



## PERSONAL INFORMATION

Title: (Mr., Mrs., Miss, Dr., etc.)	
First Name:	
Middle Initial:	
Last Name:	
Address:	
City:	
State:	
Zip Code:	
Phone:	

## POSITIONS OF INTEREST

### Positions:

Please identify in numerical order the preferred levels and preferences or list the positions from the Arizona Education Employment Board:

--

### Special Education and Allied Health Positions:

Please specify exceptionalities and certifications:

--

ESL Endorsement:                    YES                    NO

Bilingual Endorsement:           YES                    NO

## PROFESSIONAL EDUCATION/QUALIFICATIONS

Degree	Major	University	Date Completed

### Student Teaching/Clinical/Intern Experience:

Dates	Grade/Subject	Location	School Names/Phone Numbers

### Full Time Teaching/Professional Experience (Under Contract and Credentialed):

Dates	Grade/Subject	Location	School Names/Phone Numbers

### Other Related Work Experience and Dates:

--

Have you met the Arizona Educator Proficiency Assessments (AEPA) or National Evaluation Series (NES) requirements for your certificates and endorsements?

YES

NO

Certificates Now Held or Applied for (including out-of-state):

Type:	State:	Expires:

Endorsements/Clinical/Licenses:

Type:	State:	Expires:

## PERSONAL DATA

Date Available For Employment:

Have you ever been denied a teaching certificate/license or had your teaching certificate/license suspended or revoked?

YES

NO

If yes, check the action taken:

denied

suspended

revoked

Which State(s):

Please specify any language (other than English) that you are proficient in:

**Professional References:**

Include a minimum of three people who have knowledge of your professional/teaching experiences. Include the name, position, school/business, e-mail address, and phone number for each reference.

Are you legally authorized to work in the United States of America?                      YES                      NO

**AUTHORIZATION AND RELEASE**

I HEREBY CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION AND ALL RELATED INFORMATION WHICH I HAVE PROVIDED ARE TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

YES                      NO

I EXPRESSLY AUTHORIZE THE RELEASE TO THE EDUCATIONAL AGENCY RECEIVING THIS APPLICATION ANY RECORDS OR INFORMATION WHICH MAY REFER OR RELATE TO THIS APPLICATION FOR EMPLOYMENT, INCLUDING, BUT NOT LIMITED TO, RECORDS OF EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT OR CRIMINAL JUSTICE AGENCIES, AGENCIES MAINTAINING CHILD ABUSE RECORDS, AND PREVIOUS EMPLOYERS. I HEREBY RELEASE AND DISCHARGE THE EDUCATIONAL AGENCY RECEIVING THIS APPLICATION AND ANY RESPONSIBLE PERSON(S) EMPLOYED BY THE AGENCY FROM ANY AND ALL CLAIMS AND LIABILITY WHICH I MAY HAVE OR EVER CLAIM TO HAVE RELATING TO INFORMATION PROVIDED TO THE EDUCATIONAL AGENCY AS PART OF THIS APPLICATION FOR EMPLOYMENT.

YES                      NO

**Signature of Applicant:**

At the time of the personal interview, the Applicant will be asked to sign any needed and necessary releases as part of the interview process and/or employment. The interviewing Educational Agency may forward the Applicant Authorization and Release forms as a part of the interviewing process.

DATE \_\_\_\_\_

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ (Mailed/Delivered)

Email Address (required):