COCONINO COUNTY SCHOOLS OFFICE
Attn: Administrative Assistant
2384 N. Steves
Flagstaff, AZ 86004
(928) 679-8070

APPLICATION FOR

School Board Appointment

School District: _____

Name: _____ Work Telephone #:_____

E-Mail Address: _____ Home Telephone #:_____

Residence address:
_____
_____

AFFIDAVIT OF QUALIFICATIONS

By signing below, I affirm that I am eligible to be appointed to the _____ Governing Board based upon the following qualifications:

- I am a registered voter in the state of Arizona.
- I have resided in the School District for at least one year.
- I am not an employee of the School District nor is my spouse.
- I am not a member of any other School District Governing Board
- No members of my immediate family, who currently reside with me or who have resided in my home within the last four years, are members of this Governing Board.

Applicant Signature: _____ Date Submitted: _____

Subscribed and sworn before me in the County of _____ and State of Arizona this _____day of _____, 20_____.

_____
Notary Public

_____ (SEAL)
Commission Expiration Date

Occupational experience - (past 10 years, if applicable)

List current and/or previous employers – put most recent experience first.

DATES EMPLOYED	EMPLOYER'S NAME (Include complete address)	PHONE	SUPERVISOR'S NAME	REASON FOR LEAVING	POSITION
From_____ To_____					
From_____ To_____					
From_____ To_____					
From_____ To_____					
From_____ To_____					

Educational background - Identify the academic institution, highest level achieved, degree(s) conferred

Circle highest year completed	HIGH SCHOOL 7 8 9 10 11 12		COLLEGE 13 14 15 16			
	Name	Location	Dates Attended	Year Graduated	Degree	Major Area of Study
HIGH SCHOOL						
COLLEGE						
TECHNICAL SCHOOL						

Questionnaire:

1. What has prompted you to express an interest in this position?

2. Please briefly describe your understanding of the differences between the roles of the Governing Board and the School District Administration. Feel free to use examples.

3. In the spaces below, please describe past or present experiences you have had which you think would be relevant to your making a positive contribution to this type of Board. Identify specific accomplishments of the organization and your role in their being achieved. (For convenience, these are arranged in categories. Please feel free to modify these to the extent you feel necessary).

a. Trade/business or professionally related experiences

b. Volunteer and/or non-profit associations

c. Formal educational training

4. In our present societal environment, those seeking to serve in a public capacity are often subjected to intense scrutiny by interested individuals or groups, as well as the media. This scrutiny includes examining personal behaviors, past and present, as well as areas of potential "conflict of interest."

   Have you any reason to be concerned that any past actions or involvement with organizations would be awkward for you or the Governing Board? Please answer with “yes” or “no”. If “yes”, please explain.

5. A public school district serves a variety of students with a wide range of backgrounds, abilities, and objectives. Listed below are broad, and perhaps arbitrary, categories into which most students fall. Please indicate the extent of your work, volunteering, or educational experiences with each of these general categories:

   a. College bound students who take courses of study leading to entrance into accredited institutions of higher education.

   b. General academic students who want to meet general academic graduation requirements.

   c. Vocational students who want general education coursework plus training in fields such as secretarial, electronic, automotive, construction, sales, agriculture, etc.

d. Learning impaired students who may wish to enter college bound, general academic, or vocational course work but need remedial support.

e. Special, adaptive education students who need general education and/or vocational training adapted to meet the needs of physically, mentally, or emotionally handicapped children.

f. At-risk children who have various challenges which often cause students to become drop-outs.

6. A major responsibility of public school districts involves employing well-qualified, knowledgeable leadership and securing and maintaining appropriate finances. The levels of support districts receive through tax dollars, private funding and grants income are, to a considerable extent, based on the community perceptions of the district and the value community places on the educational program.

a. Please indicate any experiences you have had relating to areas such as budget preparation and control, allocation of resources, audits, purchasing, etc.

b. Also, indicate any experience you have had with personnel management (negotiations, recruiting, hiring and evaluation of personnel, etc).

c. Likewise, indicate experience and/or involvement you have had involving the educational growth and development of children.

7. As an active member of your community, you may have developed ideas about some of the special needs of your School District. What needs do you feel are most urgent and how would you help to meet those needs?

8. A Board member has no authority to make district decisions as an individual. All District policy decisions are made by the total Governing Board. Board membership requires the ability to listen to the ideas of others, communicate your own ideas, evaluate all information without bias, and function as a team member. Indicate any successful experiences you have had in similar team efforts.

9. Public service, such as serving on a School Board, requires a great deal of time and energy. For this position, compensation is non-existent. In light of that, are there any circumstances you can foresee that would limit your ability to fully participate as a School Board member?

10. What do you consider to be the three (3) current biggest challenges to this District? List them in order of priority and explain each.

CRIMINAL ACTIVITY REPORT

Because of the responsibility the Coconino County School Superintendent has to our school children and community, the following information is needed from all applicants. A record of arrest or conviction* does not prohibit appointment. However, failure to complete this form accurately and completely may mean disqualification from consideration for appointment. Applicants must report any convictions and arrests that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Coconino County School Superintendent's Office. Please read carefully and answer every question. **Please print clearly**.

1. Name _____ SSN _____

   Other names used _____ Dates of usage _____

Answer these questions truthfully, even if the condition was ultimately expunged, reversed or otherwise set aside. If any of the boxes are marked "YES", fill in the information below and attach a letter of explanation.

2. Have you ever been convicted of any misdemeanor offense(s) other than traffic violation(s)? □ Yes □ No
3. Have you ever been convicted of a DUI offense? □ 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
7. Have you ever been arrested for any offense which has not been resolved? □ Yes □ No

CONVICTION INFORMATION			
CONVICTION CHARGE	DATE OF CONVICTION	COURT OF CONVICTION	
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
FACTUAL DETAILS OR OTHER 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 nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken.
****A.R.S. § 13.3716** requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined in A.R.S. § 13.604.01 as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse, if any of these crimes are committed against a minor under 15 years of age.

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 the Coconino County School Superintendent. I authorize the CCSS to make reference and criminal background checks prior to appointment and I will execute such documents to facilitate this investigation. **I understand that my appointment is not finalized until the background investigation has been completed and the Coconino County School Superintendent has officially approved my appointment. I understand that misrepresentation or omission of pertinent facts may prohibit my appointment. Furthermore, I understand that I have no right of access to any materials submitted and information gathered by the CCSO during the application process and that such materials and information are considered the sole property of the Coconino County School Superintendent's Office.**

_____ _____

Signature of Applicant **Date**

CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT
DISCLOSURE AND RELEASE OF INFORMATION AUTHORIZATION

I authorize the Coconino County School Superintendent and Risk Assessment Group, Inc., a consumer-reporting agency, to retrieve information from all, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. I understand that this information may be transmitted electronically and authorize such transmission.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge.

_____ _____ _____

Signature Social Security Number Date

NOTE: The following information is needed to conduct a background investigation and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. PLEASE PRINT CLEARLY.

_____ _____ _____

Last Name First Name Middle Name

Please list all aka's including birth names _____

_____ _____ _____

Street Address City State Zip Code

_____

Date of Birth