

# EDUPRIZE SCHOOLS

## APPLICATION for EMPLOYMENT

*The employment of any employee is on an "at-will" basis, meaning that 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. Any oral or written representation to the contrary should not be relied upon by any prospective employee. Should employee not complete a three month probationary period, employee understands that he/she will be responsible for reimbursement to employer for keys, fingerprint processing fees, uniform tee shirts, etc.*

DR.  
MR.  
MRS.  
MISS  
MS.

\_\_\_\_\_  
LAST FIRST MI SSN

ADDRESS

\_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE

MESSAGE PHONE

DATE

POSITION DESIRED \_\_\_\_\_

***Submission of resume is required.  
Application will be retained for two 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, sex, marital status, handicap/disability, or national origin.

# PERSONAL DATA (please type or print)

Name \_\_\_\_\_

Other names used \_\_\_\_\_ Date of use \_\_\_\_\_

Previous mailing address \_\_\_\_\_

When will you be available? \_\_\_\_\_

## EDUCATION

List schools attended and special training received:

Highest year completed		<b>High School</b>						<b>College</b>			
		7	8	9	10	11	12	13	14	15	16
High School	Name	Location		Dates Attended		Year Graduated		Degree		Major Area of Study	
College or Technical School											

## WORK EXPERIENCE (List most recent experience first)

DATES EMPLOYED	EMPLOYER'S NAME (include address and phone)	PHONE	SUPERVISOR'S NAME	REASON FOR LEAVING	POSITION TITLE and SALARY

If employed now, may we make inquiries of your present employer?                      Yes                      No

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

Have you ever resigned from a position rather than being dismissed?                      Yes                      No

If yes on either of the above two questions, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EXTRACURRICULAR INTERESTS AND ACTIVITIES

Please check the items for which you have an extracurricular interest:

- |                                                |                                         |                                          |
|------------------------------------------------|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Adult Education       | <input type="checkbox"/> Drama          | <input type="checkbox"/> Puzzles & Games |
| <input type="checkbox"/> After-School Programs | <input type="checkbox"/> Hobbies (list) | <input type="checkbox"/> Sports (list)   |
| <input type="checkbox"/> Art                   | _____                                   | _____                                    |
| <input type="checkbox"/> Chess                 | _____                                   | _____                                    |
| <input type="checkbox"/> Cooking               | <input type="checkbox"/> Languages      | <input type="checkbox"/> Writing         |
| <input type="checkbox"/> Crafts (list)         | <input type="checkbox"/> Gardening      | <input type="checkbox"/> Other:          |
| _____                                          | <input type="checkbox"/> Newspaper      | _____                                    |
| _____                                          |                                         | _____                                    |

## PERSONAL REFERENCES

Give names, complete addresses and phone #'s of three references:

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## 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:

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

## IMMUNIZATION RECORD INFORMATION

Arizona State Department of Health Services Rules R9-6-729 and R9-6-742 provide for exclusion from school of non-immune persons during an outbreak of rubella (German measles) or rubeola (measles). It shall be a condition of employment that the employee provide the school with evidence of immunity of rubella and rubeola unless the employee falls within one of the exceptions provided below. (Evidence of immunity consists either of a record of immunization or statement affirming having had the disease.)

- Please check if you were born after January 1, 1942. If so, you must provide documentation of rubella.
- Please check if you were born after January 1, 1957. If so, you must also provide documentation of rubella.

### EXCEPTIONS:

- 1. Statement signed by licensed physician or state/local health officer affirming that immunization is medically inappropriate.
- 2. Employee provides statement indicating that religious reasons preclude compliance.

## CONVICTION REPORT

*Because of the tremendous responsibility to our children and community, the following information is needed from all applicants and employee. \*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)? \_\_\_\_\_
4. Have you ever been convicted of a felony? \_\_\_\_\_
5. Have you ever been convicted of a sex or drug related offense? \_\_\_\_\_
6. Have you ever been convicted of a dangerous crime against children as defined in A.R.S 13.604.01?

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

**EDUPRIZE SCHOOL  
CERTIFICATION IN ACCORDANCE WITH A.R.S. 15-512.D**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

- (Check box if this statement is true) 1. I am not awaiting trial on and I have never been convicted of or admitted committing any of the criminal offenses listed in question 2 below.
- (Check box if this statement is true) 2. I am awaiting trial on or I have been convicted of or admitted committing the criminal offenses in this state or similar offenses in another jurisdiction which are checked below:
  - A. Sexual abuse of a minor
  - B. Incest
  - C. First or second degree murder
  - D. Kidnapping
  - E. Arson
  - F. Sexual assault
  - G. Sexual exploitation of a minor
  - H. Contributing to the delinquency of a minor
  - I. Commercial sexual exploitation of a minor
  - J. Felony offenses involving distribution of marijuana or dangerous or narcotic drugs
  - K. Burglary
  - L. Robbery
  - M. A dangerous crime against children as defined in A.R.S. 13-604.01, including the following crimes against a minor under 15 years of age: 1. Aggravated assault resulting in a serious physical injury or committed by the use of a deadly weapon or dangerous instrument, 2. Taking a child for the purpose of prostitution as defined in A.R.S. 13-3206, 3. Child prostitution as defined in A.R.S. 13-3212, or 4. Involving or using minors in drug offenses.
  - N. Child abuse
  - O. Sexual conduct with a minor
  - P. Molestation of a child

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE. I UNDERSTAND THAT SUBMITTING INFORMATION INCONSISTENT WITH THAT RECEIVED FROM THE FINGERPRINT CHECK MAY RESULT IN TERMINATION.

\_\_\_\_\_  
SIGNATURE  
DATE: \_\_\_\_\_

**TO BE COMPLETED BY NOTARY PUBLIC:**  
The above named, who is known to me or has provided proper identification, signed his/her name on this document in my presence on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.  
NOTARY PUBLIC: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

## EDUPRIZE SCHOOL REFERENCE CHECK

**Applicants Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Information taken by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following question needs to be asked as a part of all reference checks:

This information is asked pursuant to A.R.S. 15-512.E.

To your knowledge, is the above named applicant awaiting trial, ever been convicted or admitted committing any of the offenses listed below: \_\_\_\_\_Yes \_\_\_\_\_No.

- A. Sexual abuse of a minor
- B. Incest
- C. First or second degree murder
- D. Kidnapping
- E. Arson
- F. Sexual assault
- G. Sexual exploitation of a minor
- H. Contributing to the delinquency of a minor
- I. Commercial sexual exploitation of a minor
- J. Felony offenses involving distribution of marijuana or dangerous or narcotic drugs
- K. Burglary
- L. Robbery
- M. A dangerous crime against children as defined in A.R.S. 13-604.01, including the following crimes against a minor under 15 years of age: 1. Aggravated assault resulting in a serious physical injury or committed by the use of a deadly weapon or dangerous instrument, 2. Taking a child for the purpose of prostitution as defined in A.R.S. 13-3206, 3. Child prostitution as defined in A.R.S. 13-3212, or 4. Involving or using minors in drug offenses
- N. Child abuse
- O. Sexual conduct with a minor
- P. Molestation of a child

*\*A.R.S. 15-512.E "Before employment with the school district, the district shall make documented good faith efforts to contact previous employers of a person to obtain information and recommendations which may be relevant to a person's fitness for employment. A previous employer who provides information pursuant to this subsection is immune from civil liability unless the information provided is false and is acted on to the harm of the employee by the school district and the previous employee know the information is false or acts with reckless disregard of the information's truth or falsity." This information is held in the strictest confidence.*

\_\_\_\_\_  
Signature of Person Receiving Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Individual Supplying Information/Title

\_\_\_\_\_  
Employer

# EDUPRIZE SCHOOL

EMPLOYEE NAME: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Certification from a physician or clinic of either immunization or immunity by titer test must be provided with this form.

Please check if you were:

- Born before January 1, 1942. (No documentation necessary)
- Born between January 1, 1942, and January 1, 1957; were immunized prior to one year of age; or received vaccine prior to 1969. If so, you must provide documentation of Rubella (German or 3-day Measles) immunity.
- Born after January 1, 1957; were immunized prior to one year of age; or received vaccine prior to 1968. If so, you must provide documentation of Rubella (German or 3-day Measles) and Measles (Rubeola or Read Measles) immunity.

	MONTH / DAY / YEAR
Measles/Mumps/Rubella (MMR) Vaccine	_____/_____/_____
Measles/Rubella (MR) Vaccine	_____/_____/_____
Measles Titer	_____/_____/_____
Rubella Titer	_____/_____/_____

I hereby certify to the best of my knowledge and belief that I have received all doses of the vaccines or proof of immunity by titer as required by the regulations of the Arizona Department of Health Services.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**EXCEPTIONS:**

- Statement signed by licensed physician or state/local health officer affirming immunization is medically inappropriate.
- Employee provides statement indicating that religious reasons preclude compliance.

Arizona State Department of Health Services regulations (R9-6-729 and R9-6-742) provide for an exclusion from school of non-immune persons during outbreak of Rubella or Rubeola. It shall be a condition of employment that the employee provides the district with proof of immunization for Rubella and/or Measles unless employee falls within one of the exceptions provided in District Policy.

## **EDUPRIZE FINGERPRINT POLICY**

1. All staff must be fingerprinted prior to employment or produce a current Fingerprint Clearance Card (or application for clearance card).
2. A Fingerprint Application for a Fingerprint Clearance Card must be provided by all employees per State requirements prior to beginning employment.
3. All substitute teachers must provide Fingerprint Clearance Cards per state statutes and are responsible for all fees.
4. All aides and other employees will be fingerprinted at their own expense and provide that Fingerprint Clearance Card to employer. Employee's check and paperwork will be presented to EDUPRIZE for processing prior to beginning employment.
5. All Fingerprint Clearance Cards of new employees that are paid in part by EDUPRIZE will be kept in the possession of EDUPRIZE.
6. All Fingerprint Clearance Cards already acquired by employees at their own expense must be photocopied and the photocopy will be kept in the EDUPRIZE file.
7. Fingerprint Clearance Cards for continuing employees, which were paid for by EDUPRIZE, will be kept in the possession of EDUPRIZE.
8. Employees who resign from service may purchase their Fingerprint Clearance Card by reimbursing EDUPRIZE its expense.
9. 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 files.

## Employment Eligibility Verification

### INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing the I-9.

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
  - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
  - record the document title, document number and expiration date (if any) in Block C, and
  - complete the signature block.

**Photocopying and Retaining Form I-9.** A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the **INS Handbook for Employers, (Form M-274)**. You may obtain the handbook at your local INS office.

**Privacy Act Notice.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9  
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO INS**

Form I-9 (Rev. 11-21-91)N

**Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following):	
		<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Eligibility		Documents that Establish Identity		Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		1. U.S. social security card issued by the Social Security Administration ( <i>other than a card stating it is not valid for employment</i> )
2. Certificate of U.S. Citizenship ( <i>INS Form N-560 or N-561</i> )		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		2. Certification of Birth Abroad issued by the Department of State ( <i>Form FS-545 or Form DS-1350</i> )
3. Certificate of Naturalization ( <i>INS Form N-550 or N-570</i> )		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>INS Form I-94</i> indicating unexpired employment authorization		4. Voter's registration card		
5. Permanent Resident Card or Alien Registration Receipt Card with photograph ( <i>INS Form I-151 or I-551</i> )		5. U.S. Military card or draft record		
6. Unexpired Temporary Resident Card ( <i>INS Form I-688</i> )		6. Military dependent's ID card		4. Native American tribal document
7. Unexpired Employment Authorization Card ( <i>INS Form I-688A</i> )		7. U.S. Coast Guard Merchant Mariner Card		5. U.S. Citizen ID Card ( <i>INS Form I-197</i> )
8. Unexpired Reentry Permit ( <i>INS Form I-327</i> )		8. Native American tribal document		6. ID Card for use of Resident Citizen in the United States ( <i>INS Form I-179</i> )
9. Unexpired Refugee Travel Document ( <i>INS Form I-571</i> )		9. Driver's license issued by a Canadian government authority		
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph ( <i>INS Form I-688B</i> )		<b>For persons under age 18 who are unable to present a document listed above:</b>		7. Unexpired employment authorization document issued by the INS ( <i>other than those listed under List A</i> )
		10. School record or report card		
		11. Clinic, doctor or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in **Part 8** of the Handbook for Employers (M-274)