

**Pinal County Certified Application**  
**Special Education**  
**Specialist**

Personal Data		Date of Application:	
Name			
Address	City	State	Zip Code
Home Phone#	Cell Phone #	Email	
Position Applied For:			

Current Certification			
Type:		State:	
Content Areas:		Endorsements:	
Arizona Certification:	Yes ___ No ___	If applied for, list date of application:	
List any deficiencies:			
Fingerprint Card:	Class One: Yes ___ No ___	Class Two: Yes ___ No ___	Expiration Date:

**Employment Record (may include student teaching)**

Name of Employer	Complete address	Grades, Subjects Taught or previous employment	# of years	Dates: Mo/Yr Starting	Dates: Mo/Yr Ending	Reason for leaving

Additional Employment Information		YES	NO
1.	Are you currently receiving benefits from Arizona State Retirement System?		
2.	Are you currently under contract with another district?		
	If yes where?		
	Contractual dates?		

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<b>Criminal Activity Report</b>		<b>YES</b>	<b>NO</b>
1.	Have you used any other names other than the name you are using on this application?		
2.	Have you ever been convicted of or pleaded "no contest" to any misdemeanor offense(s) other than traffic violation(s)?		
3.	Have you ever been convicted of a DUI offense?		
4.	Have you ever been convicted of a felony?		
5.	Have you ever been convicted of a sex or drug related offense?		
6.	Have you ever been convicted of a dangerous crime against children as defined in A.R.S. 13.604.01?		
7.	Have you ever been arrested for any offense which has not yet been resolved?		
8.	Have you ever been dismissed or resigned at the request of an employer?		
If yes to any question, please explain in summary section.			

**Educational Preparation**

Degrees	Name of institution	Location City, State	Graduation Year	Major	Minor	GPA
BA BS						
MS MA						
EDS PHD EDD						

**References (Personal, Professional)**

Name	Relationship	Years Known	Official Position	Work Phone	Home Phone

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**Summary of Additional Information**

Work experience, military experience, additional education, awards, associations, affiliations and continuation of other items.

Please check boxes below

- I certify to the best of my knowledge all answers and statements herein are true and I understand that any misstatement or omission of fact will subject me to disqualification or dismissal.
- I hereby authorize each school district to verify all information contained in this application. Pinal County Schools are Equal Opportunity Employers.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_