

# AAEC Early College High Schools



## Application for Certificated Position

3636 N. Central Ave., Suite 1050 Phoenix, AZ 85012 • (602) 297-8500  
www.aehighschools.com  
*An Equal Opportunity Employer*

Dear Applicant:

We would like to thank you for considering a career in the Arizona Agribusiness & Equine Center, Inc. Quality teaching is the most important determining factor of student achievement, and that is especially true in our District. We are proud of our teachers, and the environment for success and opportunity they create for our students. And we think that AAEC is a great place to work, as well as learn.

Please complete and return this application form and include the required materials to receive consideration for employment.

We know that you have many career choices in the field of education. If your personal and professional goals include ensuring success for every student, then the Arizona Agribusiness & Equine Center, Inc. will support you in achieving them. We thank you for your interest in our schools. If we can be of assistance to you in the employment process, please do not hesitate to call our office at (602) 297-8500.

### Application Process

1. Complete and return the application form.
2. Provide us with a copy of your current teaching certification.
3. Provide us with a copy of your university transcript/s.
4. Provide three letters of recommendation.
5. Provide a valid fingerprint clearance card.
6. Provide a current resume.

*Employee Relations will only accept applications with all forms attached.*

Please allow sufficient time for your credentials to reach our office. If an "Application for Advertised Position" is completed and returned to our office before the posted closing date, you will be given consideration for that position. Should an administrator wish to interview you, he or she will contact you directly. If the administrator recommends you for the position, your name will be submitted to the Governing Board for approval of employment. You may keep current on vacant positions by calling AAEC at (602) 297-8500, or by checking our website at [www.aehighschools.com](http://www.aehighschools.com). Most jobs are advertised for five to ten days.

# Contact Information

Please Type or Print

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

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Last                                      First                                      Middle (or Initial)

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

Street                                      City                                      State                                      Zip

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

Street                                      City                                      State                                      Zip

Permanent Phone Number: \_\_\_\_\_ Present Phone Number: \_\_\_\_\_

Teaching Field: \_\_\_\_\_ Sem. Hrs.: \_\_\_\_\_ Teaching Field: \_\_\_\_\_ Sem. Hrs.: \_\_\_\_\_

Teaching Field: \_\_\_\_\_ Sem. Hrs.: \_\_\_\_\_ Teaching Field: \_\_\_\_\_ Sem. Hrs.: \_\_\_\_\_

If you are not native born or a naturalized U.S. citizen, do you possess an Alien Registration Card?:  Yes  No

## Educational Preparation

NAME OF SCHOOL	LOCATION	MAJOR/MINOR	GRADUATED (MO./YR.)	DIPLOMA/DEGREE
<b>High School:</b>				
<b>College/University:</b>				
<b>Technical:</b>				
<b>Student Teaching:</b>				

## Teaching Experience (Full-time, contracted teaching in a recognized educational institution.)

NAME OF SCHOOL/SUPERVISOR <i>Please provide last known address of supervisor so that we may contact them.</i>	PHONE # & AREA CODE	LOCATION	GRADE/SUBJECT	DATES	REASON FOR LEAVING

## Personal/Professional References

Your Placement File should contain at least three letters of recommendation pertaining to your teaching ability and/or from professors familiar with your educational training and student teaching.

Please provide three letters of recommendation pertaining to your teaching ability to the Employee Relations Office. If you have no teaching experience, please provide three letters of recommendation from education professors, college supervisors, or others who are familiar with your education, professional training and student teaching or professional positions.

In addition, please list below four character references.

NAME	TELEPHONE NUMBER	POSITION

You are hereby authorized to provide the Arizona Agribusiness & Equine Center any and all information regarding my employment with your firm or school district. By my signature below, I hereby waive my right to review this reference, and I understand that the contents of this reference will not be available to me now or at any future time. **A reproduction of this authorization is as valid as the original.**

Name of Applicant (Please Print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICANT:** \_\_\_\_\_

<b>CRIMINAL OFFENSES Continued:</b>	<b>YES</b>	<b>NO</b>
Theft		
Felony offenses involving contributing to the delinquency of a minor		
Misdemeanor or felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs		
Aggravated or armed robbery		
Exploitation of minors involving drug offenses		
Driving under the influence of intoxicating liquor or drugs or aggravated driving under the influence of intoxicating liquor or drugs as prescribed in 28-1381, 28-1382 or 28-1383		
Have you ever been convicted of a crime other than a traffic violation?		
Have you ever had a criminal conviction that has been expunged from your record or lost your civil rights and had them restored?		
Have you been asked to resign from a position?		
Have you ever been a defendant in a civil or criminal suit?		
Have you ever received counseling for drug or alcohol addiction or sexual abuse of children or others?		
Have you ever been dismissed from a position?		
Have you ever resigned rather than face disciplinary action and/or non-renewal in any previous employment?		

If any of the above are marked "YES," fill in the Conviction Information below.

**CONVICTION INFORMATION:**

Date:		<b>DISPOSITION (Result):</b>
City:	CHARGE:	Fine Amount:
State:	Court in which convicted:	Length of Jail Term:
Remarks:		Length and Terms of Probation:

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City:	CHARGE:	Fine Amount:
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Remarks:		Length and Terms of Probation:

The District is asking the above questions because of its concern for the health, safety and welfare of the students. The fact that you may answer "yes" to some of these questions will not automatically disqualify you from consideration for a position with the District. In the event of a "yes" answer, you are urged to provide a complete explanation so that the matter can be evaluated in the proper context.

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\* Convicted means the final judgement on a verdict or a finding of guilty, a plea 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.

APPLICANT: \_\_\_\_\_

## Out-Of-District Application For Advertised Position

Please fill out this form only for currently advertised positions. **THE POSITION APPLIED FOR MUST BE LISTED ON YOUR CERTIFICATE AS A MAJOR AND/OR APPROVED AREA.**

Date: \_\_\_\_\_ My Major is: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_ Location: \_\_\_\_\_

Posting #: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Employee Relations must have a complete file prior to the closing date. **A complete file consists of an application, current teaching certificate, university transcripts, three letters of recommendation, copy of fingerprint clearance card, and a current resume.**

I Am /  I Am Not currently an employee of the Arizona Agribusiness & Equine Center, Inc.

My current position is \_\_\_\_\_

My application is:  On File (Approximate date of application): \_\_\_\_\_  
 Attached

## Other Experience

NAME OF SCHOOL/SUPERVISOR	PHONE # & AREA CODE	LOCATION	GRADE/SUBJECT	DATES	REASON FOR LEAVING

Reason for Leaving Present Position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Immunization Records

Measles Immunization Date: \_\_\_\_\_

## Community Activities

ORGANIZATION	OFFICE HELD	DATES

## Honors and Achievements


# Status of Arizona Certification

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Type of AZ Certificate you now hold: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Areas/Subjects: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Endorsement(s): \_\_\_\_\_

If you do not hold a valid AZ certificate, please complete the remainder of this form.

Type of AZ Certificate for which you are eligible: \_\_\_\_\_

**CURRENT CERTIFICATE:**  I hold a valid certificate in another state.  
Type of Certificate: \_\_\_\_\_ State: \_\_\_\_\_  
Certificate #: \_\_\_\_\_

I was /  I was not fingerprinted for certification in this state.

**HIGHLY QUALIFIED:**  24 Hours in Subject Area.

**CRIMINAL CLEARANCE CARD (Fingerprints):**  
 I have already received my criminal clearance card from DPS.  
 I sent my fingerprints to DPS and am waiting for my card to be returned.  
Date application and card sent to DPS: \_\_\_\_\_

**AZ EDUCATOR PROFICIENCY ASSESSMENT (AEPA):**  
 I have taken the Subject Knowledge Test for: \_\_\_\_\_ Date: \_\_\_\_\_  
 I have taken the Professional Knowledge Test for: \_\_\_\_\_ Date: \_\_\_\_\_  
 I am scheduled to take the test on: \_\_\_\_\_  
 I have already submitted my original fingerprint clearance card, AEPA test scores, official transcripts and other documents along with my application for AZ certification and am awaiting receipt of my certificate.  
Date application was sent to ADE: \_\_\_\_\_

Comments / information pertinent to your AZ certification: \_\_\_\_\_

I hereby agree that if hired I will conform to the rules, policies, procedures, and standards of the District, as amended by the District from time to time.

I certify that the information presented here is true, accurate and complete: I authorize the investigation of all statements contained herein and hold harmless anyone providing truthful information in response to the District. I also authorize the Arizona Agribusiness & Equine Center, Inc. to make reference/ background checks prior to my employment. I understand that my employment is not finalized until the background investigation has been completed and the Governing Board officially approves my employment. I understand that any falsification, misrepresentation or omission may be cause for employment denial or dismissal.

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