

CH'OOSHGAI COMMUNITY SCHOOL, INC

P.O. BOX 321 TOHATCHI, NM 87325 Phone: (505) 733-2725 Fax: (505) 733-2749 www.ccsbroncos.org Frank Chiapetti, Principal
Tse' Hootsoi II Navajo
Schools Board of Directors:
Sophia Attakai-Francis, President
Geneviev Jackson, Vice-President
Hoskie Bryant Secretary

Genevieve Jackson, Vice-Presidei Hoskie Bryant, Secretary Linda Youvella, Member Vacant, Member

CLASSIFIED 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 (if applicable)
- 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 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. <u>Incomplete applications will not be considered</u>.

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

CLASSIFIED 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 whic	ch 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:	Mes	sage Phone:		Email:	
(If offered em	ly eligible for employm ployment you will be re 18 years of age? Yes	quired to provi		of America? entation to verify eligibi	Yes No
	a valid driver's license? ber:			:	-
Have you eve If yes, indicat	er been employed by Cl te when & what positio	n'ooshgai Com n(s) you held ₋	munity Sc	hool Board of Educatio	on, Inc.? Yes No
INDIAN PR	REFERENCE				
it is the poli	cy of CCSBE, Inc., in	all employme	nt decisio		nce in Employment Act ence to qualified Navajo rally recognized tribe.
Tribal Affiliat	tion:			Tribal Enrollment Nur	mber:

Absolutely NO faxed or emailed employment applications will be accepted.

AATT	TTA	DI	DDI	TIT	ENICE
VIII	$A \mid A$	KY	PKI	FER	ENCE

MILITARY PREFERENCE			Are you a Veteran? Yes No			
Veterans Preference: Ve Community School Board o employment application and employment application.	f Education, Inc. mus	st indicate	they are re	equesting	the prefere	nce in their
Branch:	From:	То:	Тур	e of Discha	arge:	
EDUCATION AND PROF Please list in chronological or provided for each institution for employment.	order all educational i	institution				
Name of Institution	Location City & State	Semester Hours	Graduation Year	Major	Minor	Degree Received
High School	City & State	Hours	i cui			, received
Undergraduate						
Graduate						
List additional training you	received that relates to	o the posit	ion for whic	h you are a	applying for	
List special skills relevant to management or supervisory		h you are a	applying for	and years o	of experienc	e. (i.e.

List computer-related skills and years of exper	ience. Specify software and	hardware
List other equipment and/or office machine(s)	you are familiar with.	
PROFESSIONAL WORK EXPERIENCE		
List all your employment in chronological orde	er with most recent first. Y	our employers will be contacted
as reference checks. (ALL INFORMATION M OR LEAVE BLANK.)	UST BE COMPLETE. DO	NOT INDICATE "see resume
OR LEAVE BLANK.)		
Name of present or most recent employer, address a	and telephone number:	
Name of Supervisor, title and contact number:	Start Date:	Ending Date:
	Reason for leaving:	
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:
Name of Supervisor, title and contact number.	Start Date.	Ending Date.
Your job title:	Reason for leaving:	
Description of work & responsibilities:		
Name of provious employer address and talent are	numbar	
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 a	nd telephone number:		
Name of Supervisor, title and contact nun	nber: Start I	Date:	Ending Date:
Your job title:	Reason	n for leaving:	
Description of work & responsibilities:			
Please explain any gaps in employm	nent of over 30 days		
Have you ever been dismissed/term	ninated or non-renewed f	rom a previous emp	loyer? Yes 🗌 No 🗌
If yes, please explain:			
Have you ever been asked to resign	_		No 🗌
If yes, please explain:			
Have you ever resigned from a posi	tion rather than face disc	ciplinary action and/	
			Yes No
If yes, please explain:			
List any relative(s) currently emplo			
Name	Relationshij)	Department
What is your philosophy of educati	on?		

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:	<u>.</u>
Address:	_ City:		State:	_ Zip Code:
Name:		Title:		Years Known:
Name:				
Email Address:	_ City:		_ Phone No: State:	Zip Code:
Email Address:	_ City:		_ Phone No:	_ Zip Code:
Email Address:	_ City:		_ Phone No:	 _ Zip Code:
Email Address:	_ City:	Title:	Phone No:	Zip Code: Years Known:

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.

Na	ıme:			Social Secur	ity No.:	
	First	Middle	Last		•	
Lis	st any former name(s): _					
1.	probation, or been on	parole for any	offense(s)? I	arged with, or convicted of nclude all offenses where y out traffic fines of less that	you have been f	found guilty,
2.	felonious offense, or	any of two or olence; sexual	more misde assault, mole	plea of nolo contendere (remeanor offenses under Festation, exploitation, con ildren?	ederal, State, c	or tribal law
3.	crack cocaine, hashish	, narcotics (opi	ium, morphi	ontrolled substance, for exne, codeine, heroin, etc.), and hellucinogenic (LSD, Po	amphetamines,	depressants
4.	1 /	eiving, or sale	of any narco	illegal purchase, manufact tic, depressant, stimulant,		(C)
5.	Are you awaiting trial allegations of drugs or			excluding minor traffic v	iolations not in Yes	nvolving any No
6.	Have you been convict	ted by a militar	y court-mart	ial in the past 5 years?	Yes	No
7.	Are you now under ch	arges for any vi	olation of th	e law?	Yes	No
8.	Have you ever been ar	rested for or ch	arged with a	crime involving a child?	Yes	No
9.	Have you ever been co	nvicted of, adn	nitted comm	itting 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. Date of Court Conviction Type of Charge/Conviction Date of Charge Length of jail term City State Amount of fine Length and terms of court outcome(s) (Probation, Parole, etc.) Factual details or other remarks Type of Charge/Conviction Date of Charge Date of Court Conviction Amount of fine Length of jail term State City Length and terms of court outcome(s) (Probation, Parole, etc.) Factual details or other remarks Type of Charge/Conviction Date of Charge **Date of Court Conviction** City Amount of fine Length of jail term State Length and terms of court outcome(s) (Probation, Parole, etc.) Factual details or other remarks 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:
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Applicant Screening Questionnaire Indian Children Protection Requirements

Name:	Social Security Number:
NOTIFICATION OF RE	EQUIREMENTS
Section 231 of the Crime Control Act of 1990, Public La 13041), requires that employment applications for federal of notice that a criminal record check will be conducted required to ask the following:	child care positions have applicants sign a receipt
Have you ever been arrested for or charged wit	th a crime involving a child? Yes No
If "yes" please provide the date, explanation of charge(s), place of occurrence, and the name and court involved.	
Section 408 of the Miscellaneous Indian Legislation, Publis [3207], requires a criminal history records check as a Department of Interior that involves regular contact with required to ask the following: Have you ever been arrested, found guilty of contest) or guilty to, any felonious offense, of under Federal, State, or tribal law involving contestion, contact or prostitution; crimes a	condition of employment for positions in the thor control over Indian children. Further, it is of, or entered a plea of nolo contendere (no or any of two or more misdemeanor offenses
children. Yes No Service No Service If "yes" please provide the date, explanation of charge(s), place of occurrence, and the name and court involved.	
I certify that my response to the above questions is more punishable by fine or imprisonment, and that I have receivable be conducted and is a condition of employment. Ceriminal history report made available to Ch'ooshgai Control right to challenge the accuracy and completeness of any in	eived notice that a criminal history records check I understand my right to obtain a copy of any mmunity School Board of Education, Inc. and my
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 No.	Date

CONSENT AND WAIVER TO CONDUCT BACKGROUND CHECKS

I,	Date of Birth: / SSN:
. 1.	(Print full Name)
residi	have Physical home address (NO PO Box Address)
	ed for employment with Ch'ooshgai Community School Board of Education, Inc., ("CCSBE, Inc."). As
indica	ated 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 und	erstand that the CCSBE, Inc., will conduct these background investigations to determine my criminal
histor	ry, if any, and any other factors that may be relevant to my fitness for employment with the CCSBE,
Inc.	
As evi	dent by my signature below I consent to any or all of the above noted entities providing all requested
inforn	nation and hereby waive and forever surrender any objection or claim I may have or acquire relative
to the	e background investigations or those providing information pursuant to the CCSBE, Inc.'s request. I
furthe	er agree and direct that a copy of this request shall have the same force and effect as an original. This
autho	rization is valid for a period of five (5) years from the date signed or upon the termination of my
affilia	tion with Ch'ooshgai Community School Board of Education, Inc. whichever is sooner.
Applia	cant's Signature: Date: