

Youngtown Public Charter School

No Child Left Behind
"Restoring the Joy of Learning"



13226 N. 113th Avenue
Youngtown, AZ 85363

Phone: (623) 974-0355
Fax: (623) 815-8902

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application

Please Print Clearly

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

Position Applied For _____ Social Security Number _____

Name _____ Telephone Number () _____

Present Address (Street, Apt, or Unit No.) _____

City/State/Zip _____ Desired Salary _____

Are you able at the time of employment to submit verification of your legal right to work in the U.S.? (Verification and completion of Form I-9 must be submitted no later than three business days after date of hire.) Yes No

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full Time Part Time Specify Hours _____

Are you willing to work overtime? Yes No Date on which you can start _____

Have you ever applied to Youngtown Public Charter School before? Yes No

If Yes, when did you apply? _____ Where did you apply? _____

Within the past ten (10) years, have you been convicted of a felony? (Do not include convictions that were sealed, eradicated, erased, or expunged; convictions that resulted in referral to a diversion program; or marijuana-related convictions that are more than two (2) years old.) Yes No

If Yes, Please explain so that individual circumstances can be considered.

NOTE:

- *Criminal convictions will not automatically disqualify an applicant from a particular job. YPCS will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's functions and qualifications, the frequency of convictions, the applicant's age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.*
- *An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within 30 days of the applicant's request for such information.*

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Have you ever initiated an act of violence in the workplace? Yes No

If Yes, please explain so that individual circumstances can be considered. (A Yes answer will not necessarily disqualify you from employment.) _____

List special technical skills you feel qualify you for the job for which you are applying (i.e., computer programming/language, software, early childhood education, etc.)

EDUCATION	SCHOOL NAME AND LOCATION	COURSE OF STUDY	GRADUATE?	# OF YEARS COMPLETED	DEGREE/MAJOR
HIGH SCHOOL					
COLLEGE					
BUS/TECH/TRADE OR POST COLLEGE					

Honors Received _____

WORK EXPERIENCE

Start with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Employer _____

Name _____ Address _____ Type of Business _____
Phone (____) _____ Dates Employed From ____/____/____ to ____/____/____

Job Title _____ Supervisor's Name _____

May we contact? Yes No Reasons for leaving _____

Duties _____

REFERENCES

Please list the names of additional work-related references we may call. Individuals with no prior work experience may list school or volunteer related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP	TELEPHONE #

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and all certifications required to perform the position.

I understand YPCS may now have, or may establish, a drug-free workplace or drug and /or alcohol-testing program consistent with applicable federal, state, and local law. If YPCS has such a program and I am offered a conditional offer of employment, I understand if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with YPCS policies and applicable federal, state, and local law.

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If employed by YPCS, I understand and agree that YPCS, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I certify all the information on this application, my résumé, or any supporting documents are complete and accurate to the best of my knowledge. I understand any falsification; misrepresentation or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I UNDERSTAND NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE IF HIRED BY YPCS, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS YPCS IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH ARIZONA STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH YPCS AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF YPCS AND ME.

I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF YPCS, AND I UNDERSTAND YPCS HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize YPCS or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to YPCS or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability YPCS and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information

I understand YPCS hires only individuals who are legally eligible to work in the United States.

Applicant Signature _____ Date _____

Signature of YPCS Representative _____ Date _____

If the applicant is a minor, the applicant's parent or legal guardian must sign the foregoing release and consent. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the parent or legal guardian YPCS, to the extent permitted by federal, state, and local law, can test the applicant for controlled substances, conduct inspections of property without notice, and communicate screen results to YPCS personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian _____ Witness _____

Date _____ Date _____

NO CHILD LEFT BEHIND

Request for
Employment Background Check

FRCA Authorization and Consent

I understand as a condition of my consideration for employment, or as a condition of continued employment with Youngtown Public Charter School (YPCS), I hereby authorize ChoicePoint Services Inc., on behalf of YPCS to procure a consumer report and/or investigative consumer report that includes, but is not limited to: employment and education verifications, social security number verification, criminal and civil court records, personal interviews, driving records, and/or any other public records or any other information bearing on my character, general reputation, personal characteristics, and trustworthiness.

I hereby authorize and consent Youngtown Public Charter School (YPCS) and/or its designated agent to procure such a report. I understand pursuant to the federal Fair Credit Reporting Act, YPCS will provide me with a copy of nay such report if the information contained in such report is, in any way, to be used in making an adverse decision regarding my fitness for employment. I further understand such a report will be made available to me prior to any such adverse decision being made, along with the name and address of the reporting agency that produced the report.

Other Names Used (Maiden, AKA's, etc) _____

Current Driver's License Number _____ State Issued _____

Applicant/Employee Signature

Date

Social Security Number*

Date of Birth*

* For identification purposes only

MN & Oklahoma Residents please note: In connection with your application for employment/service, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

___ YES, I am a Minnesota resident and would like a free copy of my consumer report.

___ YES, I am an Oklahoma resident and would like a free copy of my consumer report.

CA Residents please note: Under CA law, you have a right to receive a free copy of your report by checking the appropriate box below.

___ YES, I am a Clifornina resident and would like a free copy of my investigative consumer report

Printed Name _____

Street Address _____

City, State, Zip _____

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