



Licensed Specialist Application

LICENSED SPECIALIST APPLICATION PACKET CHECKLIST:

(Please submit **ALL** documentation together, in **ONE** packet, in the sequence listed below to: Please submit the following to:
Canyons School District, HR Department, 9361 South 300 East, Sandy, UT 84070.

- Licensed Specialist Application
 - A copy of your **CURRENT** License, i.e. Teaching, Psychologist, etc.
 - Resume / Vita (Include All related work experience)
 - Reference sheet (Please list five (5) individuals, their relation to you, and their contact information)
 - Letters of Recommendation (Please attach three (3) Letters of Recommendations)
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PERSONAL CONTACT:

Name: _____ Home Telephone Number: _____
 Preferred Name: _____ Cell Telephone number: _____
 Current Address: _____ Alternative Telephone Number: _____
 City: _____ State: _____ Zip: _____ Email Address: _____

I desire to be considered for the following position:

BACKGROUND:

Do you have the legal right to work in the United States? Yes No
 (Proof of citizenship or immigration status must be submitted when hired.
 If you do not have a current INS Authorization, employment will not be offered.)

Have you ever:

a. been convicted of a violation of law other than a minor traffic violation? Yes No

b. pleaded guilty and had your guilty plea held in abeyance in a criminal proceeding? Yes No

c. been placed on probation in conjunction with a criminal charge or conviction? Yes No

Are any criminal charges or proceedings pending against you? Yes No

If you have answered yes to any of the above, provide a statement explaining the circumstances.

Explanation

Have you ever been refused tenure, non-renewed, suspended, or terminated? Yes No

Have you ever had any action, sanction, or discipline taken against your professional educator license or are you currently under investigation? Yes No

If you have answered yes to any of the above, provide a statement explaining the circumstances.

Explanation

Reference Check Release Yes No

Pursuant to Utah State Law 53A-15-1511 and 34-42-1, by selecting "Yes" on this question I authorize Canyons School District to contact current and previous employers and authorize them to disclose information regarding any employment action taken or discipline imposed against me for the physical abuse or sexual abuse of a child or student as well as information about my job performance, professional conduct or evaluations.

I understand that if an LEA (Local Education Agency) or other employer in good faith discloses information that is within the scope of this release, the LEA or other employer is immune from civil and/or criminal liability based upon the applicable law. I acknowledge that by not marking "Yes" on this question, I cannot be considered for employment with Canyons School District.

Have you retired from the Utah State Retirement System?

If Yes, when did you retire: Date Retired from URS

No

Do you have any relatives employed by Canyons School District?

Yes No

Generally, immediate family members of current employees are not eligible to work at the same school or department, except in certain circumstances. We try to avoid any possible conflicts of interest.

If Yes, who? Name of relative

Where? Location of Relative

Do you hold a current Utah teaching license?

Yes No

If Yes, when will it expire?

Month Year

If No, when will you apply or be recommended for a Utah teaching license?

Month Year

What area of content is, or will be, listed on your license?

What endorsements are, or will be, listed on your license?

Education: (Most recent degree first)

Institution & Location	Graduated	Degree	Major	Minor

Student Teaching:

District	School	City & State	Grades/Subjects	Dates From - To

Teaching Experience (Contract Teaching Only):

District	School	City & State	Grades/Subjects	Dates From - To

Employment Experience Other Than Teaching:

Name of Employer	Telephone #s	Work Performed	Dates From - To

Agreement: By submitting this Administrative Application Packet I certify that all the information I have provided is correct and complete to the best of my knowledge. I understand that providing false or misleading information on this or other employment documents, including health insurance applications, will disqualify my application and provide sufficient grounds for my dismissal should I be hired.

I hereby authorize Canyons School District to conduct an investigation of my background, including a criminal background check in accordance with Utah State Law, and authorize release of information in connection with the application by former employers and supervisors. I further agree to indemnify and hold harmless these former employers and supervisors for any action initiated in conjunction with their release of this information.

Applicant Signature: _____

Date:

CANYONS SCHOOL DISTRICT is an equal opportunity employer. Applicants are considered on the basis of employment qualifications without regard to age, color, disability, gender, gender identity, national origin, pregnancy, race, religion, sexual orientation, or veteran status. Inquiries regarding Canyons School District's hiring practices may be addressed to: Director of Human Resources, Canyons School District, 9361 South 300 East, Sandy, UT 84070.