



FORT HUACHUCA ACCOMMODATION SCHOOLS

P. O Box 12954, Fort Huachuca, Arizona 85670 (520) 458-5082

Application for Teaching or Administrative Position

Date _____

Social Security No. _____

Name _____
First Middle Last (other name records may be forwarded under)

Phone _____ Message Phone _____

Permanent Address _____ City _____ State _____ Zip Code _____

Present Address _____ City _____ State _____ ZipCode _____

Are you a U.S. Citizen? _____ If NO, give Visa No. _____

Community activities involving working with youth: _____

Please list, in order of preference, the position or positions for which you are qualified

Extracurricular activities you are qualified to sponsor

- 1. _____
- 2. _____
- 3. _____

If an elementary applicant, please answer the next three questions:

Can you teach music in your grade? _____ 2. What musical instrument do you play? _____

Can you teach creative art in self-contained classroom? _____

Do you have any relative employed in the District? _____

Have you ever been convicted of a felony? No _____ Yes _____ (please give details) _____

The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and position applied for.

Have you ever resigned a position to prevent termination? No _____ Yes _____

Do you have any physical, mental or medical disabilities which would interfere with your ability to perform the job for which you have applied? NO _____ Yes _____ Please explain _____

Earliest date available _____

Has the Arizona Department Certification indicated you are eligible for, or do you have, an Arizona Certification? _____ If so, what type? _____ No. _____ Expiration Date _____

EDUCATIONAL PREPARATION

Name of High School and College or University	Location	Course	Graduated		Diploma or Degree
			Mo	Year	
High School					
College or University					

TEACHING EXPERIENCE

Name of School	Location	Grade or Subject Taught	Dates		Reason for Leaving
			From	To	
Practice Teaching					
Full-time, contract teaching in a public school. LIST NO OTHER					

OTHER EXPERIENCE: List all years since graduation including years when unemployed.

Employer's Name	Location	Position Held	Dates		Reason for Leaving

Your official transcripts and placement file must be sent directly to us and received before a contract will be granted.

REFERENCES

May we request a reference from your present employer? _____ Do **NOT** repeat names contained in your credentials. If possible, list principal or supervisors.

PLEASE PRINT

Name (complete)	Official Position	Address (Complete)			

