



## PERSONAL DATA (please type or print)

1. Name \_\_\_\_\_
2. Other names used \_\_\_\_\_ Date of use \_\_\_\_\_
3. Previous mailing address \_\_\_\_\_
4. Position Desired:       Full-time                       Part-time  
 Instructor                       Aide                       Other \_\_\_\_\_
5. When will you be available? \_\_\_\_\_

## EDUCATION

6. List schools attended and special training received:

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

7. Describe additional training not listed above (i.e., trade schools, business schools, etc.)

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## CERTIFICATION (if applicable)

8. Certificates now held:

CERTIFICATES	STATE	EXPIRATION DATE

9. Arizona certificates for which now eligible:

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## WORK EXPERIENCE (List most recent experience first)

### 10. TEACHING EXPERIENCE

Name of School	Complete Address	Grade/Subject Taught	Begin/End Dates	Reason for Leaving

### 11. OTHER EXPERIENCE

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

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

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

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

If yes on 13 or 14, please explain:

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## EXTRACURRICULAR INTERESTS AND ACTIVITIES

15. 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

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

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Questions #17 & #18 are for **TEACHERS ONLY.**

17. On a separate sheet of paper,  
Write a brief statement in your own handwriting indicating the following:
- the reasons why you desire to teach at our school
  - your long range educational goal(s)
  - your plans for professional growth
18. On a separate sheet of paper,  
Describe briefly in your own handwriting:
- a statement of your philosophy of education
  - any unique qualities or skills you possess

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

19. 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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20. Selective Service Number \_\_\_\_\_

**IMMUNIZATION RECORD INFORMATION**

21. 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 SCHOOLS 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 SCHOOLS

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 SCHOOLS 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 Schools for processing prior to beginning employment.
5. All Fingerprint Clearance Cards of new employees that are paid in part by EDUPRIZE Schools will be kept in the possession of EDUPRIZE Schools.
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 Schools file.
7. Fingerprint Clearance Cards for continuing employees, which were paid for by EDUPRIZE Schools, will be kept in the possession of EDUPRIZE Schools.
8. Employees who resign from service may purchase their Fingerprint Clearance Card by reimbursing EDUPRIZE Schools 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 Schools files.