



**EDUPRIZE**  
— SCHOOLS —

## APPLICATION for EMPLOYMENT

Employment at EDUPRIZE Schools is on an "at-will" basis. The employment relationship may be terminated at any time by either the employee, upon giving proper notice, or the School, for any reason not prohibited by law.

### APPLICANT INFORMATION

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LAST NAME	FIRST NAME	MI
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STREET	CITY	STATE	ZIP
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MAIN PHONE	EMAIL ADDRESS
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OTHER NAMES USED	DATES OF USE
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EDUCATOR ID#	IVP CARD#
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Position Desired:  Full-time Instructor  Part-time Instructor  Other \_\_\_\_\_

Position Title \_\_\_\_\_ Available Start Date \_\_\_\_\_

*Submission of resume is required. Application will be retained for two and a half years.*

**DRUG FREE WORKPLACE:** The School maintains a drug-free workplace and reserves the right to test employees for use of alcohol or drugs on the basis of cause.

**AN EQUAL OPPORTUNITY ORGANIZATION:** The School does not discriminate on the basis of age, race, color, religion, gender, marital status, disability, or national origin.

**EDUCATION**  
(List highest degree first)

COLLEGE	LOCATION	YEAR GRADUATED	DEGREE
COLLEGE	LOCATION	YEAR GRADUATED	DEGREE
COLLEGE	LOCATION	YEAR GRADUATED	DEGREE
COLLEGE	LOCATION	YEAR GRADUATED	DEGREE

**TEACHING CERTIFICATIONS**

TEACHING CERTIFICATE	STATE	EXPIRATION
TEACHING CERTIFICATE/ENDORSEMENT	STATE	EXPIRATION
TEACHING CERTIFICATE/ENDORSEMENT	STATE	EXPIRATION

**TEACHING EXPERIENCE**  
(List most recent experience first)

1. \_\_\_\_\_

SCHOOL NAME	COMPLETE ADDRESS	SUPERVISOR
GRADE/SUBJECT TAUGHT	DATES EMPLOYED	REASON FOR LEAVING
2. \_\_\_\_\_

SCHOOL NAME	COMPLETE ADDRESS	SUPERVISOR
GRADE/SUBJECT TAUGHT	DATES EMPLOYED	REASON FOR LEAVING
3. \_\_\_\_\_

SCHOOL NAME	COMPLETE ADDRESS	SUPERVISOR
GRADE/SUBJECT TAUGHT	DATES EMPLOYED	REASON FOR LEAVING

## NON-TEACHING WORK EXPERIENCE

(List most recent experience first)

1.	EMPLOYER	COMPLETE ADDRESS	SUPERVISOR
	POSITION	DATES EMPLOYED	REASON FOR LEAVING
2.	EMPLOYER	COMPLETE ADDRESS	SUPERVISOR
	POSITION	DATES EMPLOYED	REASON FOR LEAVING

*If currently employed, we will make inquiries of your present employer.*

Have you ever been dismissed or asked to resign from a position?  Yes  No

If yes, please explain:

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## CLUBS AND SPORTS

Please list any clubs or sports you would be interested in sponsoring/coaching:

## PROFESSIONAL REFERENCES

List names, phone #'s, and email addresses of three professional references:

1. _____	NAME	PHONE NUMBER
	EMAIL ADDRESS	RELATIONSHIP
2. _____	NAME	PHONE NUMBER
	EMAIL ADDRESS	RELATIONSHIP
3. _____	NAME	PHONE NUMBER
	EMAIL ADDRESS	RELATIONSHIP

**SELECTIVE SERVICE REGISTRATION**

(In compliance with A.R.S. 38-201)

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

If yes, please state the city, state and board number of place of registration:

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

**FINGERPRINT POLICY**

1. All employees must be fingerprinted prior to employment or produce a current IVP Fingerprint Clearance Card (or application for clearance card).
2. A Fingerprint Application for an IVP Fingerprint Clearance Card must be provided by all employees per State requirements prior to beginning employment.
3. All Fingerprint Clearance Cards acquired by employees must be photocopied and the photocopy will be kept in the EDUPRIZE Schools file.
4. Continuing employees whose Fingerprint Clearance Cards are soon to expire are responsible for all fees and timely submission of the new application (prior to expiration of card). After receipt, submit a photocopy of the new card for the EDUPRIZE Schools files.

## CONVICTION REPORT

Because of the tremendous responsibility to our children and community, the following information is needed from all applicants and employees. \*A record of conviction does not necessarily prohibit employment; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of dismissal if employed and may result in prosecution for filing false information. Applicants and employees must report any convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the School Facilitator. Please read carefully, and answer every question. **PLEASE PRINT CLEARLY.**

1. Name \_\_\_\_\_
- Other names used \_\_\_\_\_ Dates of usage \_\_\_\_\_
2. Social Security Number \_\_\_\_\_
3. Have you ever been convicted of a minor offense other than traffic violation(s)?  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

If any of the boxes above are marked "YES", fill in the information below and attach a letter of explanation.

CONVICTION REPORT			
CONVICTION CHARGE		DATE OF CONVICTION	
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
REMARKS		LENGTH AND TERMS OF PROBATIONS	

\*CONVICTION means the final judgment on a verdict or a finding of guilty, 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. Conviction does not include a final judgment which has been expunged to pardon, reversed, set aside, or otherwise rendered invalid.

\*\*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 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 prosecution and dismissal, 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 this School. I authorize EDUPRIZE schools to make reference checks prior to employment and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation and fingerprint check has been completed and the Executive Board has officially approved my employment. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal. Furthermore, I understand that I have right of access to any materials submitted and information gathered by the School during the application process and that such materials and information are considered the sole property of EDUPRIZE schools.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date