



16233 S. 48th Street
Phoenix, Arizona

PHONE: (480) 659-3000 FAX: (480) 659-3043 WEB: www.horizonclc.org
An Equal Opportunity Employer

Certified Application for Employment

Horizon Community Learning Center welcomes your application! Please be sure to complete each section of the application completely. The following information is required:

- Completed application packet (including resume)
- Copy of valid DPS Fingerprint Clearance Card
- Copy of valid Arizona Teacher Certification
- Transcripts (copies are acceptable: originals provided upon offer of employment)
- Three current letters of recommendation from employers and /or supervisors preferably from the education field.

Horizon Community Learning Center is on an extended year calendar with intercessions in October, December, and March.

Thank you for your interest in choosing Horizon Community Learning Center for your possible employment.

<u>Date:</u>		<u>How did you hear about us?</u>	
<u>Position For Which You Are Applying:</u>			
Last Name	First Name	Middle Initial	
Social Security Number: _____ - _____ - _____			
Current Mailing Address:			
Street:			
City:			
State & Zip:		Contact Phone:	Home Phone:

Do you have a current Arizona DPS Fingerprint Card? Yes _____ No _____
Applied _____

Do you have a valid Arizona Teaching Certificate? Yes _____ Expiration: _____
 No _____
 Pending _____ expected date: _____

Content/grades certified to teach:

List all approved areas and/or endorsements:

Total years of full-time, contracted teaching experience you have completed:

Please mark any coach/club activities you might be interested in leading:
 Intramurals ___ Volleyball ___ Baseball ___ Golf ___ Student Council ___
 Pom/cheer ___ Dance ___ Track ___ Strength/Conditioning ___ Drama ___
 Basketball ___ Soccer ___ Softball ___ Yearbook ___ JNHS ___ NHS ___
 Other: _____

Please list year's experience, level of training, or certificates in the above-identified areas:

Employment Information

Using 1, 2, or 3, rank the following areas in order of preference for which you are Highly Qualified under No Child Left Behind.

K-12 grade level or *Special Area

1. _____ 2. _____ 3. _____

Secondary, Grade 7-12

For each subject area preference, please list the number of semester hours completed (or anticipated at graduation) on the line marked "Semester Hours".

<u>Middle School 7-8</u>		<u>High School 9-12</u>	
Subject/ *Special Area	Semester Hours	Subject/ * Special Area	Semester Hours
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____

Other: _____

*Special Areas: Physical Education, ESL , Library Media Specialist, Music (choral, band), Art, Cross-categorical, Hearing Impaired, Emotional Disability, Mental Retardation, Orthopedic/Health Impairment, Severely and Profoundly Disabled, Emotional disability, Speech and Language Impaired, Visually impaired, Guidance counselor (K-12), School Psychologist (preK-12)

Educational Background

Education			
School and Location	Dates Attended	Major / Minor	Degree / Diploma Hours Earned
High School			
University			
Languages other than English:	Speak:	Write:	Read:

Student Teaching

Name of School	Location City /State	Grades or Subject Taught	Dates	Cooperating Teacher

Teaching/Work Experience

Teaching/Work Experience (Do not use student teaching or substitute experience.) Please attach extra sheet if more space is needed. Please use this form. **Do not indicate "See Resume."** Please account for any gap in employment and attach explanations.

Present or Most Recent School and/or District	Grade / Subject	Number of Years	(From / To Years)

Name and Title of Supervisor	Street Address of Supervisor (City, State, Zip)	Current Phone of Supervisor
Reason for Leaving		Salary
Are you presently under contract?		Date Available?

Name of School and/or District	Grade / Subject	Number of Years	(From / To Years)
Name and Title of Supervisor	Street Address of Supervisor (City, State, Zip)	Current Phone of Supervisor	
Reason for Leaving		Salary	

Name of School and/or District	Grade / Subject	Number of Years	(From / To Years)
Name and Title of Supervisor	Street Address of Supervisor (City, State, Zip)	Current Phone of Supervisor	
Reason for Leaving		Salary	

Name of School and/or District	Grade / Subject	Number of Years	(From / To Years)
Name and Title of Supervisor	Street Address of Supervisor (City, State, Zip)	Current Phone of Supervisor	
Reason for leaving:		Salary	

Other Work Experiences or Interests: *List related employment including any licenses or certificates, skills, substitute teaching, writing, or any experiences or interests that you would like to tell us about that relate to teaching.*

The following questions are part of our screening process. Please answer and attach to your application.

1. List your three most important reasons for wanting to be a teacher.
2. Explain an approach you have taken in the educational environment that took personal courage.
3. Choose two of the following and explain how it is manifested in an educational environment: integrity, loyalty, self-discipline, respect, initiative, truthfulness, and compassion.
4. Present an artifact or picture of the artifact that represents you and your philosophy of education.
(Anything given will not be returned)

Indicate whether you have had training or experience in any of the following (if applicable):

<input type="checkbox"/>	Curriculum integration	<input type="checkbox"/>	Parent involvement
<input type="checkbox"/>	Thematic units	<input type="checkbox"/>	Peer mediation
<input type="checkbox"/>	Cooperative learning	<input type="checkbox"/>	Leadership training
<input type="checkbox"/>	Discovery / inquiry learning	<input type="checkbox"/>	Technology
<input type="checkbox"/>	Multi-age teaching	<input type="checkbox"/>	Tutoring
<input type="checkbox"/>	Shared decision making or consensus building	<input type="checkbox"/>	Leading Small Groups

Criminal History/Background

Our responsibility in protecting the interest of our students/staff/parents/community is taken seriously; therefore, the following information is required of all applicants. * A record of conviction does not prohibit employment: however, failure to complete this form truthfully, accurately, and completely may mean disqualification from consideration of employment or possible dismissal if employed, as well as possible prosecution for filing false information with a public agency. If you answer "yes" to any question below, you must attach a written explanation.

1. Have you ever been dismissed from a position? (Yes/No)_____
2. Have you ever used any other name for personal reasons or employment? (Yes/No)_____

List other names: _____

3. Have you ever had any license or certificate of any kind revoked or suspended, sanctioned or any charge or complaint now pending against you before any licensing, certification or other regulatory agency, public or private? Yes/No _____

If "yes" you must provide the dates of proceedings, name and address of the agency where proceedings took place, a statement of the accusations against you and the final disposition.

4. Have you ever been convicted * of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? (Yes / No) _____

(You must answer "yes" even if the event was later dismissed, deferred, vacated or expunged. Please attach a confidential letter of explanation including the date, the court, a statement of the accusation and the final disposition of the case (s).

5. Have you ever been convicted of a dangerous crime as defined in A.R.S. 13.604.01*? (Yes/No)_____

*Conviction means the final judgment or a verdict or a finding of guilty, a plea of nolo contendere, in any municipal, state or federal court of 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 set aside, or rendered invalid.

A.R.S. 13.604.01 requires applicants to give notice of any conviction of dangerous crimes against children. These crimes are defined 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 conducted against a minor under age 15.

I authorize the following: fingerprints, background check, drug test, investigation of all statements, including education and employment contained herein and understand that any document relevant to this information may hereby be reviewed by the Board of Horizon Community Learning Center. Reference information, which becomes part of this record, will be regarded as confidential and will not be available to me now or at any future time. I authorize The Horizon Community Learning Center Board to make reference checks prior to employment and I will execute documentation to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed and the Board has officially approved my employment. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal. Upon employment, I will present documentation of my eligibility for lawful employment in the United States. All other employment paperwork must be submitted in accordance with the school's timelines.

Signature: _____

Date: _____

Thank you for your interest and application!