

VALDEZ CITY SCHOOL DISTRICT

P.O. Box 398 – 1112 West Klutina Street
Valdez, AK 99686
TEL# (907) 835-4357 FAX# (907) 835-4964
www.valdezcityschools.org

INFORMATION AND INSTRUCTIONS APPLICANTS FOR ADMINISTRATION POSITIONS

Please include the following to complete the Certified Administrative Application process:

1. Completed Valdez City School District Application for Certificated Position.
2. General letter of interest.
3. Resume.
4. Three letters of recommendation from previous supervisors – one letter may be a character reference by a person of your choice however, not a relative.
5. A copy of your Alaska Teaching Certificate. (If hired, an original Alaska Certificate is required.) If you currently do not hold an Alaska Teaching Certificate, indicate on the application when you anticipate receiving it.
6. A copy of your transcript(s). (If hired, original official transcript(s) are required.)

If you have any Alaska teacher certification questions, please call the Department of Education (907) 465-2831.

The Valdez City School District does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, marital status, pregnancy, sexual orientation, or any other basis of discrimination prohibited by local, state, or federal law. This policy will prevail in all matters concerning staff, students, the public, educational facilities, programs, services and activities, and with whom the District does business.

CERTIFIED ADMINISTRATIVE APPLICATION

Name: _____ Previous last name(s): _____ Mailing address: _____ _____ Residence address: _____ _____ Home Telephone: _____ Work/Message Phone: _____ E-mail address: _____ Social Security no.: _____	Valdez City School District P.O. Box 398 – 1112 West Klutina Street Valdez, AK 99686 TEL: (907) 835-4357, FAX# (907) 835-4964 www.valdezcityschools.org
	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No; if no, can you provide proof that you are legally eligible for employment in the U.S?; <input type="checkbox"/> Yes <input type="checkbox"/> No
	Identify a person, other than a spouse, who will always be able to provide us with your current address and/or phone number Name: _____ Mailing Address _____ Telephone: _____

Are you a current employee of this school district?

No Yes; position: _____ Reason for leaving _____

Please list your preferences for the areas, subjects, or grade levels in which you are qualified to teach based on education, training, and certification: (1) _____ (2) _____

EDUCATIONAL AND PROFESSIONAL TRAINING Please list in chronological order all educational institutions attended. The information on all items should be complete and accurate as it is used as the basis for determining salary.					
	Name and Location of Institution	Semester Hours*	Degree/GPA	Major	Minor
Undergraduate college work					
Graduate college work					
*One quarter hour equals two-thirds of a semester hour **Provide GPA for degree(s) only Screening for qualifications will be done from information provided on your application. If you do not have enough space to list all your work experience, you may make copies of the work experience pages of this application and insert them in your application. A resume may be submitted in addition to the completed application, but will not be reviewed to determine whether you meet minimum qualifications or should be advanced for further consideration.			Application received: _____		

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List any of your relatives by blood or marriage who are employed by the Valdez City School District (VCSD) or who serve on the VCSD Board of Education:

Name:	Relationship:	Dept./Bldg.:
Name:	Relationship:	Dept./Bldg.:
Name:	Relationship:	Dept./Bldg.:

ADMINISTRATIVE WORK EXPERIENCE

Employed: (month/year)	Position title:	Grades encompassed:
From: To:	Employer:	
Last salary:	Mailing address:	
Supervisor's name:		Title:
Telephone: ()		Reason for leaving:
Employed: (month/year)	Position title:	Grades encompassed:
From: To:	Employer:	
Last salary:	Mailing address:	
Supervisor's name:		Title:
Telephone: ()		Reason for leaving:
Employed: (month/year)	Position title:	Grades encompassed:
From: To:	Employer:	
Last salary:	Mailing address:	
Supervisor's name:		Title:
Telephone: ()		Reason for leaving:
Employed: (month/year)	Position title:	Grades encompassed:
From: To:	Employer:	
Last salary:	Mailing address:	
Supervisor's name:		Title:
Telephone: ()		Reason for leaving:
Employed: (month/year)	Position title:	Grades encompassed:
From: To:	Employer:	
Last salary:	Mailing address:	
Supervisor's name:		Title:
Telephone: ()		Reason for leaving:
Employed: (month/year)	Position title:	Grades encompassed:
From: To:	Employer:	
Last salary:	Mailing address:	
Supervisor's name:		Title:
Telephone: ()		Reason for leaving:

TEACHING WORK EXPERIENCE

School Year in which service was rendered: July 1, _____ to June 30, _____	School Name: Mailing Address:
Grades taught/Position held: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute	
Principal/Supervisor's name: _____ Title: _____	
Length of school term (days): _____ Telephone: _____ Actual days served: _____	
School Year in which service was rendered: July 1, _____ to June 30, _____	School Name: Mailing Address:
Grades taught/Position held: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute	
Principal/Supervisor's name: _____ Title: _____	
Length of school term (days): _____ Telephone: _____ Actual days served: _____	
School Year in which service was rendered: July 1, _____ to June 30, _____	School Name: Mailing Address:
Grades taught/Position held: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute	
Principal/Supervisor's name: _____ Title: _____	
Length of school term (days): _____ Telephone: _____ Actual days served: _____	

OTHER RELATED WORK EXPERIENCE

This section is optional; complete, in chronological order, if you believe your non-administrative/non-teaching experience enhance your ability as an administrator.

Employed (month/year)	Position title/type of work:	
From: _____ To: _____	Employer: _____	
Last salary: _____	Mailing address: _____	
Supervisor name: _____		Title: _____
Telephone: () _____	Reason for leaving: _____	

REFERENCES

List three professional references, other than relatives, who have direct knowledge of your character, work experiences and abilities. You must include your most recent supervisor.

Name /Title	Mailing Address	Telephone

CERTIFICATIONS

Types of Certificate/Endorsement	State	Expiration Date	If you do not hold an Alaska Type B administrative certificate, please contact: Teacher Education & Certification Alaska Department of Education & Early development 810 West 10 th Street, Suite 200 Juneau, AK 99801-1894 (907) 465-2831
If you do not hold an Alaska Type B administrative certificate, have you earned 6 semester hours within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you applied for your administrative certificate with the state of Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Title and location of position for which you are applying:

Valdez City School District

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

TO ALL APPLICANTS: It is the policy of the Valdez City School District to refrain from employment discrimination and to take affirmative action to realize full and equal employment opportunity for women, minorities, disabled persons, and veterans of the Vietnam Era. Your participation in completing this form is voluntary. This form will be filed separately from all your other application/employment records.

Name:

Last

First

MI

Address: _____

Telephone No.: _____

Highest degree & field completed: _____

Gender: Female Male

Vietnam Era Vet: Yes No **Disabled:** Yes No

Race/Ethnicity:

- Alaskan Native
- American Indian/Native American
- Asian or Pacific Islander
- African-American
- Hispanic
- White

A “yes” response to any of the following questions is not an automatic bar to employment. The VCSD will consider the circumstances, including the recency and nature of events, which led to the actions described below, and the type of position for which you are applying. If you answer “yes” to any of the questions below, please explain in detail, including the date, location, nature of the offense/circumstances, and final disposition of the matter. Your written explanation will assist the VCSD in determining your eligibility for employment. Should the District employ you, any new criminal charges must be reported immediately to the Personnel Office. *You are not required to disclose a prior conviction that was set aside for which you have officially been discharged under the terms of a suspended imposition of sentence (SIS). It is your responsibility to determine whether a conviction has been discharged and thus not subject to disclosure.

1. Have you been convicted of a misdemeanor within the last 5 years?* Yes No
2. Have you ever been convicted of a felony?* Yes No
3. Have you ever been denied a teaching or administrative certificate, or had such a certificate revoked or suspended? Yes No
4. Have you been involuntarily released or asked to resign from any position? Yes No
5. Have you ever voluntarily given up a certificate? Yes No
6. Have you ever been convicted of any offense involving sexual abuse or molestation of a minor? Yes No
7. Have you ever been convicted of any offense involving contributing to the delinquency of a minor?* Yes No
8. Have you ever been convicted of a violation resulting in personal injury or destruction of property within the last ten years?* Yes No
9. Have you ever been convicted of any offense involving use or abuse of alcohol, illegal drugs or other controlled substances?* Yes No
10. Have you ever committed any other crime of moral turpitude?* Yes No
 A crime of moral turpitude under the laws of the state of Alaska is a crime involving acts that are immoral or wrong in themselves such as murder, sexual assault, robbery, kidnapping, incest, arson, burglary, theft and forgery.)

*Please Explain: (Use additional sheet if necessary) _____

CERTIFICATE OF APPLICANT

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief, and I have not knowingly withheld any fact or circumstance. I understand any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application or my removal from employment. I authorize the VCSD to make an inquiry as to my character, general reputation, personal characteristics, previous employers, education background current and previous residence locations for the past 5 years, military service, and conviction records. I authorize the VCSD to release a copy of my application, and I authorize any former or current employer, person, firm, corporation, school, college, or governmental agency to give the VCSD pertinent information they may have regarding me. This authorization shall remain in effect during the course of my employment with the VCSD for the purpose of verifying any information contained in my employment application. In consideration of the VCSD’s review of this application, I release the VCSD and all providers of information from any liability as a result of furnishing, receiving, and relaying on this information. I understand employment with the VCSD requires the approval of the superintendent, and that employment offers are made only by the School District superintendent and must be ratified by the School Board.

I certify that I have not committed any act of child abuse, molestation, or any sexual abuse of a minor. I am aware Alaska Statute 12.65.035 provides that an employer may obtain from the Alaska Commission on Criminal Justice a record of all convictions and that a favorable record check will be a condition of any offer of employment made by the VCSD. I agree to such medical examinations as required by law (4 AAC 6.050) and to any other medical examinations shown to be job related and consistent with business necessity.

According to Alaska Statute 23.10.430, an “employee or former employee” is entitled to inspect and make copies of his or her “personnel file and other personnel information” maintained by the employer. I understand that some employers and interviewers may be unwilling to provide the VCSD with factual references or interview reports on an employee or applicant unless they have received an assurance from the employee or applicant that the references or reports provided the VCSD will be kept confidential from the employee or applicant. I also understand that the VCSD will not be able to consider my application if it cannot obtain the comprehensive information necessary to complete its interview, reference, and background investigation processes. Therefore, in some cases, the absence of an assurance of confidentiality may prevent the VCSD from being able to consider an applicant or make a full evaluation of an employee. I understand that the VCSD will process an application or evaluation request on the basis of the information it has, without regard to any assurance of confidentiality.

Based on the information above, I waive do not waive, any rights I may have as an employee or former employee of the VCSD to inspect and make copies of confidential references and all other materials requested and/or submitted on a confidential basis regarding this application.

Date

Signature of Applicant