



## CH'OO SHGAI COMMUNITY SCHOOL, INC

P.O. BOX 321 TOHATCHI, NM 87325  
Phone: (505) 733-2725 Fax: (505) 733-2749  
[www.ccsbroncos.org](http://www.ccsbroncos.org)

*Frank Chiapetti, Principal*  
*Tse' Hootsoi II Navajo*  
**Schools Board of Directors:**  
*Sophia Attakai-Francis, President*  
*Genevieve Jackson, Vice-President*  
*Hoskie Bryant, Secretary*  
*Linda Youvella, Member*  
*Vacant, Member*

### CERTIFIED & ADMINISTRATIVE EMPLOYMENT APPLICATION

Dear Applicant:

Thank you for your employment interest with Ch'ooShgai Community School Board of Education, Inc. Attached is the employment application; complete and submit **ALL** required documents listed:

1. CCS Employment Application
2. Current Resume'
3. Letter of Interest
4. New Mexico State Department of Education Licensure
5. High School Diploma and/or Official College/University Transcripts
6. Three (3) current Letters of Recommendation
7. Tribal Enrollment Form (CIB)
8. Department of Motor Vehicle Report (5 years)
9. First Aid/CPR Certificate (if applicable)
10. \$40.00 Money Order for Federal Background Investigation (FBI), payable to: Personnel Security Consultants, Inc.
11. Current Navajo Nation Background Check (10 years)  
*(Background check must be current, within the past 3 months and can be obtained at the Navajo Police Department/Information Management Section. Please call them at 928-357-6210 or their website [www.ims.navajo-nsn.gov](http://www.ims.navajo-nsn.gov) to inquire about their process to obtain a NN Criminal/Traffic History Record).*

Upon receipt of your application the Human Resources Office will review and assess your documents to ensure you meet the minimum qualifications. All positions are subject to complete Background Investigations & Adjudication. Incomplete applications will not be considered.

Again, thank you for your interest with Ch'ooShgai Community School Board of Education, Inc. If you have any questions, please contact us at 505-733-2725.

Sincerely,

CCS Human Resources Office



# CH'OOSHGAI COMMUNITY SCHOOL BOARD OF EDUCATION, INC.

Post Office Box 321, Tohatchi, New Mexico 87325 Phone: (505) 733-2725

## CERTIFIED & ADMINISTRATIVE EMPLOYMENT APPLICATION

Please complete entire application in full. Do not use "refer to resume" or equivalent statement. Answer all questions completely. This application is part of the review procedure; incomplete information will affect the evaluation of your application. Please print clearly.

Date of Application: \_\_\_\_\_

Position which you are applying for: \_\_\_\_\_

### PERSONAL INFORMATION

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Middle Last Date of Birth Social Security No.

Address: \_\_\_\_\_  
P.O. Box # or Street City State Zip Code

Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What Languages other than English, are you fluent with (read & write)? \_\_\_\_\_

Are you legally eligible for employment in the United States of America? Yes  No   
(If offered employment you will be required to provide documentation to verify eligibility)

Are you over 18 years of age? Yes  No

Do you have a valid driver's license? Yes  No  License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Have you ever been employed by Ch'oooshgai Community School Board of Education, Inc.? Yes  No   
If yes, indicate when & what position(s) you held \_\_\_\_\_

### INDIAN PREFERENCE

**Navajo Preference in Employment Act:** In accordance with the Navajo Preference in Employment Act; it is the policy of CCSBE, Inc., in all employment decisions, to give first preference to qualified Navajo Person(s) and secondly to qualifying spouses, and then to qualified Indians of federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Tribal Enrollment Number: \_\_\_\_\_

**Absolutely NO faxed or emailed employment applications will be accepted.**

**MILITARY PREFERENCE**

Are you a Veteran? Yes  No

**Veterans Preference:** Veterans requesting preference relative to employment with Ch’ooshgai Community School Board of Education, Inc. must indicate they are requesting the preference in their employment application and attach a copy of their DD214 discharge papers at the time of submitting their employment application.

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**EDUCATION AND PROFESSIONAL TRAINING**

Please list in chronological order all educational institutions you attended. Official transcripts must be provided for each institution listed. This information is used to assist in determining your qualifications for employment.

| Name of Institution | Location<br>City & State | Semester<br>Hours | Graduation<br>Year | Major | Minor | Degree Received |
|---------------------|--------------------------|-------------------|--------------------|-------|-------|-----------------|
| Undergraduate       |                          |                   |                    |       |       |                 |
|                     |                          |                   |                    |       |       |                 |
| Graduate            |                          |                   |                    |       |       |                 |
|                     |                          |                   |                    |       |       |                 |
| Post Graduate       |                          |                   |                    |       |       |                 |
|                     |                          |                   |                    |       |       |                 |

What teaching or administrative certification(s) do you hold?

| Certificate | State | Date Issued | Expiration |
|-------------|-------|-------------|------------|
|             |       |             |            |
|             |       |             |            |
|             |       |             |            |

What endorsement(s) do you hold?

| Endorsement | State | Date Issued | Expiration |
|-------------|-------|-------------|------------|
|             |       |             |            |
|             |       |             |            |
|             |       |             |            |

**IF YOU DO NOT HAVE A NEW MEXICO CERTIFICATION PLEASE CONTACT:**  
 New Mexico Public Education Department  
 Jerry Apodaca Education Building 300 Don Gaspar Santa Fe, NM 87501 PH: (505) 827-1436  
[www.ped.state.nm.us](http://www.ped.state.nm.us)

## PROFESSIONAL WORK EXPERIENCE

List all your employment in chronological order with most recent first. Your employers will be contacted as reference checks. **(ALL INFORMATION MUST BE COMPLETE. DO NOT INDICATE "see resume" OR LEAVE BLANK.)**

|  |                     |              |
|--|---------------------|--------------|
| Name of present or most recent employer, address and telephone number: |                     |              |
| Name of Supervisor, title and contact number:                          | Start Date:         | Ending Date: |
| Your job title:  | Reason for leaving: |              |
| Description of work & responsibilities:                                |                     |              |
| Name of previous employer, address and telephone number:               |                     |              |
| Name of Supervisor, title and contact number:                          | Start Date:         | Ending Date: |
| Your job title:  | Reason for leaving: |              |
| Description of work & responsibilities:                                |                     |              |
| Name of previous employer, address and telephone number:               |                     |              |
| Name of Supervisor, title and contact number:                          | Start Date:         | Ending Date: |
| Your job title:  | Reason for leaving: |              |
| Description of work & responsibilities:                                |                     |              |
| Name of previous employer, address and telephone number:               |                     |              |
| Name of Supervisor, title and contact number:                          | Start Date:         | Ending Date: |
| Your job title:  | Reason for leaving: |              |
| Description of work & responsibilities:                                |                     |              |

List additional training you received that relates to the position for which you are applying for.

List special skills relevant to the position for which you are applying for and years of experience. (*i.e. management or supervisory*)

List computer-related skills and years of experience. *Specify software and hardware*

List other equipment and/or office machine(s) you are familiar with.

List any relative(s) currently employed with Ch'ooshgai Community School Board of Education, Inc.

| Name | Relationship | Department |
|------|--------------|------------|
|      |              |            |
|      |              |            |
|      |              |            |

What is your philosophy of education? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain any gaps in employment of over 30 days \_\_\_\_\_

Have you ever been dismissed/terminated or non-renewed from a previous employer? Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been asked to resign from a previous employer? Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever resigned from a position rather than face disciplinary action and/or non-renewal? Yes  No

If yes, please explain: \_\_\_\_\_

### PERSONAL REFERENCES

Provide four references, people that know you and are familiar with your personality, character and work ethics.  
*(Do not list relatives)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## CRIMINAL ACTIVITY REPORT

The following questions relate to Local (Navajo Nation), City, State, and Federal Law Enforcement Agencies.

For purposes of this application, 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, tribal, 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.

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
                     First                    Middle                    Last

List any former name(s): \_\_\_\_\_

1. In the last 5 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). *Leave out traffic fines of less than \$150.00.*      Yes       No
2. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?      Yes       No
3. In the past 5 years have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.), or illegally used prescription drugs?      Yes       No
4. In the past 5 years have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?      Yes       No
5. Are you awaiting trial for any crime or offense excluding minor traffic violations not involving any allegations of drugs or alcohol impairment?      Yes       No
6. Have you been convicted by a military court-martial in the past 5 years?      Yes       No
7. Are you now under charges for any violation of the law?      Yes       No
8. Have you ever been arrested for or charged with a crime involving a child?      Yes       No
9. Have you ever been convicted of, admitted committing a sex or drug related offense?      Yes       No

For all questions, provide all required information in detail in the space below. If needed you may use a separate sheet of paper.

| 1. Type of Charge/Conviction | Date of Charge | Date of Court Conviction |
|------------------------------|----------------|--------------------------|
|                              |                |                          |

|                                  |       |  |                     |
|----------------------------------|-------|--|---------------------|
| City                             | State | Amount of fine   | Length of jail term |
| Factual details or other remarks |       | Length and terms of court outcome(s) (Probation, Parole, etc.) |                     |

|                                  |       |  |                          |
|----------------------------------|-------|--|--------------------------|
| 2. Type of Charge/Conviction     |       | Date of Charge   | Date of Court Conviction |
| City                             | State | Amount of fine   | Length of jail term      |
| Factual details or other remarks |       | Length and terms of court outcome(s) (Probation, Parole, etc.) |                          |

|                                  |       |  |                          |
|----------------------------------|-------|--|--------------------------|
| 3. Type of Charge/Conviction     |       | Date of Charge   | Date of Court Conviction |
| City                             | State | Amount of fine   | Length of jail term      |
| Factual details or other remarks |       | Length and terms of court outcome(s) (Probation, Parole, etc.) |                          |

Use this space to provide additional explanations/information to any questions you may have answered "Yes" on this application.

---



---



---



---



---



---



---



---



---



---

**PLEASE READ AND SIGN**

I certify and verify that my statements of all information on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work.

I certify and verify that my responses to this entire employment application is made in good faith, and that I have received notice that a criminal history records check will be conducted and is a condition of my employment.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



## Applicant Screening Questionnaire Indian Children Protection Requirements

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### NOTIFICATION OF REQUIREMENTS

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment. Further, it is required to ask the following:

***Have you ever been arrested for or charged with a crime involving a child?***      Yes       No

If "yes" please provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the arresting police department or court involved.

---

---

---

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code §3207), requires a criminal history records check as a condition of employment for positions in the Department of Interior that involves regular contact with or control over Indian children. Further, it is required to ask the following:

***Have you ever been arrested, found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children.***      Yes       No

If "yes" please provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the arresting police department or court involved.

---

---

---

I certify that my response to the above questions is made under Federal penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to Ch'ooshgai Community School Board of Education, Inc. my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

I authorize and consent to any investigator, or other authorized representative of Ch'ooshgai Community School Board of Education, Inc. ("CCSBE, Inc."), who is conducting my background investigation, to obtain information from individuals, schools, employers, criminal justice agencies, or other sources. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information, whether or not specifically requested.

I authorize and consent to custodian of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released and received is for official use by CCSBE, Inc. and only for the purpose of determining my suitability for employment with CCSBE, Inc., and has become the property of CCSBE, Inc.

**I forever release, fully discharge, and agree to indemnify, defend and hold harmless** CCSBE, Inc. and its employees, School Board members, volunteers, representatives from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and criminal history checks and using and relying on any information obtained therefrom.

Additionally, **I forever release, fully discharge, and agree to indemnify, defend and hold harmless** any current or former employee, volunteer, representative or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to furnishing such information to CCSBE, Inc.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with Ch'ooshgai Community School Board of Education, Inc., whichever is sooner.

\_\_\_\_\_  
Print full name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security

\_\_\_\_\_  
Date

## CONSENT AND WAIVER TO CONDUCT BACKGROUND CHECKS

I, \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_\_  
(Print full Name)  
residing at \_\_\_\_\_ have  
Physical home address (NO PO Box Address)

applied for employment with Ch'ooshgai Community School Board of Education, Inc., ("CCSBE, Inc."). As indicated by my signature below I understand that the CCSBE, Inc., will conduct a required background check of me through any or all of the following:

1. Federal Bureau of Investigations (F.B.I.)
2. The United States of America and any of its branches, federal agencies and/or departments;
3. The State of New Mexico and any of its subdivisions, branches, agencies and/or departments;
4. The Navajo Nation and any of its subdivisions, branches, agencies and/or departments; and
5. Any private entity retained by the CCSBE, Inc., to conduct such background investigations.

I understand that the CCSBE, Inc., will conduct these background investigations to determine my criminal history, if any, and any other factors that may be relevant to my fitness for employment with the CCSBE, Inc.

As evident by my signature below I consent to any or all of the above noted entities providing all requested information and hereby waive and forever surrender any objection or claim I may have or acquire relative to the background investigations or those providing information pursuant to the CCSBE, Inc.'s request. I further agree and direct that a copy of this request shall have the same force and effect as an original. This authorization is valid for a period of five (5) years from the date signed or upon the termination of my affiliation with Ch'ooshgai Community School Board of Education, Inc. whichever is sooner.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_