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Phoenix, Arizona 85048
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Fax: (480) 659-3022
E-mail: horizon@horizonclc.org

***Ranked "Excelling" By
The Arizona Department of Education!***

We welcome your application and thank you for your interest in our school. Upon completion of the appropriate application, along with the supporting documents as required, please mail to:

Mr. John Tamburino
Horizon Community Learning Center, Inc.
16233 S. 48th St.
Phoenix, AZ 85048

Please do not mail your application to University Public Schools as the application notes on page 8. **Horizon Community Learning Center, Inc.** is a partner of University Public Schools, Inc. who is an affiliate of Arizona State University. The posted positions that are available are for our site location.

Your application will be considered after receiving all the required supporting documents. You will be contacted for an interview if warranted. If you have further questions, you may e-mail Mr. Tamburino at john.tamburino@horizonclc.org.



UNIVERSITY PUBLIC SCHOOLS, Inc.

An Equal Opportunity Employer

APPLICATION FOR CLASSIFIED PERSONNEL

Please Print

University Public Schools welcomes your application! Please be sure to complete each section of the application completely. The following information is required:

- ❖ Completed application packet
- ❖ Current DPS Fingerprint Clearance Card
- ❖ If employed as an Instructional Assistant, you must provide a copy of your high school diploma and college transcripts reflecting 60 hours of credit or an associate's degree or a passing Parapro test within one year
- ❖ Proof of immunization from measles/mumps/rubella
- ❖ Proof of eligibility to work in the United States

University Public Schools is on a modified year-round calendar with breaks in October, December, March, and June. Thank you for your interest in choosing University Public Schools for your possible employment.

Position Desired _____ **Application Date** _____

Will you accept? Full time Part Time Substitute **Availability** _____

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Telephone _____ **E-mail Address** _____
Include Area Code Home Primary

Telephone _____ **E-mail Address** _____
Include Area Code Mobile Secondary

List name, address and telephone number of person to be contacted in case of emergency.

Name _____ **Relationship** _____

Address _____ **Telephone** _____

What languages, other than English, do you speak? _____ **Read?** _____ **Write?** _____
 _____ **Read?** _____ **Write?** _____
 _____ **Read?** _____ **Write?** _____

EMPLOYMENT EXPERIENCE

List all employment including U.S. Armed Forces in chronological order with present employer first. Account for any gaps in employment. Please use this form and attach supplement page if necessary.

Current or Most Recent Position			Employer			
From	Mo	Yr	Address			
To	Mo	Yr	City	State	Zip Code	
Name of Supervisor			Phone	Hourly Rate/Salary		
Reason for Leaving						

Position Held			Employer			
From	Mo	Yr	Address			
To	Mo	Yr	City	State	Zip Code	
Name of Supervisor			Phone	Hourly Rate/Salary		
Reason for Leaving						

Position Held			Employer			
From	Mo	Yr	Address			
To	Mo	Yr	City	State	Zip Code	
Name of Supervisor			Phone	Hourly Rate/Salary		
Reason for Leaving						

Position Held			Employer			
From	Mo	Yr	Address			
To	Mo	Yr	City	State	Zip Code	
Name of Supervisor			Phone	Hourly Rate/Salary		
Reason for Leaving						

Position Held			Employer			
From	Mo	Yr	Address			
To	Mo	Yr	City	State	Zip Code	
Name of Supervisor			Phone	Hourly Rate/Salary		
Reason for Leaving						

Position Held			Employer			
From	Mo	Yr	Address			
To	Mo	Yr	City		State	Zip Code
Name of Supervisor			Phone		Hourly Rate/Salary	
Reason for Leaving						

Position Held			Employer			
From	Mo	Yr	Address			
To	Mo	Yr	City		State	Zip Code
Name of Supervisor			Phone		Hourly Rate/Salary	
Reason for Leaving						

OTHER WORK EXPERIENCES OR INTERESTS

Describe additional experiences, skills, training, certificates, licenses not listed above:

EDUCATION

Please use this form and attach supplement page if necessary.

	Name Of School	Location	Years Attended	Hours Earned	Date Acquired
High School					
College/University					
Trade, Business, Other School					

REFERENCES

List references from people who are familiar with your work performance, work habits, character and personality including your present supervisor. Do not include personal friends or relatives.

Name	Title/Relationship		
Address	City	State	Zip Code
Telephone	Email		

Name	Title/Relationship		
Address	City	State	Zip Code
Telephone	Email		

Name	Title/Relationship		
Address	City	State	Zip Code
Telephone	Email		

Have you ever been dismissed from a position? Yes () No ()

If yes, please explain _____

Have you ever been asked to resign from a position? Yes () No ()

If yes, please explain _____

Have you ever resigned rather than face disciplinary action and/or non-renewal? Yes () No ()

If yes, please explain _____



CONVICTION REPORT

Due to the tremendous responsibility University Public Schools has to its students and the community, the following information is needed from all applicants and employees regarding convictions. A record of 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 and may result in prosecution for filing false information with a public agency. Employees must report any convictions that occur subsequent to the time they initially completed this form.

For purposes of this form, the term "conviction" means the final judgment on a verdict or a finding of guilty, plea of guilty or a plea of nolo contendere in any court of competent jurisdiction in a criminal case, including, but not limited to city, state, county or federal courts. For purposes of this form you must answer "yes" to the questions even if an appeal is pending or could be taken and even if the conviction was subsequently dismissed, set aside, deferred, vacated or expunged.

Please attach written explanation if applicable.

Last Name	First	Middle
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Former Names

Social Security Number: _____ - ____ - _____

Have you ever been convicted of, admitted committing, or are awaiting trial for any crime or offense (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? Yes () No ()

Have you ever been convicted of a sex or drug related offense? Yes () No ()

Have you ever been convicted of a felony? Yes () No ()

Have you ever been convicted of a dangerous crime against children, defined in A.R.S. §13-604.01 as including second degree murder, aggravated assault, sexual assault, child molestation, sexual conduct with a minor, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse? Yes () No ()

Have you ever been arrested for a crime that has not yet been resolved? Yes () No ()

Have you ever had any license or certificate of any kind revoked or suspended, sanctioned or any charge or complaint now pending against you before any licensing, certification or other regulatory agency? Yes () No ()

If "yes" you must provide the dates of proceedings, name and address of the agency where proceedings took place, a statement of the accusations against you and the final disposition.



FINGERPRINT/BACKGROUND CHECK

All University Public Schools employees must be fingerprinted by the Department of Public Safety. If for any reason, an employee loses state certification, termination with University Public Schools will be immediate. All employment with University Public Schools is conditional until all background checks, including those involving mandatory fingerprinting, have been proven satisfactory in the sole discretion of University Public Schools. University Public Schools reserves the right to contact all agencies and individuals who have information about the applicant.

EQUAL OPPORTUNITY EMPLOYER

University Public Schools, Inc., in affiliation with Arizona State University, does not discriminate on the basis of race, color, national origin, gender, disability, religion, sexual orientation or age in its programs, activities, enrollment or in its hiring and employment practices.

EMPLOYER STATEMENT

Employees of University Public Schools **ARE NOT** employed by Arizona State University but may receive benefits through University Public Schools similar in nature to those offered by Arizona State University.

AFFIRMATION

I certify that all statements made in this application are true and I agree and understand that any deliberate misstatement or omission of material facts will cause forfeiture on my part of all eligibility to any employment or dismissal of employment with University Public Schools. I authorize University Public Schools to independently verify all information I have given on this application to include verification of educational background and employment records. I understand that a comprehensive background check on me will be completed. During the period this background check is being conducted, I will be considered a conditional employee, if hired. I understand that if I refuse to cooperate, refuse to be fingerprinted, am found to have falsified or omitted information on this form, or any document during the application process, or am discovered during the background process to be unfit to work with children or not of the quality University Public Schools desires to employ, I will not continue as an employee (candidate) of University Public Schools.

Sign and return your completed application form by:

Mail University Public Schools, Inc.
 112 North Central Avenue, Suite 700
 Phoenix, AZ 85004

Fax (602) 496-3323

Signature

Date