



DEER VALLEY ACADEMY

EMPLOYMENT APPLICATION

Last Name _____ First _____ MI _____

Date of Application _____ Date Available _____

Position(s) Desired _____

Preference: Full-Time Part-Time

DEER VALLEY CHARTER SCHOOLS, Inc.
3050 W. Agua Fria Freeway, Suite 250
Phoenix, AZ 85027

602.467.6874 (Phone)

602.467.6955 (FAX)

info@DeerValleyAcademy.org (E-Mail)

REQUIRED DOCUMENTS

Certified Staff (teachers and substitutes) must provide all items listed on this page:

AZ Teaching Certificate

Support Staff must provide all of the following items:

- Fingerprint Clearance Card
- Resume
- I-9 Form (Driver's License/
Social Security Card)
- W-4
- AZ Tax Form
- Direct Deposit Slip (Voided)

PERSONAL DATA

NAME _____ SOCIAL SECURITY # _____

Other Names Used _____ Dates of Usage _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE 1 _____ PHONE 2 _____

EMAIL _____

POSITION DESIRED

Substitute Teacher: List Order of Preference

1 _____ 2 _____ 3 _____ 4 _____

High School: Grades 9 – 12

1 _____ 2 _____ 3 _____ 4 _____

OTHER: Administrative/District Office/School Level

1 _____ 2 _____ 3 _____ 4 _____

Are you presently under contract? YES NO If yes, where? _____ Salary _____

Date Available _____ Have you ever been dismissed from a position? YES NO

Have you ever been asked to resign? YES NO If yes to either question, please explain below:

Have you ever resigned rather than face disciplinary action and/or non-renewal by an employer and/or disciplinary action against a license/certificate? YES NO If yes, please explain below:

CERTIFICATION(S)

List Arizona Certificates Currently Held:

Certificates	Endorsements	Expiration date

EDUCATIONAL PREPARATION "SEE RESUME" is not acceptable

List All Colleges and Universities Attended:

School	Degree	Dates Attended	GPA	Major/Minor	Semester Hours

College Activities in Which You Participated _____

WORK EXPERIENCE

List most recent FIRST

Employer	Phone City State	Job Title/Duties	Dates of Employment	Reason for Leaving

REFERENCES: Provide COMPLETE information of THREE professional/work references. Also list most recent supervisor.

Name	Years Known	Position/Title	Street Address	City	State/Zip	Phone

Please list any relative now affiliated with Deer Valley Academy _____

Are you required to register pursuant to the laws relating to Selective Service? Yes No If yes, have you? Yes No

ACTIVITIES & HONORS

Describe your special abilities or talents (e.g. sports, drama, music, etc.) _____

List any extensive travel you have done _____

List professional organizations to which you belong _____

List leadership positions which you have held in various organizations _____

List honors/awards received _____

How did you hear about DVA and the job you are applying for? _____

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 any document relevant to this information may be reviewed by the agents of Deer Valley Charter Schools, Inc. I authorize Deer Valley Charter Schools, Inc. to make reference 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. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

Is there any other incident or occurrence in your life, which is not otherwise referred to in this application, which has a bearing, either directly or indirectly, upon your character or fitness for employment with this district? YES NO

If so, state full details _____

SIGNATURE

DATE

AFFIDAVIT

Because of the tremendous responsibility Deer Valley Charter Schools, Inc. has to its school children and community, the following information is needed from all applicants and employees regarding convictions. A record or conviction does not prohibit employment; however, failure to complete the affidavit or form accurately and completely shall mean disqualification from consideration for employment or shall be cause for dismissal if employed and may result in prosecution for filling false information with a public agency. Applicants and employees must report any situation which would change the status of the affidavit as filled on this form that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Executive Director.

1. 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)? You must answer **YES** even if the matter was later dismissed, deferred, vacated or expunged. If you answer **YES** you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s) *(NOTE LAW CITED BELOW). **YES** **NO** (If yes, attach a letter of explanation)

2. Have you ever been dismissed (fired from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer **YES** even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer **YES** you must provide the date of termination of employment, the name, address and phone number of the employer(s) and a statement of the alleged for termination. **YES** **NO** (If yes, attach a letter of explanation)

3. Have you ever had any license or certificate of any kind (teaching or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending 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 proceeding, name, address and phone number of the agency or body where proceedings took place, a statement of the accusation against you and the final disposition. **YES** **NO** (If yes, attach a letter of explanation)

4. Are you now being investigated for any alleged misconduct or other illegal grounds for discipline by any licensing, certification or other regulatory body (teaching or otherwise) or by your current or any previous employer? If you answer **YES** you must provide the name, address and phone number of the employer or licensing body and a statement of the accusation against you. **YES** **NO** (If yes, attach a letter of explanation)

5. Is there any other incident or occurrence in your life, which is not otherwise referred to in this application, which has a bearing, either directly or indirectly, upon your character or fitness for employment with this district?
 YES **NO** If yes, please explain (use the back 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 or competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken.

A.R.S 13.604.01 requires applicants to give notice of any conviction for 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, child abuse, kidnapping and sexual abuse.

PRINT NAME

SIGNATURE

DATE

Page 5



DEER VALLEY CHARTER SCHOOLS, INC.

Consent to conduct background investigation and release to Deer Valley Charter Schools, Inc.

I _____ (applicant's name), have applied for employment with Deer Valley Charter Schools, Inc. to work as a _____ (job title). I understand that in order for Deer Valley Charter Schools, Inc. to determine my eligibility, qualifications and suitability for employment, they will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution I have attended about by 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) and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection to records that are maintained by any educational institution.

In light of the preceding paragraph, I waive ___ /do not waive ___ (initial only one) my right to see any written reference or other information provided to Deer Valley Charter Schools, Inc. by any educational institution.

According to Arizona Revised Status Section 23-1361 any employer that provides a written communication to Deer Valley Charter Schools, Inc. 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 Deer Valley Charter Schools, Inc. will not further consider my application if it cannot complete its background investigation.

In light of the preceding paragraph, I waive ___ /do not waive ___ (initial only one) my right to receive a copy of any written communication furnished to Deer Valley Charter Schools, Inc. by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to Deer Valley Charter Schools, Inc. 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 this Charter School to complete its background investigation.

A photocopy or "fax" copy of this form that shows my signature shall be as valid as original.

Dated this ___ day of _____, 20__

Applicant

BOARD OF DIRECTORS

Arlene Duston, President * David Stong, Sec/Treasurer * Dr. Timothy Tait* Vicki Boone * Katheryn Hedges
Deer Valley Charter Schools, Inc. does not discriminate on the basis of race, color, national origin, sex, disability or age limits, programs and activities. for any inquires regarding nondiscrimination policies contact the Director at 3050 N. Agua Fria Freeway, 250, Phoenix, AZ 85027 602.467.6874



2014 – 2015

ARIZONA HIGHLY QUALIFIED ATTESTATION FORM
MIDDLE, JUNIOR HIGH, HIGH SCHOOL, VISUAL ARTS (K-12) & MUSIC (K-12)

(Pursuant to requirements mandated by P.L. 107-110 No Child Left Behind Legislation)

To be completed by Visual Arts (K-12), Music(K-12) and Departmentalized Teachers in Grades 7-12 in the following Core Academic Areas: Middle Grades Language Arts/Reading, Middle Grades Social Studies, English, Mathematics, Science (including General Science, Biology, Chemistry Earth Science, Physical Science and Physics), Foreign Language, Economics, Political Science, History & Geography.

Name:		SSN (last 4 digits):	
School:		LEA:	
Teacher Work Email:		School Start Date: (mm/yyyy)	

(Date teacher first began working at this school site)

Note: Teachers must be highly qualified for each core content area they are assigned to teach. If the LEA is utilizing an attestation form to gather data, a separate form should be completed for each core content area.

1. Hold a bachelor's degree

AND

2. Hold a valid Arizona teaching certificate (A.R.S. §15-502.B)– Intern, Provisional, Reciprocal or Standard (charter school teachers are exempt from this requirement).

- a. Elementary Certificate
- b. Secondary Certificate
- c. Foreign Teacher Certificate
- d. Special Education Certificate (List Disability Area(s): _____)
- e. Teaching Intern Certificate

AND

3. Teaching Assignment: _____
Grade(s)

Core Academic Area

Periods Taught in this Core Content Area

Please check only ONE option below:

- a. Passed the appropriate AEPA or NES Subject Knowledge exam in the core academic subject area OR
- b. HQ Teacher Reciprocity- Has an out-of-state reciprocal exam (documentation required) OR
- c. Passed the appropriate ACTFL exam (for foreign languages other than Spanish, German and French) OR
- d. Holds an advanced degree in the core academic subject area OR
- e. Has a major/24 credit hours in the core academic subject area OR
- f. Holds National Board Certification in the core academic subject area (Generalist Certificates excluded) OR
- g. Earned a minimum of 100 points on the AZ HOUSSE for Veteran Teachers Returning to the Profession – Middle, Junior High, High School, Visual Arts & Music (documentation required) OR
- h. Earned a minimum of 100 points on the AZ HOUSSE for Middle, Junior High, High School, Visual Arts & Music teachers in the content area, completed no later than June 30, 2007 (documentation required). An existing rubric may be utilized by teachers continuing or returning to teach in this content area OR
- i. HQ Teacher Reciprocity- Has an out-of-state reciprocal HOUSSE rubric (with supporting documentation)

If you met the requirements for 1, 2 and 3 (including 3a, 3b, 3c, 3d, 3e, 3f, 3g, 3h or 3i), under federal guidelines, you are considered highly qualified.

Highly Qualified Teacher

Non-Highly Qualified Teacher

I attest to the factual completion of this evaluation.

Signature of Teacher

Date

Printed Name of Principal

Signature of Principal

Date



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address		Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

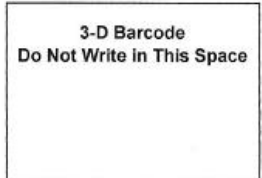
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*



Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code

STOP Employer Completes Next Page **STOP**

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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