

PINAL COUNTY SCHOOL OFFICE

Attn: Mark Krumrey

P. O. Box 769

Florence, Arizona 85132 (520) 866-6565

Application for School Board Appointment

Maricopa Unified School District

#20

Open Until 5:00pm Friday, January 22, 2021

Name: _____ Work Telephone #: _____

E-Mail Address: _____ Home Telephone #: _____

Street Address: _____

Mailing Address _____

AFFIDAVIT OF QUALIFICATIONS

By signing below, I affirm that I am eligible to be appointed to the above mentioned School District 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 _____

Subscribed and sworn before me in the County of Pinal and State of Arizona on this ____ day of _____, 20__.

Notary Public Signature

Commission Expiration Date

(SEAL)

FAIR CREDIT REPORTING ACT
CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT
DISCLOSURE AND RELEASE OF INFORMATION AUTHORIZATION

PLEASE REVIEW CAREFULLY BEFORE SIGNING AUTHORIZATION

I authorize Pinal County Schools and Risk Assessment Group, Inc., a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level relating to my past activities, and authorize the foregoing entities to supply any and all information concerning my background. The information received may include, but is not limited to academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records.

I understand that an Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any Investigative Consumer Report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: Risk Assessment Group, LLC. P.O. Box 27443, Tempe, Arizona 85285. Phone 866-777-1114.

I am willing that an electronic or photocopy of this authorization be acceptable with the same authority as the original; and that if employed by the above-named company (except if employed in the state of California), this authorization will remain in effect throughout such employment.

By my signature below, I acknowledge receipt of this Disclosure and Release of Information Authorization and certify that I have read and understand it.

Signature Social Security Number _____ Date _____

Personal Telephone Contact Number Email Address _____

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 maiden names _____

Street Address City _____ State _____ Zip Code _____

Driver's License Number State of License _____ Expiration Date _____ Date of Birth _____

Last school Graduated From _____ Campus/location _____

Year of Graduation _____ Degree/GED/Diploma _____

List any additional names you may have used while attending school _____



Risk Assessment Group
Background Screening & Hiring Solutions

www.riskassessmentgroup.com
866-777-1114

RELEASE OF INFORMATION AUTHORIZATION
Pre-employment background screening Pinal
County Schools

The following information is helpful to your potential employer when processing your pre-employment background check. Providing the following information will expedite your approval for employment. You are not required to release this information.

If you are currently employed may we contact your employer?

Yes _____ No _____ Post Hire Only _____

I understand that an Investigative Consumer Report (“Consumer Report”) may be prepared summarizing the information contained in my background check.

I understand that I have the right to inspect those files with reasonable notice during regular business hours and that I may be accompanied by one other person. I should direct my request to: Risk Assessment Group, LLC. P.O. Box 27443, Tempe, Arizona 85285. Phone 866-777-1114.

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, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment has been made.

Are you applying for employment in the State of California? _____ Yes _____ No

If you are applying for employment in the State of California, please note that a new Disclosure and Release of Information Authorization is required for any subsequent Consumer Report/Investigative Consumer Report.

Are you applying for employment in California, Minnesota or Oklahoma? _____ Yes _____ No

If so, would you like a copy of any Consumer Report prepared for you? _____ Yes _____ No

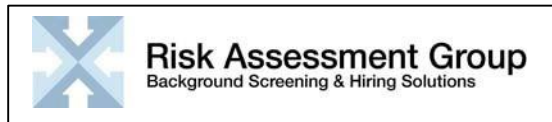
If you are applying for employment outside of California, Minnesota, or Oklahoma would you like a copy of the Consumer Report / Investigative Consumer report mailed to you? _____ Yes _____ No

First Name _____
Please print

Last Name _____
Please print

Signature _____

Date _____



www.riskassessmentgroup.com
1-866-777-1114

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						
TECHNICAL SCHOOL						
COLLEGE						

Questionnaire: Please answer the following questions on a separate piece of paper.

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?
3. 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." Is there anything in your background that would be an embarrassment to the District if it became public knowledge?
4. What are your experiences dealing with the reading, creating, or analyzing budgets?
5. What experiences do you have in setting policies whether company, departmental, organizational, or volunteer?
6. What experience do you have in hiring, firing, and disciplinary action?
7. List any management or supervisory experience.
8. List any previous school board experience, teaching experience, or experience with education.
9. As an active member of your community, you may have developed ideas about some of the special needs of your School District. What do you consider to be the three (3) biggest challenges currently affecting this District? How would you tackle those challenges?
10. A Board member has no authority to make district decisions as an individual. All District policy decisions are made by the total Governing Board. Knowing this, what are the most important factors for working in a team environment?
11. 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?

CRIMINAL ACTIVITY REPORT

Because of the responsibility the Pinal 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 Pinal 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 Pinal County School Superintendent. I authorize the PCSS 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 Pinal 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 PCSO during the application process and that such materials and information are considered the sole property of the Pinal County School Superintendent's Office.**

Signature of Applicant _____ **Date**