



Southgate Academy

850 W. Valencia Road
Tucson, Arizona 85706
520-741-7900
Fax: 520-741-7901

Dear Applicant:

The application packet is used to assist us in the preliminary process of employment.

Please read and complete each document carefully. The following is a list of items that we require from you in order to consider you for a position with Southgate Academy;

1. Completed Application
2. 2 Professional References (Names, phone, and addresses)
3. Resume
4. AZ Department of Public Safety Clearance Card
5. State Fingerprint Card (available at police station)
6. Highly Qualified information for content area (ie, Teaching Certificate, Transcripts)

Employment consideration is contingent upon receiving all the above requested items and passing of the mandatory drug screen. This is only a Pre-Employment screening and we reserve the right to cease the continuance of this employment process.

Respectfully,

Southgate Academy Administration

Southgate Academy Charter School
850 W. Valencia Road
Tucson, AZ 85706
Tele: (520) 741-7900
Fax: (520) 741-7901

<p>FOR OFFICE USE ONLY</p> <p>PHOTO (Required upon employment)</p>

**APPLICATION
FOR
EMPLOYMENT**

Last Name	First	Middle	SS#
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Date of Application _____ **Date of Availability** _____

Position Desired (First Preference Only) _____

An Equal Opportunity Employer

Important: Before final consideration for employment, the candidate must have on file in the personnel office a complete set of transcripts and a placement file. It is the candidate's responsibility to see that the transcripts and placement files are provided. A screening interview is also required. Out-of-state candidates should contact: Southgate Academy, 850 W. Valencia Road, Tucson, AZ 85706

The district does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap/disability, national origin or any other legally protected status.

Southgate Academy maintains a drug-free workplace and reserves the right to test employees for use of alcohol or drugs whenever reasonable suspicion exists that the employee has violated the drug-free workplace policy.

REASONABLE ACCOMMODATION: Any applicant with a disability who needs reasonable accommodation in any step of the application process should notify a representative in the Personnel Office. (520) 741-7900.

1. Name _____ 2. Social Security # _____

3. Other Names used _____ Dates of usage _____

4. Home mailing address:

5. Business mailing address

Street _____

Street _____

City _____ State _____

City _____ State _____

Zip _____ Phone _____

Zip _____ Phone _____

Drivers License No. _____

Message Phone _____

Issuing State _____

Expiration Date _____

6. Are you legally eligible to work in the United States? Yes No
Do you presently have work authorization that would allow you to begin working at Southgate Academy? Yes No

7. POSITION DESIRED: Please check qualified areas and indicate

Elementary (K – 6th) 1. _____ 2. _____ 3. _____ 4. _____

Junior High (Grades 7 – 9th)
Subjects in order of preference and total semester hours in each area.
1. _____ Hours 2. _____ Hours 3. _____ Hours

Senior High (Grades 10 – 12): Subjects in order of preference and total semester hours in each area.
1. _____ Hours 2. _____ Hours 3. _____ Hours

Special Education (K-12th) 1. _____ 2. _____ 3. _____

8. Present position _____ Salary _____

9. Reason for leaving position: _____

10. Present (or most recent) administrative supervisor(s).

Name	Title	Work Phone	Home Phone
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11. Have you ever been dismissed from a position? Yes No

If answered yes, please explain: _____

12. Have you ever resigned rather than face disciplinary action and/or nonrenewal by an employer and/or disciplinary action against a license/certificate:

Yes No If yes, explain _____

13. Have you ever been disciplined for any reason when resulted in suspension from work (with or without) pay? Yes No

If yes please explain reason for discipline and conditions of suspension. _____

Certification

14. Do you hold a valid and current Arizona Teaching Certificate? Yes No
If yes, please complete item 16. If No proceed to item 17.

15. Arizona Certificates now held:

SPECIFIC TITLE OF CERTIFICATE/ENDORSEMENT	DATE ISSUED	DATE OF EXPIRATION

16. Have you applied to the Arizona State Department of Education Certification Unit for a teaching certificate?

Yes No If yes, date applied: _____

17. Have you completed the fingerprint requirement for the Arizona Teaching Certificate? Yes No If yes, date completed _____

18. Arizona Certificates/endorsements for which now eligible: _____

22. OTHER WORK EXPERIENCE: List most recent experience first.

EMPLOYER	LOCATION	NATURE OF WORK	DATES

23. Please explain any gaps in employment not accounted for in items (21) or (22) _____

EXTRACURRICULAR INTERESTS AND PROFESSIONAL ACTIVITIES

24. Please check (•) the items for which you have an extracurricular interest.

- | | | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Adult Education Programs | <input type="checkbox"/> Class Advisor | <input type="checkbox"/> Golf Coach | <input type="checkbox"/> Swimming Coach |
| <input type="checkbox"/> After School Programs
(Elementary YMCA) | <input type="checkbox"/> Club Advisor
(i.e. Math – French, ect.) | <input type="checkbox"/> Gymnastics Coach | <input type="checkbox"/> Tennis Coach |
| <input type="checkbox"/> Archery Coach | <input type="checkbox"/> Newspaper Advisor | <input type="checkbox"/> Intramural Programs | <input type="checkbox"/> Track Coach |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Diving Coach | <input type="checkbox"/> Soccer Coach | <input type="checkbox"/> Volley Ball Coach |
| <input type="checkbox"/> Badminton Coach | <input type="checkbox"/> Drama Coach | <input type="checkbox"/> Softball Coach | <input type="checkbox"/> Wrestling Team |
| <input type="checkbox"/> Baseball Coach | <input type="checkbox"/> Department Chairperson | <input type="checkbox"/> Special Olympics Coach | <input type="checkbox"/> X-country Coach |
| <input type="checkbox"/> Basketball Coach | <input type="checkbox"/> Flag Corps Advisor | <input type="checkbox"/> Sr. High Academic Team Coach | |
| <input type="checkbox"/> Cheer/Pom Coach
Spirit Line | <input type="checkbox"/> Football Coach | <input type="checkbox"/> Student Council Advisor | <input type="checkbox"/> _____
Other |
| <input type="checkbox"/> _____
Other | <input type="checkbox"/> Forensics Coach | <input type="checkbox"/> _____
Other | |

25. List professional organizations to which you belong and include the leadership positions held within those organizations. _____

26. List the educational committees in which you have participated and/or directed. _____

27. List the special awards or honors related to the education field, which you have received.

28. Languages spoken fluently (other than English). _____

PERSONAL INFORMATION AND REFERENCES

29. Give names and complete addresses of three references that are familiar with your personality, character and work performance. (Do not include family/relatives.)

Name	Years Known	Official Position	Address	State	Phone
			City	Zip	

Selective Service Registration (In compliance with A.R.S. 38-201)

Are you required to be registered with the Selective Service System? (Please check)

Yes No

If Yes, please state the place of registration indication the following:

City _____ State _____

Local Board Number _____ Selective Service Number _____

CRIMINAL ACTIVITY REPORT

Because of the responsibility Southgate Academy has to its school children and community, the following information is needed from all applicants and employees. A record of arrest or conviction does not prohibit employment; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment, or may be cause for dismissal if employed. Failure to disclose all information may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions and arrest that occur subsequent t the time they initially completed this form. Questions regarding this information should be directed to the Administration Office Please read carefully and answer every question. **Please Print Clearly.**

1. Name _____ SSN# _____

Other names used _____

Dates of usage _____

2. Have you ever been convicted of any misdemeanor offense(s) other than traffic violation(s)?
Yes No

3. Have you ever been convicted of a DUI offense: Yes No

4. Have you ever been convicted of a felony? Yes No

5. Have you ever been convicted of a sex or drug related offense? Yes No

6. Have you ever been convicted of a dangerous crime against children as defined in A.R.S. 13.604.01?
Yes No

7. Have you ever been arrested for any offense, which has not yet been resolved?

Yes No

<u>Conviction Information</u>			
Conviction Charge		Date of conviction	Court of conviction
City	State	Amount of fine	Length of Jail Term
Actual Details or other remarks		Length and terms of probation	
Conviction charges		Date of Conviction	Court of Conviction
City	State	Amount of fine	Length of Jail Term
Actual Details or other remarks		Length of Probation	
<p>CONVICTION means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of no contest, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. A.R.S. 13.3716 requires applicants to give notice of any conviction for dangerous crimes against children. Those crimes are defined in A.R.S.13.004.01 as second degree murder, aggravated assault, sexual assault, molestation of a child sexual conduct with a minor, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse, if any of these crimes are committed against a minor under 15 years of age.</p>			
<p>Under penalty of prosecution, perjury and dismissal, I hereby certify that the information on this application is true accurate and complete. I authorize the investigation of all statements contained herein and understand that the agents of Southgate Academy may review any document relevant to this information. I authorize Southgate Academy to make reference and criminal background checks prior to employment and I will execute such documents to facilitate this investigation. 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 pertinent facts may be cause for dismissal, furthermore, I understand that I have no right of access to any materials submitted and information gathered by Southgate Academy during the application process and that such material and information are considered the sole property of Southgate Academy.</p>			
_____ Signature		_____ Date	

Release Authorization

To Be Completed By All Applicants

As part of its pre-employment screening and selection procedures, Southgate Academy requires a background and reference check for employees. The objective of the investigation is to verify the accuracy of the information provided through the application process, check references and identify other factors that might be relevant to Southgate Academy employment requirements. Prior to being hired and during the course of your employment, if hired, we may obtain a consumer report and/or an investigative consumer report about you for employment purposes. This report may include, but is not limited to: Department of Motor Vehicles, current and former employers, credit reporting agencies, military records, school records, professional and personal references, criminal conviction records, information regarding your character, experience, work habits, previous job performance, and the reasons for termination at previous places of employment

The Fair Credit Reporting Act gives you specific rights. If we rely on the report for an adverse action, before taking the adverse action we will give you a pre-adverse action disclosure that includes a copy of the report. Please be advised that you have the right under the Fair Credit Reporting Act to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the date on which we receive the request from you or within five days from the time that the report was first requested, whichever is later.

I further hereby release and hold harmless *Southgate Academy*, its officers, employees and agents, and any other person, or public or private entity inquiring about, investigating, furnishing, communicating, reviewing or evaluating information or documents pursuant to this request, Authorization, Consent and Release. This authorization, whether in original or copy form, shall be valid for one year from the date indicated next to my signature.

Please print full name:	Last	First	Middle
Please print other names you have used:	Last	First	Middle
Your Address			
Your Address			
City	State	County	Zip
Social Security Number		Date of Birth (Month, Date and Year)	
Driver's License Number		State Issuing License	

I HAVE RECEIVED A COPY OF THIS NOTICE AND AUTHORIZATION

Signature _____ Date _____

You have the right to receive a copy of your Consumer Credit Report should one be requested for employment reasons. ___ I wish to be furnished with a copy of my Consumer Report should one be ordered.

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES SEPARATE FROM PERSONNEL RECORDS.

Finger Print Services

as of July 2010

Tucson Police Department

1100 S Alvernon
520-791-4697
8:00 am- 3:00 pm
Wednesday Only
Fee: \$10.00 per Card

Pima County Sheriff

1650 E Benson Hwy
520-741-4971
10:00 am – 1:45 pm
Mon – Friday
Fee: \$10.00 per Card

U of A Police Department

1852 E First
520-621-8273
8:00 am- 11:00 am
Tuesday & Thursday

Marana Police Department

11555 W Civio Center Dr
520-382-2000
9:00 am – 11:00 am
Tuesday

Government Issued Photo Id is Required

Cash ONLY for fees

APPLICANT

LAST NAME NAM FIRST NAME MIDDLE NAME

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

**AZDPS2000
DPS-AFIS OPERTNS
PHOENIX, AZ**

DATE OF BIRTH DOB
Month Day Year

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ

SEX RACE HGT WGT EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA
XX00771052E
FBI NO. FBI

LEAVE BLANK

EMPLOYER AND ADDRESS
Southgate Academy
850 W. Valencia Rd.
TUCSON AZ 85706

ARMED FORCES NO. MNU

CLASS _____

REASON FINGERPRINTED
Applicant For Employment
with charter schools
AZRS 15-183

SOCIAL SECURITY NO. SOC

REF. _____

MISCELLANEOUS NO. MNU

Sample Card

1. R. THUMB

4. R. RING

5. R. LITTLE

6. L. THUMB

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY