



"HOME OF THE BRONCOS"

CH'OOSHGAI COMMUNITY SCHOOL, INC

P.O. BOX 321 TOHATCHI, NM 87325
Phone: (505) 733-2725 Fax: (505) 733-2749
www.ccsbronzos.org

Frank Chiapetti, Principal
BOARD OF DIRECTORS
Jimmy Detsol, President
Hoskie Bryant, Vice-President
Mitzie Begay, Secretary
Virginia Harvey, Member
Vacant, Member

CERTIFIED & ADMINISTRATIVE EMPLOYMENT APPLICATION

Dear Applicant:

Thank you for your interest in employment 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. New Mexico State Department of Education Licensure
4. Official College/University Transcripts
5. Letter of Interest
6. Three (3) current Letters of Recommendation
7. Tribal Enrollment Form (CIB) (if applicable)
8. Department of Motor Vehicle Report (5 years)
9. Current Navajo Nation Background Check (10 years)
(Background check must be current within the past 3 months and can be obtained at the Window Rock Police Department/Information Management Section, Monday-Friday \$15.90 money order. Please call them at 928-871-7621 to inquire about their process to obtain a NN Background Report)
10. \$35.00 Money Order for Federal Background Investigation (FBI), payable to: Personnel Security Consultants, Inc.
11. First Aid/CPR Certificate (if applicable)

Upon receipt of your application the Human Resources Office will review and assess your packet to ensure you meet the minimum qualifications. All positions are subject to complete Background Investigation & 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'OOZHGAI COMMUNITY SCHOOL
BOARD OF EDUCATION, INC.**
P.O. Box 321 Tohatchi, NM 87325
PH: (505) 733-2725

For Office Use Only:	
_____	Date Application Received
_____	Application Received By

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.

Date of Application: _____

Position(s) applying for: a) _____ b) _____ c) _____

PERSONAL DATA

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'oozhgai Community School Board of Education, Inc.? _____
If yes, indicate when & what position(s) you held _____

INDIAN PREFERENCE

Navajo Preference in Employment Act: Ch'oozhgai Community School Board of Education, Inc., gives preference to eligible and qualified applicants in accordance with the Navajo Preference in Employment Act.

Tribal Affiliation: _____ Tribal Enrollment Number: _____

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

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: _____

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

EDUCATION AND PROFESSIONAL TRAINING

Please list in chronological order all educational institutions you attended. Transcripts must be provided for each institution listed. This information is used to assist in determining your qualifications for employment with Ch'ooshgai Community School Board of Education, Inc.

Degree	Name of Institution	Location City & State	Semester Hours	GPA	Major	Minor
Undergraduate						
Graduate						
Post Graduate						

PROFESSIONAL WORK EXPERIENCE

STUDENT TEACHING					
School Year Fall/Spring	Grade Level	Subject	Name of Mentor Teacher	School/Address	Hours Earned
Name of College/University			Name of Supervisor	Contact Number	

List all your employment in chronological order with most recent first. **NOTE:** Your employers will be contacted as part of the background check process. **(YOU MUST COMPLETE ALL INFORMATION. DO NOT INDICATE "see resume" OR LEAVE BLANK.)**

Name of present or most recent employer and address:		
Name of Supervisor and contact number:	Start Date:	Ending Date:
Second Reference and contact number:	Starting Pay:	Ending Pay:
Your job title:	Reason for leaving:	
Description of work & responsibilities:		
Name of previous employer and address:		
Name of Supervisor and contact number:	Start Date:	Ending Date:
Second Reference and contact number:	Starting Pay:	Ending Pay:
Your job title:	Reason for leaving:	
Description of work & responsibilities:		
Name of previous employer and address:		
Name of Supervisor and contact number:	Start Date:	Ending Date:
Second Reference and contact number:	Starting Pay:	Ending Pay:
Your job title:	Reason for leaving:	
Description of work & responsibilities:		
Name of previous employer and address:		
Name of Supervisor and contact number:	Start Date:	Ending Date:
Second Reference and contact number:	Starting Pay:	Ending Pay:
Your job title:	Reason for leaving:	
Description of work & responsibilities:		

ADMINISTRATIVE OR SUPERVISORY EXPERIENCE

Dates Employed	Employer's Name (Include Address)	Phone	Supervisor's Name	Reason for Leaving	Position & Salary
From: _____ _____	_____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____	\$
From: _____ _____	_____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____	\$
From: _____ _____	_____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____	\$
From: _____ _____	_____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____	\$

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.

Please explain any gaps in employment of over 30 days _____

Have you ever been dismissed 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: _____

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

NAME	Relationship	Department

REFERENCES

Give names and complete addresses of five references that have known you for at least (5) five years and are familiar with your personality, character and work ethics. **(Do not list relatives)**

Name and Relationship	Yrs. Known	Official Position	Work Phone	Other Phone
Name:				
Relation:				
Address:				
Name:				
Relation:				
Address:				
Name:				
Relation:				
Address:				
Name:				
Relation:				
Address:				
Name:				
Relation:				
Address:				

What is your philosophy of education? _____

Absolutely NO faxed employment applications will be accepted. Applications must be delivered via electronic mail, U.S. postal or hand delivery.

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 additional space, as needed to provide explanations to any questions you may have answered "Yes" on this application. Please include the number of the question for which you are providing explanation.

IMPORTANT: PLEASE READ AND SIGN

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. 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, and may be punishable by fine or imprisonment.

I certify that my responses to this entire employment application are made under 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 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?

No

Yes

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 another person; or offenses committed against children.

No

Yes

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 I do not have the right to obtain a copy of any criminal history report made available to Ch'ooshgai Community School Board of Education, Inc. but, I have a right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature: _____

Date: _____

AUTHORIZATION TO RELEASE INFORMATION

I _____, hereby authorize and consent to any investigator, or other authorized representative of Ch'ooshgai Community School Board of Education, Inc., who is conducting my background investigation, to obtain information relating to this application from individuals, schools, residential management agents, 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 further authorize and consent to any investigator, or other authorized representative at Ch'ooshgai Community School Board of Education, Inc., who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention for employment with Ch'ooshgai Community School Board of Education, Inc. I understand that I may request a copy of such records as may be available to me under the law.

I authorize and consent to custodians 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 by records custodians and sources of information is for official use by Ch'ooshgai Community School Board of Education, Inc. and only for the purpose of determining my suitability for employment with Ch'ooshgai Community School Board of Education, Inc.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless Ch'ooshgai Community School Board of Education, Inc. and its officers, employees, School Board members, volunteers, representatives and agents 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 there from. **Additionally, I forever release, fully discharge, and agree to indemnify, defend and hold harmless** any current or former employer or educational institution, and any officer, 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 Ch'ooshgai Community School Board of Education, Inc.

Copies or facsimiles 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	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., (hereinafter School). As indicated by my signature below I understand that the School 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 Arizona 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 School to conduct such background checks.

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

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 checks or those providing information pursuant to the School'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