman Academy of Learning _____

Do you know of any reason that you would be unable to perform any duties of the position sought?

Yes No If yes, please explain _____

Describe your special abilities or talents (e.g. sports, drama, etc.) _____

List any extensive travel you have done _____

List honors received _____

PLEASE SPECIFY POSITION APPLYING FOR

LOCATION (Mark all that apply)

Primary (Preschool-2)

Intermediate (3-5)

Middle (6-8)

High School (9-12)

Other - Please Specify _____

ADMINISTRATIVE
POSITIONS

**EDUCATIONAL
BACKGROUND**

| Name of School | Location | Major/Minor | Degree |
|----------------|----------|-------------|--------|
| | | | |
| | | | |

Highest degree earned _____ Graduate semester hours after highest degree _____

CERTIFICATION

| Certificate | Endorsements | Approved Areas | Exp. Date |
|-------------|--------------|----------------|-----------|
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**TEACHING & ADMINISTRATIVE
EXPERIENCE**

List previous work experience in education beginning with the most recent. Full-Time Years Worked _____ Do NOT include student teaching or substitute teaching. Attach a blank sheet of paper if additional space is needed. "See Resume" is not sufficient.

| SCHOOL NAME, CITY & STATE - CONTACT NAME | PHONE NUMBER | ASSIGNMENT/ SALARY | NO. YEARS | | DATE (MO/YR) | | REASON FOR LEAVING / OTHER COMMENTS |
|--|--------------|--------------------|-----------|----|--------------|----|-------------------------------------|
| | | | FT | PT | FROM | TO | |
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**PERSONAL
REFERENCES**

List at least three current personal references with valid email addresses and phone numbers that we may contact.

| NAME | EMAIL ADDRESS | PHONE NUMBER |
|------|---------------|--------------|
| | | |
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CONVICTION REPORT

Because of the tremendous responsibility Kingman Academy of Learning 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 prohibit employment; however, failure to complete this form accurately and completely can mean disqualification from consideration for employment or can be cause for consideration of dismissal if employed. Applicants and employees must report any convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Human Resources Department.

Name _____ Soc. Sec. # _____

Other Names Used/Known By _____ Dates of Usage _____

- | | | |
|---|-----|----|
| 1. Have you ever been convicted or pled guilty or "no contest" to ANY offense in a court of law? | Yes | No |
| 2. Have you ever been convicted of ANY sex, alcohol or drug related offense? | Yes | No |
| 3. Have you ever been convicted of ANY dangerous crime against children as defined in A.R.S. 13.604.01?* | Yes | No |

If any of the questions above are marked "YES", fill in the information below and include an explanation on the reverse side of this page.

CONVICTION INFORMATION

| | | |
|-------------------------------|-----------------------------|-------------------------------|
| 1. ARREST / CONVICTION CHARGE | DATE OF ARREST / CONVICTION | COURT OF CONVICTION |
| CITY | STATE | AMOUNT OF FINE |
| REMARKS | | LENGTH AND TERMS OF PROBATION |
| 2. ARREST / CONVICTION CHARGE | DATE OF ARREST / CONVICTION | COURT OF CONVICTION |
| CITY | STATE | AMOUNT OF FINE |
| REMARKS | | LENGTH AND TERMS OF PROBATION |

*CONVICTION means the final judgment 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 judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

**A.R.S. 13.3716 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, sexual assault of a child, sexual conduct with a minor, sexual exploitation of minor, child abuse, kidnapping and sexual abuse.

I AUTHORIZE INVESTIGATION OF ALL THE STATEMENTS IN THIS APPLICATION INCLUDING INVESTIGATION OF PREVIOUS EMPLOYMENT EXPERIENCES. I CERTIFY THAT THE ANSWERS ARE TRUE AND COMPLETE AND UNDERSTAND THAT FALSIFICATION OR OMISSION OF FACTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISQUALIFICATION OR DISMISSAL. I UNDERSTAND MY RESPONSIBILITY TO IMMEDIATELY NOTIFY KINGMAN ACADEMY OF LEARNING IF I SHOULD BE ARRESTED FOR OR CONVICTED OF AN OFFENSE THAT WOULD INVALIDATE MY FINGERPRINT CLEARANCE CARD.

SIGNATURE _____ DATE _____

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REFERENCE CHECK CONSENT & AUTHORIZATION FORM

READ CAREFULLY AND COMPLETELY BEFORE SIGNING

I have applied for employment with Kingman Academy of Learning and have provided information about my previous employment. My signature below authorizes my former or current employers and references to release the contents of my employment record with their organizations and to provide any additional information that may be necessary for my application for employment with Kingman Academy of Learning, whether the information is positive or negative.

I authorize Kingman Academy of Learning to investigate all statements made in my application for employment and to obtain any and all information concerning my former/current employment. This includes my job performance appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment history. I knowingly and voluntarily release all former and current employers, references, and Kingman Academy of Learning from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Kingman Academy of Learning.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

Applicant Name (please print) _____

Social Security Number _____

Date _____

Signature _____