

**MESA PUBLIC SCHOOLS**  
**HUMAN RESOURCES DEPARTMENT**  
63 East Main Street #101 • Mesa, Arizona 85201-7422  
Telephone (480) 472-7200  
www.mpsaz.org

# APPLICATION FOR SCHOOL PSYCHOLOGIST POSITION

Date of application \_\_\_\_\_ Date of availability \_\_\_\_\_

\_\_\_\_\_ Last Name First Middle Social Security Number

**PERSONAL DATA** *(Please type or print)*

1. Home mailing address:

\_\_\_\_\_ Street City State Zip

Drivers License No: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Message Phone: \_\_\_\_\_ Web Address: \_\_\_\_\_

2. Are you legally eligible to work in the United States? .....  Yes  No
3. Do you presently have work authorization that would allow you to begin working at Mesa Public Schools **immediately**? .....  Yes  No
4. Languages spoken fluently (other than English) \_\_\_\_\_
5. Are you currently receiving benefits from the Arizona State Retirement System? .....  Yes  No

**POSITION PREFERRED** *(Please check qualified areas and indicate preference.)*

6.  Preschool  Senior High Level (10-12)  
 Elementary Level (K-6)  No Preference  
 Junior High Level (7-9)

**IMPORTANT:** Before final consideration for employment, the following must be on file in the Human Resources Department: completed application, complete set of transcripts, three recommendation letters, and a current and valid Arizona school psychologist certificate.

**AN EQUAL OPPORTUNITY EMPLOYER:** The district does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap/disability, national origin or any other legally protected status.

**DRUG-FREE WORKPLACE:** Mesa Unified School District #4 maintains a drug-free workplace and reserves the right to test employees for use of alcohol or drugs whenever reasonable suspicion exists that the employee has violated the drug-free workplace policy.

**REASONABLE ACCOMMODATION:** Any applicant with a disability who needs reasonable accommodation in any step of the application process should notify a representative in the Human Resources Department.

|                            |       |   |       |       |       |     |       |   |       |    |       |    |       |   |       |
|----------------------------|-------|---|-------|-------|-------|-----|-------|---|-------|----|-------|----|-------|---|-------|
| <b>FOR OFFICE USE ONLY</b> |       |   |       |       |       |     |       |   |       |    |       |    |       |   |       |
| T                          | _____ | R | _____ | _____ | _____ | AZC | _____ | I | _____ | NC | _____ | CR | _____ | A | _____ |

**CURRENT (or most recent) EMPLOYMENT**

7. Present Position \_\_\_\_\_ Salary \_\_\_\_\_
8. Present Employer \_\_\_\_\_ Start Date \_\_\_\_\_
9. Present (or most recent) administrative supervisor:
- \_\_\_\_\_
- Name Title Work Phone Home Phone
10. Reason for leaving present position? \_\_\_\_\_
- \_\_\_\_\_

**Answer the following questions truthfully. If any of the boxes are marked "YES," please attach a letter of explanation.**

11. Have you ever been dismissed from a position? .....  Yes  No
12. Have you ever been asked to resign from a position? .....  Yes  No
13. Have you ever resigned rather than face disciplinary action and/or non-renewal by an employer and/or disciplinary action against a license/certificate? .....  Yes  No
14. Have you ever been disciplined for any reason which resulted in suspension from work (with or without pay)? .....  Yes  No

**PROFESSIONAL AFFILIATIONS/ASSOCIATIONS AND HONORS**

15. List professional affiliations/associations to which you belong and include the leadership positions held within these organizations.

| AFFILIATION/ASSOCIATION | LEADERSHIP POSITION(S) | YEAR |
|-------------------------|------------------------|------|
|                         |                        |      |
|                         |                        |      |
|                         |                        |      |
|                         |                        |      |
|                         |                        |      |
|                         |                        |      |
|                         |                        |      |
|                         |                        |      |
|                         |                        |      |

**SELECTIVE SERVICE REGISTRATION** *(In compliance with A.R.S. §38-201)*

16. Are you required to be registered with the Selective Service System? .....  Yes  No

If yes, please state the place of registration indicating the following:

\_\_\_\_\_

City State Local Board Number

Selective Service Number \_\_\_\_\_

17. To be in compliance with federal and state law, applicants are informed that this page may be reproduced for the public if requested.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

## EDUCATIONAL PREPARATION

18. List educational institutions attended ("See Resume" is not sufficient).

| DEGREE(S)<br><small>CIRCLE DEGREE(S)</small> | NAME OF INSTITUTION | LOCATION<br>CITY, STATE | GRADUATION<br>YEAR | MAJOR | MINOR | GPA |
|--|---------------------|-------------------------|--------------------|-------|-------|-----|
| BS BA  |                     |                         |                    |       |       |     |
| MS MA MED                                    |                     |                         |                    |       |       |     |
| EDS PHD EDD                                  |                     |                         |                    |       |       |     |

Title of Master's Thesis and/or Doctoral Dissertation: \_\_\_\_\_

## PROFESSIONAL EXPERIENCE

19. List most recent experience first ("See Resume" is not sufficient):

|                    |                   |                     |    |
|--------------------|-------------------|---------------------|----|
| Position:          | Grade/Subject:    | Date: From          | To |
| Name of School:    | Complete Address: | Student Enrollment: |    |
| Supervisor's Name: | Telephone:        | Reason for Leaving: |    |
| Position:          | Grade/Subject:    | Date: From          | To |
| Name of School:    | Complete Address: | Student Enrollment: |    |
| Supervisor's Name: | Telephone:        | Reason for Leaving: |    |
| Position:          | Grade/Subject:    | Date: From          | To |
| Name of School:    | Complete Address: | Student Enrollment: |    |
| Supervisor's Name: | Telephone:        | Reason for Leaving: |    |
| Position:          | Grade/Subject:    | Date: From          | To |
| Name of School:    | Complete Address: | Student Enrollment: |    |
| Supervisor's Name: | Telephone:        | Reason for Leaving: |    |

20. INTERNSHIP EXPERIENCE: List most recent experience first ("See Resume" is not sufficient):

|                    |                   |                     |    |
|--------------------|-------------------|---------------------|----|
| Position:          | Grade/Subject:    | Date: From          | To |
| Name of School:    | Complete Address: | Student Enrollment: |    |
| Supervisor's Name: | Telephone:        | Reason for Leaving: |    |
| Position:          | Grade/Subject:    | Date: From          | To |
| Name of School:    | Complete Address: | Student Enrollment: |    |
| Supervisor's Name: | Telephone:        | Reason for Leaving: |    |

21. Please explain any gaps in employment: \_\_\_\_\_

## CERTIFICATION / LICENSURE

22. Do you hold a valid and current Arizona school psychologist certificate? .....  Yes  No  
 If YES, please complete item 23. If NO, proceed to item 24.

23. Arizona certificates/licenses now held:

| SPECIFIC TITLE OF CERTIFICATE/LICENSE | DATE ISSUED | DATE OF EXPIRATION |
|---------------------------------------|-------------|--------------------|
|                                       |             |                    |
|                                       |             |                    |
|                                       |             |                    |
|                                       |             |                    |

24. Have you applied to the Arizona State Board of Education, Certification Unit, for a school psychologist certificate?  
 Yes  No If YES, date applied \_\_\_\_\_

25. Have you completed the fingerprint requirement for the Arizona school psychologist certificate?  
 Yes  No If YES, date applied \_\_\_\_\_

26. Arizona certificates/licenses for which now eligible: \_\_\_\_\_  
 \_\_\_\_\_

27. Do you hold a valid and current school psychologist certificate or psychologist license from another state?  
 Yes  No If YES, name of state \_\_\_\_\_  
 Title/type of certificate(s) / license \_\_\_\_\_

28. Are you currently a Nationally Certified School Psychologist (NCSP)? .....  Yes  No

Inquiries regarding certification should be directed to the Arizona State Board of Education, Certification Unit, 1535 West Jefferson Street, Phoenix, Arizona 85007, (602) 542-4367, or visit their website at [www.ade.state.az.us/certification](http://www.ade.state.az.us/certification). Make contact immediately as certification procedures may cause up to a 4-month delay in a certificate being issued.

## PROFESSIONAL REFERENCES

29. Give names and phone numbers of three professional references who have knowledge of your educational/administrative experiences. *(Do not include family/relatives)*

| NAME | YEARS KNOWN | OFFICIAL POSITION | WORK PHONE | HOME PHONE |
|------|-------------|-------------------|------------|------------|
|      |             |                   |            |            |
|      |             |                   |            |            |
|      |             |                   |            |            |

30. Name any relatives now employed by Mesa Public Schools and their position/site. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **SUPPORTING STATEMENTS**

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31. State briefly the qualities or characteristics you possess which you feel contribute to the position of school psychologist or any additional information you would like us to consider.

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32. Please respond to the following hypothetical referral:

*A 12-year-old student has difficulty attending to task, completing assignments, and remaining in his seat. The student is also having difficulty achieving in reading and math.*

How would you proceed with this referral? What test instruments, if any, would you use to evaluate this student?

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# CRIMINAL ACTIVITY REPORT

Because of the responsibility Mesa Unified School District has to its school children and community, the following information is needed from all applicants and employees. A record of arrest or conviction\* does not prohibit employment; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment, or may be cause for dismissal if employed. Failure to disclose all information may result in prosecution for filing false information with a public agency. Applicants and employees 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 Assistant Superintendent of Human Resources.

1. Name \_\_\_\_\_ SSN \_\_\_\_\_

Other names used \_\_\_\_\_

**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 yet been resolved? .....  Yes  No

## CONVICTION INFORMATION

|                                   |       |                                |                     |
|-----------------------------------|-------|--------------------------------|---------------------|
| 1. 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: |                     |
| 2. 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.

Under penalty of criminal prosecution and dismissal, I hereby certify that the information presented in this application is true, accurate and complete. I understand and agree that misrepresentation or omission of relevant facts would be good cause for rejection of my application or, if I have been employed, for immediate termination of my employment.

I understand that, if I am considered for an offer of employment, the Mesa Public School District will conduct a background investigation for the District to determine my eligibility, qualifications and suitability for employment. I hereby give my consent for any employer or educational institution to release any information requested for this background investigation. Also, I waive any rights I have under state or federal law to review or obtain a copy of such information. I understand that my employment is not finalized until the background investigation has been completed and the Governing Board has officially approved my employment.

I release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by the District to complete its background investigation. A photocopy or facsimile copy of this form that shows my signature shall be valid as an original. **Furthermore, I understand that I have no right of access to any materials submitted and information gathered by the District during the application process and that such materials and information are considered the sole property of the Mesa Unified School District.**

**X**

Signature \_\_\_\_\_

Date \_\_\_\_\_