

Service Learning Student Information

Personal Data:

Phone: _____

Name: _____
(Last, First and Middle Initial)

Cell: _____

Email: _____

Address: _____
(Street) (City) (State) (Zip Code)

Are you presently employed by Gilbert Public Schools? YES NO

If yes, which campus/department are you employed? _____

Name of University/College you are attending. _____

Service Learning Placement Location: _____ Grade Level/Subject Area: _____

Name of Mentor Teacher: _____ Intern Start Date: _____

Note: You will not be able to begin your internship/observation until the district has received a copy of your current DPS Fingerprint Clearance Card.

Additional Required Information:

Because of the tremendous responsibility Gilbert Public Schools has to its school children and community, the following information is needed from all interns. Failure to complete this form accurately and completely may mean disqualification from consideration for an internship. Failure to disclose all information may result in prosecution for filing false information with a public agency. Interns 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 Associate Superintendent of Human Resources.

1. Have you ever been dismissed (fired) from any job or resigned at the request of your employer or while charges against you or an investigation of your behavior was pending? You must answer "Yes" even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. *If you answer "Yes" you must provide the date of termination of employment, name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination.* YES NO
2. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? *If you answer "Yes" you must provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition:* YES NO
3. Are you now being investigated or have you ever been investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? *If you answer "Yes" you must provide the name, address and telephone number of the employer or licensing body and a statement of accusations against you.* YES NO
4. Have you ever resigned rather than face disciplinary action and/or non-renewal by an employer and/or against a license/certificate? YES NO
5. Have you ever been disciplined for any reason, which resulted in suspension from work (with or without pay)? YES NO
6. Have you ever been convicted of a DUI offense? YES NO
7. Have you ever been convicted of a felony? YES NO
8. Have you ever been convicted of a sex or drug related offense? YES NO
9. Have you ever been convicted of a dangerous crime against children as defined in A.R.S. § 13.604.01?*** YES NO
10. Have you ever been arrested for any offense, which has not yet been resolved? YES NO

If you answered "Yes" to any of the above, you must provide the date of incident, place and address of incident, name and telephone of supervisor, and a detailed explanation.

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE.

SIGNATURE: _____

DATE: _____