

TUCSON COUNTRY DAY SCHOOL
CAMP ADVENTURE

As an applicant, please be sure to complete your application with the detail necessary so that your candidacy can receive consideration. Tucson Country Day School/Camp Adventure is an Equal Opportunity Employer and does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap/disability, national origin or other legally protected status. We promote a Drug-Free Workplace and reserve the right to test employees for use of alcohol or drugs whenever reasonable suspicion exists. We enforce the Smoke Free Arizona Act. Applicants are advised that smoking is prohibited in Tucson Country Day School facilities, and vehicles. Smoking is also prohibited in the presence of students during on/off campus co-curricular or extra-curricular activities. We will provide reasonable accommodations to any applicant with a disability who may need assistance with the application process. Please notify the office staff if assistance is necessary.

Applicant Check List

- Completed application Most recent Report Card,
 Fingerprint card if applicable

Date of application: / / Date of availability: / /

Last First M Social Security Number

Mailing Address City State Zip

Home Phone Cell Phone E-mail address

Position Desired (Please check appropriate area)

- Counselor (1st -8th) Extended Care Early Childhood Counselor

Do you hold a current teaching license from Arizona or another state? (If yes please complete)

- Yes No

Type of certification: _____ Valid in which state: _____

Date Issued: _____ Expiration Date: _____

Educational Preparation (Please list undergraduate and graduate degree(s) earned)

Degree: _____ Major: _____

Name and Location of College or University: _____

Degree: _____ Major: _____

Name and Location of College or University: _____

Professional Experience (List most recent experience first)

Name of Business **Dates** **City, State** **Phone Number**

Title: _____ Supervisor: _____ Responsibilities: _____

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Professional Experience Continued

Name of Business _____ Dates _____ City, State _____ Phone Number _____

Title: _____ Supervisor: _____ Responsibilities: _____

Name of Business _____ Dates _____ City, State _____ Phone Number _____

Title: _____ Supervisor: _____ Responsibilities: _____

Background Information

The following must be completed by all applicants. A "Yes" response to any of the following questions will not necessarily result in denial of employment as TCDS/Camp Adventure will consider all circumstances related to the actions and events described below. Providing a written explanation will assist in determining your eligibility for employment. Applicants and employees must report any arrest or convictions that occur subsequent to the time they initially complete this form.

Have you ever used any other name for personal reasons or for employment purposes?

Yes

No

If yes, explain: _____

Have you ever been dismissed or ask to resign from a position?

Yes

No

If yes, explain: _____

Have you ever been convicted of any misdemeanor, felony or both offense(s) other than traffic violations?

Yes

No

If yes, explain: _____

****Have you ever been convicted of a dangerous crime against children as defined in A.R.S. 1604.01?**

Yes

No

If yes, explain: _____

Have you ever been arrested for any offense which has yet to be resolved?

Yes

No

If yes, explain: _____

****A.R.S. 13.604.01 requires applicant to give notice of any conviction for dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, sexual assault, molestations of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, child abuse, kidnapping and sexual abuse if any of these crimes are conducted against a minor under 15 years of age.**

Under penalty of criminal prosecution and dismissal, I hereby certify that the information presented in the application is true, accurate and complete. I understand that, if I am considered for employment, Tucson Country Day School will conduct a background check to determine my eligibility, qualifications and suitability for employment.

Signature _____

Date _____