



Home of the
"Silverbacks!"

Liberty High School

A Community Learning Center
"Where every student counts!"

1300 East Cedar St.
Globe, AZ 85501

Phone: (928) 402-8024

Fax: (928) 402-8358

CERTIFIED TEACHER APPLICATION

THANK YOU FOR YOUR INTEREST IN THE LIBERTY CHARTER HIGH SCHOOL. PLEASE RETURN YOUR COMPLETED PACKET WITH THE FOLLOWING ITEMS INCLUDED SO THAT WE MAY EVALUATE YOUR QUALIFICATIONS.

1. The Certified Teacher Application – all pages
2. THREE (3) Letters of Reference from individuals familiar with your qualifications
3. Copy of current ARIZONA or out-of-state certificate
4. Copy of transcripts
5. Copy of current ARIZONA Fingerprint Clearance Card.
6. Completed Universal Background Screening form.
7. Completed Combined Disclosure Notice and Authorization Regarding Investigative Consumer Reports form.

SUBMIT YOUR EMPLOYMENT PACKET:

1. In PERSON to: 1300 E. Cedar Street (use 6th St. heading to GHS football field to access campus).
Normal office operating hours: Monday – Thursday, 8:30 AM – 4:30 PM
2. By MAIL to: Liberty High School
1300 E. Cedar Street
Globe, AZ 85501
3. By email to: LHS@liberty-high.net

OFFICE USE ONLY
Application processed by:

Date of application:

Liberty High School

1300 East Cedar Street

Globe, AZ 85501

An Equal Opportunity Organization

The District does not discriminate on the basis of age, race, color, religion, sex, marital status, disability or national origin.

APPLICATION FOR CERTIFIED TEACHING EMPLOYMENT

Mr.
Mrs.
Miss
Ms.

Last First Middle Initial

Address

Street Apt. City State Zip Code

() ()
Home Telephone Cell Telephone Date

Permanent Address

Same as above

Listed below

Street Apt. City State Zip Code

() ()
Home Telephone Cell Telephone Date

List order of preference of grade levels or subjects:

A) _____ B) _____ C) _____

Submission of resume recommended, but not required. This application must be completed without reference to resume. Applications will be retained for one year.

PERSONAL DATA (Please type or print)

Are you currently under contract? Yes No When are you available? _____

Are you legally authorized to work in the United States of America? Yes No

Other names used _____
Date(s) of use _____

Have you previously applied to teach in our District? Yes No
 If "YES," when and under what name? _____

Do you currently hold a valid ARIZONA Teaching Certificate? Yes No
Type: _____ Expiration Date: _____
Endorsement(s): _____

Do you currently hold a valid ARIZONA Fingerprint Card? Yes No Expiration: _____
If "NO," have you applied for one? Yes No Date: _____

Do you hold a valid Teaching Certificate from another state? Yes No Expiration: _____
(please include a copy)

2. Have you ever had any license or certificate of any kind (state certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint against you before any licensing, certification or other regulatory agency or body, public or private? If you answer "Yes" you must provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.

Yes No Explanation: _____

3. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (state certification or otherwise) or by your current or any previous employer? If you answer "Yes" you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you.

Yes No Explanation: _____

EDUCATION AND PROFESSIONAL PREPARATION

List schools attended and special training received; "See Resume" is not responsive.

COLLEGE/UNIVERSITY	LOCATION	DATES	MONTH & YR. GRADUATED	DEGREE	AREA OF STUDY

Describe additional education not listed above (i.e. graduate hours beyond highest degree earned): _____

List honors you have received: _____

List professional organizations to which you belong: _____

TEACHING OR PROFESSIONAL EXPERIENCES

STUDENT TEACHING SCHOOL & LOCATION	DATES (MO & YR)	ASSIGNMENT	SUPERVISING EACHER	TELEPHONE #

TEACHING WHILE UNDER CONTRACT	DATES (MO & YR)	ASSIGNMENT	PRINCIPAL/SUPERVISOR	TELEPHONE #

PERSONAL REFERENCES

Give names and complete addresses of 3 references that are familiar with your personality, character and work habits. (Do NOT use relatives as references)

Reference's Full Name: _____	Dates Known: _____ / _____ to _____ / _____	Telephone #: _____
	month year month year	
Reference's Full Name: _____	Dates Known: _____ / _____ to _____ / _____	Telephone #: _____
	month year month year	
Reference's Full Name: _____	Dates Known: _____ / _____ to _____ / _____	Telephone #: _____
	month year month year	

CONVICTION DISCLOSURE

Because of the responsibility the Liberty High School has to its school children and community, the following information is required from all applicants and employees regarding background and convictions. * A record of conviction does not necessarily disqualify applicant from consideration; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of dismissal if employed and may result in prosecution for filing false information with a public agency. 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 Personnel Office. Please read carefully and answer every question. Please PRINT clearly!

Name: _____
Last First Middle

Other Names Used: _____ Dates of Usage: _____

1. Have you ever been convicted of, admitted to committing, plea-bargained or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? A DUI conviction is NOT considered a minor traffic offense. You must answer "Yes" if the matter was later dismissed, vacated or expunged. Yes No
2. Have you ever been convicted of a felony? ** Yes No
3. Are you now awaiting trial on a felony charge? Yes No
4. Have you ever been convicted of a sex or drug-related offense? Yes No
5. Have you ever admitted or been convicted of a dangerous crime against children as defined in **A.R.S. §13-604.01**? *** Yes No

IF YOU ANSWERED "YES" TO ANY QUESTION 1 THROUGH 5, YOU MUST COMPLETE CONVICTION INFORMATION ON THE BOTTOM OF PAGE 5.

6. Is there any other information not required by this application that you should disclose to the District so it may accurately evaluate your fitness in a position of public trust with minor students? Yes No

(If you are uncertain as to the relevance or necessity to disclose a matter, trait, etc. disclose and the District will determine whether the information is pertinent. If your answer is "Yes," fully explain. Use a separate sheet of paper if necessary).

*CONVICTION means the final judgment 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. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside or otherwise rendered invalid.

**Please note that prior to hiring, you must submit a notarized statement attesting to the fact that you are not now awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the crimes listed in A.R.S. §15-512D and A.R.S. §13-604.01. In conjunction with this you will submit fingerprints for a background check. The crimes required to be disclosed on the affidavit are:

A.R.S. §15-512(D)

1. Sexual abuse of a minor
2. Incest
3. First- or second-degree murder
4. Kidnapping
5. Arson
6. Sexual assault
7. Sexual exploitation of a minor
8. Felony offenses involving contributing to the delinquency of a minor
9. Commercial sexual exploitation of a minor
10. Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana or dangerous or narcotic drugs
11. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs
12. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs
13. Burglary in the first degree
14. Burglary in the second or third degree
15. Aggravated or armed robbery
16. Robbery
17. A dangerous crime against children as defined in A.R.S. 13-604.01
18. Child abuse
19. Sexual conduct with a minor
20. Molestation of a child
21. Manslaughter
22. Aggravated assault
23. Assault
24. Exploitation of minors involving drug offenses

*****A.R.S. §13-604.01:** prohibits any of the following committed against a minor under the age of 15

1. Second degree murder
2. Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument
3. Sexual assault.
4. Molestation of a child
5. Sexual conduct with a minor
6. Commercial sexual exploitation of a minor
7. Child abuse as defined in §13-3623, subsection B, paragraph 1
8. Kidnapping
9. Sexual abuse
10. Taking a child for the purpose of prostitution as defined in §13-3206
11. Child prostitution as defined in §13-3212
12. Involving or using minors in drug offenses
13. Continuous sexual abuse of a child

CONVICTION INFORMATION

1. Conviction Charge: _____ Date of Conviction: _____

Court of Conviction: _____ City: _____ State: _____

Amount of Fine: _____ Length of Jail Term: _____

Remarks: _____

Length and Terms of Probation: _____

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

Liberty High School

I _____ (PRINT NAME) have applied for employment with Liberty High School to work as a certified employee. I understand that in order for the school district to determine my eligibility, qualifications, and suitability for employment, the school district will conduct a background investigation. This investigation may include asking my current and any former employer(s), and any educational institution(s) I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) along with the reasons for termination of past employment from previous employers and similar information.

1. I voluntarily and knowingly, without reservation, authorize each and every present and past employer or supervisor, college or university, or other institute of learning administrator, law enforcement agency, state agency, federal agency, finance bureau/office, credit bureau, collection agency, private business, military branch or the National Personnel Records Center, personal references and/or other persons to give records of information they may have concerning my criminal conviction history, health, character and employment records or any other information requested to the school district or its authorized agent.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution.

I waive _____/do not waive _____ (INITIAL ONLY ONE) my right to see any written reference or other information provided to the Liberty High School District by any educational institution.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

2. According to Arizona Revised Section 23-1361, any employer who provides a written communication to the school district regarding my current or past employment must send me a copy at my last known address. I acknowledge that some employers are unwilling to provide factual written references concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that Liberty High School District will not further consider my application if it cannot complete its background investigation.

I waive _____/do not waive _____ (INITIAL ONLY ONE) my right to receive a copy of any written communication furnished to the school district by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to Liberty High School District by employers or educational institutions, I release, hold harmless, and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by Liberty High School District to complete its background investigation.

3. This authorization and release shall be valid until the day of, and a photocopy or facsimile ("fax") copy of this authorization that shows my signature shall be as valid as an original.

Dated this _____ day of _____, _____.

Witness Signature

Applicant /Employee Signature

ACKNOWLEDGMENT OF APPLICANT
READ CAREFULLY BEFORE SIGNING THIS APPLICATION

Every answer I have provided in this application consisting of all pages 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 or misleading information is furnished, the District will reject my application (2) if any false or misleading information is furnished, I may be ineligible for any future consideration for employment and may be subject to criminal prosecution (3) if I am employed by the District, I may be dismissed from employment and criminally prosecuted if it is later determined that I have omitted relevant or furnished false or misleading information on this application (4) and failure to provide information about a conviction may result in termination.

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate and complete.

I authorize the investigation of all statements contained herein and understand that the agents of Liberty High School may review any document relevant to this information.

I authorize the Liberty High School to make reference checks regarding my fitness for 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.

Signature of Applicant

Date

Notice to Applicant: If you are offered a position with the Liberty High School, the offer and continued employment will be contingent upon you providing the following information and the background investigation not developing any information that would demonstrate that you are not qualified to work at the District. The following information is not required until you receive that contingent offer.

Last name, First name, Middle initial: _____

Street Address: _____

Social Security No. _____

Date of Birth: _____

Driver's License No. _____

State of Issuance: _____

YOU MUST UPDATE YOUR APPLICATION EVERY 90 DAYS IN ORDER TO KEEP IT IN OUR ACTIVE FILES.

YOU MAY UPDATE YOUR APPLICATION BY TELEPHONE.

ARIZONA DEPARTMENT OF EDUCATION WEB SITE:

Teacher Certification

<https://www.azed.gov/educator-certification>

ARIZONA DEPARTMENT OF PUBLIC SAFETY:

Fingerprint Clearance

<https://www.azdps.gov/services/public/fingerprint>

Request for Employment Background Check

Social Security Number - -	Date of Birth (Month/Day/Year for identification purposes only) / /
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Full Name (First / Full Middle Name / Last)
Other Names Used (maiden names, AKA names, etc.)

Current Residential Address		
City	State	Zip Code

List all previous addresses from the past seven years:

City	State	Zip Code	From Date	To Date	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Driver's License Number	State of Issue
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NOTICE TO RESIDENTS OF CALIFORNIA, MINNESOTA AND OKLAHOMA ONLY: If you would like to receive a copy of your background information obtained by Universal Background Screening, please indicate by checking the following box: Yes, please send me a copy of my report.

REGARDING INVESTIGATIVE CONSUMER REPORTS

I understand that as a condition of my consideration for employment, or as a condition of my continued employment, **LIBERTY HIGH SCHOOL** (“the company”) may obtain a consumer report and/or investigative consumer report that includes, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent the company and/or its designated agent, Universal Background Screening, to procure such a report. I understand that pursuant to the Federal Fair Credit Reporting Act, **LIBERTY HIGH SCHOOL** will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making an adverse decision regarding my fitness for employment. I further understand that such report will be made available to me prior to any such adverse decision being made, along with the name and address of the reporting agency that produced the report.

NOTICE TO RESIDENTS OF CALIFORNIA, MINNESOTA AND OKLAHOMA ONLY:

If you would like to receive a copy of your background information obtained by Universal Background Screening, please indicate by checking the following box:

Yes, please send me a copy of my report.

Signature

Date

Printed Name

Social Security Number