

# WINDOW ROCK UNIFIED SCHOOL DISTRICT NO. 8

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Interim Assistant Superintendent  
(928) 729-6718

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(928) 729-6720

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Administrative Assistant – Classified  
(928) 729-6719

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Human Resources Secretary  
(928) 729-6702



## APPLICATION PROCESS

Window Rock School District No. 8  
Human Resource Department  
P.O. Box 559  
Ft. Defiance, AZ 86504  
(928) 729-6702/6720  
Email: [margaretl@wrschool.net](mailto:margaretl@wrschool.net)

The following information is provided so you may more fully understand the employment process.

## **APPLICANT INSTRUCTIONS**

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Thank you for your interest in applying for a position with Window Rock Unified School District. A COMPLETE application must be on file with Human Resource Department to be considered for an open position in the district. THE DISTRICT WILL NOT ACCEPT INCOMPLETE APPLICATION PACKETS NOR WILL WE MAKE COPIES FOR YOU. FAILURE TO PROVIDE ANY OF THE INFORMATION REQUESTED MAY RESULT IN DISQUALIFICATION FOR CONSIDERATION. Please follow STEP 1 through STEP 5 to complete your application. The district maintains the application for one year, after that year it is destroyed. Individuals who have applications on file must notify the Human Resource with current information that may have changed.

### **STEP 1: COMPLETE THE APPLICATION**

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Answer all questions completely, accurately, and honestly. DO NOT write "See Resume". Please print/type clearly. Return the **Signed** application to DISTRICT HUMAN RESOURCES' DEPT.

### **STEP 2: COMPLETE DISTRICT FORMS**

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Consent to Conduct Background Investigation  
Conviction Report Form  
Equal Opportunity/Affirmative Action Form (Optional)  
Professional Staff Credentialing Requirements  
Universal Background Check Form  
Verification of Experience

### **STEP 3: ATTACH SUPPORTING DOCUMENTS**

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A current resume  
A letter of application expressing your interest  
A complete lesson design for grade level, subject area of certification  
Placement file or two letters of reference dated within the last year. One must be from your current or previous employer if applicable

## **STEP 4: TRANSCRIPTS**

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Unofficial transcripts may be submitted with the application. Official transcripts are required at the time of employment.

## **STEP 5: ARIZONA CERTIFICATION**

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Attach copies of Arizona Teaching Certificate(s) and/or out of state teaching certificate(s). Applicants who do not possess an Arizona Teaching Certificate must contact the Arizona Department of Education. Applicants are responsible for applying directly to the State of Arizona.

### **TEACHER CERTIFICATION UNIT**

1535 West Jefferson St. Phoenix, Arizona 85007  
(602) 542-4367 or ([www.ade.az.gov](http://www.ade.az.gov))

## **SELECTION PROCESS**

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1. Completed applications will be screened by District and school administration. Those individuals selected for interviews will be notified of the interview date. You will not be notified if you are not selected for an interview.
  2. The criteria used in the selection process includes, but is not limited to:
    - a. Presentation of the written application
    - b. Academic training and achievement
    - c. Experience directly related to assignment
    - d. References, recommendations and background checks
    - e. \*Appropriate AZ certification in related area
    - f. \*Highly Qualified in core academic subject area
    - g. Interview performance
- In accordance with NCLB and the AZ Department of Education certification requirements, teacher of Core Academic Subject Area must be Highly Qualified



**SECTION D- ACADEMIC BACKGROUND**

<b>School and Address</b>	<b>Dates Attended</b>	<b>Major/Minor</b>	<b>Degree and Hrs.</b>	<b>GPA</b>
COLLEGE/UNIVERSITY	FROM: TO:			

**GRADUATE STUDY**

<b>School and Address</b>	<b>Dates Attended</b>	<b>Major/Minor</b>	<b>Degree and Hrs.</b>	<b>GPA</b>
COLLEGE/UNIVERSITY	FROM: TO:			

**SECTION E- TEACHING EXPERIENCE**

LIST MOST RECENT EMPLOYER FIRST (Include Student Teaching if within the last three years)

<b>Employer Name &amp; Address</b>	<b>Dates Employed</b>	<b>Grade and Subject Taught or Position</b>	<b>Reason for Leaving</b>
Name: _____ Address: _____ Phone No. _____	From: _____ To: _____	_____ Supervisor: _____	
Name: _____ Address: _____ Phone No. _____	From: _____ To: _____	_____ Supervisor: _____	
Name: _____ Address: _____ Phone No. _____	From: _____ To: _____	_____ Supervisor: _____	
Name: _____ Address: _____ Phone No. _____	From: _____ To: _____	_____ Supervisor: _____	

**SECTION F- EXTRACURRICULAR**

Indicate activities you would like to sponsor/coach	Interest in coaching or sponsoring					Participation in HS or College		Coached at College, HS, JH or Elementary Level			
	Head	Ass't	H.S.	J.H.	Elem	Coll.	H.S.	Coll.	H.S.	J.H.	Elem.
	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

**SECTION G- REFERENCES**

List three individuals who can provide professional and/or character references for you.

	Reference Name and Address	Telephone Number
1		
2		
3		

**SECTION H- NARRATIVE STATEMENT**

Please state briefly how and what you can contribute to an effective educational system serving a predominately Native American student population. Also include a statement of your plans for professional growth and your educational goals for the future.

**SECTION I- AGREEMENT**

- 1. Have you ever been dismissed from a teaching position? Yes [ ] No [ ]
- 2. Have you ever been asked to resign from a teaching position? Yes [ ] No [ ]
- 3. Have you ever been non-renewed from a teaching position? Yes [ ] No [ ]
- 4. Have you ever had your certificate revoked? Yes [ ] No [ ]
- 5. Are you aware of any reason you would not be able to perform the duties required of the position? Yes [ ] No [ ]

I hereby certify that the above information, to the best of my knowledge, is true, accurate, and complete. Any misrepresentation or omission of facts shall be sufficient cause for my disqualification for employment or termination of employment. Furthermore, it is understood that this application and records become the property of Window Rock Unified School District No. 8.

I authorize the investigation of all statements contained herein and understand that the agents of the District may review any document relevant to this information. I authorize the District to make reference checks prior to employment and I will execute documentation to facilitate this investigation. I release from liability any person giving or receiving such information and further agree that any reference and personal information which becomes a part of this record are to be regarded as confidential and will not be revealed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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How did you hear about Window Rock Unified School District:

- [ ] University Bulletin [ ] Newspaper [ ] Career Fair [ ] Internet [ ] WRUSD Employee [ ] Other

## Window Rock Unified School District No. 8

### CONVICTION REPORT

Because of the tremendous responsibility Window Rock Unified School District has to its school children and community, the following information is needed from all applicants and employees regarding convictions.\* A record on conviction does not necessarily prohibit employment; 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 convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Personnel Director. Please read carefully, and answer every question. **Please print clearly.**

1. Name \_\_\_\_\_  
Last First Middle  
 Other names used \_\_\_\_\_ Dates of usage \_\_\_\_\_

2. Social Security Number \_\_\_\_\_

3. Have you ever been convicted of a minor offense other than traffic violation(s)  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

**If any of the boxes above are marked "YES," fill in the information below and attach a letter of explanation.**

#### 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:	
2. CONVICTION CHARGE		DATE OF CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
REMARKS:		LENGTH AND TERMS OF PROBATION:	

\*CONVICTION means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of *nolocontendere*, 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 which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

\*\*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.

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate and complete. I authorized the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of Window Rock Unified School District. I authorize the Window Rock Unified School District 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.

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ DATE

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Position desired \_\_\_\_\_  
Be Specific

The Window Rock Unified School District No. 8 is an Equal Opportunity Affirmative Action Employer, and attempts to be completely unbiased and fair in district employment practices. For this reason, we have eliminated any mention of ethnic background on our application forms. However, our district's Affirmative Action Plan requires that we keep a separate record of this information so minority applicants can receive full consideration for all position openings. Therefore, it would be beneficial to us if you would complete the following information. This information will be kept confidential and will not be filed with or made a part of your application. Please check the appropriate items in each of the following categories:

Ethnic Background  American Indian/tribe: \_\_\_\_\_  Asian or Islander  
 Black  Hispanic\*  
 White (Non-Hispanic)  Other: \_\_\_\_\_

\*Includes persons of Mexican, Puerto Rican, Latin American or other Hispanic origins.

Sex  Female  Male

Signature \_\_\_\_\_



Window Rock Unified School District No. 8  
Human Resource Department  
P.O. Box 559  
Fort Defiance, Arizona 86504

Phone: (928) 729-6702

Fax: (928) 729-7696

**CONSENT TO CONDUCT BACKGROUND INVESTIGATION  
AND RELEASE  
WINDOW ROCK UNIFIED SCHOOL DISTRICT #8**

I \_\_\_\_\_ [applicant's name], have applied for employment with the School District to work as a \_\_\_\_\_[job title]. 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 if I am considered for an offer of employment. This investigation may include asking my current and any former employers and educational institutions 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) and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation.

According to the Family Educational Rights and a 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 School District by any educational institution.

According to Arizona Revised Statutes Section § 23-1361, any employer that 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 to the employee, and that the 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 the 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 this School District to complete its background investigation.

A photocopy of facsimile ("fax") copy of this form that shows my signature shall be valid as an original.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

EXHIBIT EXHIBIT

PROFESSIONAL STAFF CERTIFICATION AND CREDENTIALING REQUIREMENTS

Name (printed or typed)

Position

I, \_\_\_\_\_, being duly sworn, do hereby certify that I have never been convicted of or admitted in open court or pursuant to a plea agreement committing, and am not awaiting trial for committing, any of the following criminal offenses in the state of Arizona or similar offenses in any other jurisdiction:

Table with 2 columns listing various criminal offenses such as Sexual abuse of a minor, Incest, First-or second-degree murder, etc.

Employee signature

Date signed

Subscribed, sworn to, and acknowledged before me by \_\_\_\_\_

\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

in \_\_\_\_\_ County, Arizona.

My Commission Expires

\_\_\_\_\_

\_\_\_\_\_  
Notary Public



**Request for  
Background Check**

Customer # 002423

<b>Social Security Number</b> - -	<b>Date of Birth</b> (Month/Day/Year - for identification purposes only) / /
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<b>Full Name</b> (First / Full Middle Name / Last)
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<b>Other Names Used</b> (maiden names, AKA names, etc.)
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<b>Current Residential Address</b>
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<b>City</b>	<b>State</b>	<b>Zip Code</b>
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List each CITY, STATE and ZIP CODE (if known) where you have lived during 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"/>

<b>Driver's License Number</b>	<b>State of Issue</b>
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**APPLICANT DO NOT WRITE IN THIS BOX – FOR EMPLOYER USE ONLY:**

**Your standard package will be automatically performed unless you specify otherwise below:**

- Perform selected services *in addition to* standard package
- Perform selected services *in place of* standard package
- 39-Month driving record
- Social Security Address/Alias Trace
- Additional County Criminal History Searches  
(check box next to addresses above)
- Educational Degree Verification
- Personal/Prof. Reference Verification
- Professional Licensure Verification
- Previous Employment Verification

**Phone 602-263-8033 or 1-877-263-8033**

**Fax orders to 602-274-3551**

**FCRA NOTICE AND ACKNOWLEDGMENT**  
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

**NOTICE REGARDING BACKGROUND INVESTIGATION**

**Window Rock Unified School District No. 8** ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, 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. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (4000 North Central Avenue, Suite 1000, Phoenix, AZ 85012, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number (SSN)



## DISTRICT HOUSING APPLICATION

1. Name: \_\_\_\_\_ Certified/Classified/Administrator (circle)
2. \_\_\_\_\_
3. Position: \_\_\_\_\_ Date of Employment: \_\_\_\_\_
4. Place of Employment/Worksite: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
6. Telephone Number: \_\_\_\_\_ Alternate Number \_\_\_\_\_
7. Email Address: \_\_\_\_\_
8. Do you own a home in the District? \_\_\_\_\_ Have you applied for NHA Housing? \_\_\_\_\_ List
9. Names/DOB/SS#/relationship of all persons who will reside with you:

Name	Date of Birth	Social Security #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. If you have any pets, list kind and number. Policy sets limit of two dogs or cats. Evidence of shots must be provided before a lease agreement will be issued.  
\_\_\_\_\_

11. Size/type of housing unit preferred? Rank Order
 

Apartment	_____	_____
Trailer	_____	_____
House	_____	_____
Trailer Lot	_____	_____
12. Location preferred Rank from 1-5 in order of preference:
 

Window Rock Elementary School Campus	_____	Ft. Defiance School Campus	_____
Window Rock High School Campus	_____	Other	_____

(Note: for certain units, such as those located in Apache County sub-division, additional family income information may be required. If questions arise regarding any information shown above, appropriate additional documentation may be required.)

I hereby affirm that the information provided above is accurate and complete as of the date of this application. If significant changes in any of the information should occur after submission of this application, such as an increase or decrease in the number of eligible family members, I will inform the Personnel Office immediately.

Date \_\_\_\_\_ Signature \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Status: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Pending: \_\_\_\_\_

Unit Assigned: \_\_\_\_\_ Location: \_\_\_\_\_