

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 BOARD OF DIRECTORS

Jimmy Detsoi, President Hoskie Bryant, Vice-President Mitzie Begay, Secretary Virginia Harvey, Member Vacant, Member

CLASSIFIED 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 (if applicable)
- 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. <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.

P.O. Box 321 Tohatchi, NM 87325 PH: (505) 733-2725

For Office Use Only:	
	Date Application Received
	Application Received By

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.

				Date of Application:	
Position(s) applying for: a)			b)	c)
PERSON	IAL DATA				
First	Middle	Last		//	Social Security No.
				Date of Birth	Social Security No.
Address:	P.O. Box # or St	reet	City	State	Zip Code
Phone:		_ Message Phone:		Email:	
(If offered e		nent in the United State required to provide doca			
Have you ev	ver been employed by	e? Yes No No Ch'ooshgai Community on(s) you held	School Board	of Education, Inc.?	Issuing State:
INDIAN F	PREFERENCE				
Navajo Prefapplicants in	erence in Employment accordance with the Nav	Act: Ch'ooshgai Comm ajo Preference in Employr	unity School B nent Act.	oard of Education, Inc., gives	preference to eligible and qualified
Tribal Affilia	tion:			Tribal Enrollment Nu	umber:
MILITAR	Y PREFERENCE			Are you a Veteran? Yo	es No No
indicate they	eference: Veterans requesting the prefeir employment application	erence in their employme	to employmenent application	t with Ch'ooshgai Community S and attach a copy of their DD	School Board of Education, Inc. must 214 discharge papers at the time of
Branch:		From:	To:	Type of Dis	scharge:

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EDUCATION AND PROFESSIONAL TRAINING

Indicate voi	ur highest grade of school com	pleted: Name and loc	ation of las	t school vo	nu attended.	
Please list i	n chronological order all educa	ational institutions you attended.	Transcrip	ts must be	provided for each in	stitution listed. This Board of Education,
Degree	Name of Institution	Location	Semester	GPA	Major	Minor
	Undergraduate	City & State	Hours			
						· · ·
	Graduate					
List addition	nal training you received that re	elates to the position for which y	ou are app	lying for.		
					•	
List special	skills relevant to the position f	or which you are applying for an	d years of	experience	e. (i.e. management	or supervisory)
Liet comput	tor related skills and years of a	experience. Specify software an	d hardwar			
List compu	lei-reialeu skiiis anu years or e	expendince. Specify software arr	u naruware	7		
List other e	quipment and/or office machin	e(s) you are familiar with.				

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:		

Please explain any gaps in employment of	of over 30 day	S				
Have you ever been dismissed or non-re-	newed from a	previous employer?			Yes	No
If yes, please explain:						
Have you ever been asked to resign from	n a previous er	nployer?		L.	Yes	No
If yes, please explain:					ulvera Erichtmikens	
Have you ever resigned from a position r					Yes	C. No
List any relative(s) currently employed wi	th Ch'ooshgai		d of Educa	tion, Inc.		
NAME		Relationship D		Depa	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	Occupation	V	ork Phone		Other Phone
Name:						
Relation:	_					
Address:						
Name:	_					
Relation:	-					
Address: Name:			-			
Relation:	-					
Address:	-					

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

Name: Relation: Address: Name: Relation: Address

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.

Nar	Name:		Social Sec	urity No.: _		
	First	Middle	Last			
List	any former name(s):					
1.		Include all offe				been on probation, or been on or nolo contendere (no contest).
2.		offenses under	Federal, State, or	tribal law involving crime	es of violer	
3.		codeine, hero	in, etc.), amphetan	nines, depressants (barbi		cocaine, crack cocaine, hashish, ethaqualone, tranquilizers, etc.),
4.						, production, transfer, shipping, tended profit or that of another? No
5.	Are you awaiting trial for an impairment?	y crime or offe	ense excluding min	or traffic violations not in	volving an	y allegations of drugs or alcohol
6.	Have you been convicted by	a military cour	t-martial in the past	5 years?	☐ Yes	s No
7.	Are you now under charges	for any violatio	n of the law?		☐ Yes	s No
8.	Have you ever been arrested	d for or charge	d with a crime invol	ving a child?	☐ Yes	s No
9.	Have you ever been convicted	ed of, admitted	committing a sex o	r drug related offense?	☐ Yes	No No
For	all questions, provide all requ	iired informatio	n in detail in the sp	ace below if need to you i	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
Fact	ual details or other remarks	1		Length and terms of court outco	ome(s) (Proba	tion, 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	I	Length and terms of court outcome(s) (Probation, Parole, etc.)
Use this additional spa Please include the number	ce, as needed to provid per of the question for wh	e explanations to any questions you may have ich you are providing explanation.	answered "Yes" on this application.
-			
	4000		
7			
IMPORTANT: PLEASE	E READ AND SIGN		
and are made in good f	aith. I understand that a	chments to it, are true, complete, and correct to false or fraudulent answer to any question or iter r firing me after I begin work, and may be punished	m on any part of this application or its
		yment application are made under penalty of per that a criminal history records check will be	
Applicant's Signature: _		Date:	

Applicant Screening Questionnaire Indian Children Protection Requirements

Name: _	Social Security Numb	er:	
	NOTIFICATION OF REQUIREMENTS		
employr	231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 Unit nent applications for federal child care positions have applicants sign a receipt of red 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 the name and address of the arresting police department or court involved.	t(s) or cha	arge(s), place of occurrence, and
history	408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 Unite records check as a condition of employment for positions in the Department of Interpretation of Public Pu		
	Have you ever been arrested, found guilty of, or entered a plea of nolo confelonious offense, or any of two or more misdemeanor offenses under Federal violence; sexual assault, molestation, exploitation, contact or prostitution offenses committed against children.	, State, c	r tribal law involving crimes of
	[] No		
	[]Yes		
	If "yes" please provide the date, explanation of the violation, disposition of the arrest the name and address of the arresting police department or court involved.	t(s) or cha	arge(s), place of occurrence, and
and tha do not	that my response to the above questions is made under federal penalty of perjury, what I have received notice that a criminal history records check will be conducted and is have the right to obtain a copy of any criminal history report made available to on, Inc. but, I have the right to challenge the accuracy and completeness of any information.	a condition	on of employment. I understand I gai Community School Board of
Applica	nt's Signature: Da	te:	
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AUTHORIZATION TO RELEASE INFORMATION

background investigation, to management agents, employed not limited to, my academic, n	, hereby authorize Ch'ooshgai Community School Boa obtain information relating to this apers, criminal justice agencies, or other esidential, achievement, performance ormation, whether or not specifically re	rd of Education, I plication from indi sources. This info attendance, disci	nc., who is o viduals, schoo ormation may	conducting my ols, residential include, but is
School Board of Education, information about me from crit or retention for employment w	nt to any investigator, or other autho Inc., who is conducting my backgro minal justice agencies for the purpose with Ch'ooshgai Community School Bo s as may be available to me under the	ound investigation, of determining my pard of Education, I	to request of	criminal record assignment to,
	stodians of records and other sources ne investigator, or other duly accredit the contrary.		•	
Ch'ooshgai Community School	tion released by records custodians a ol Board of Education, Inc. and only f Community School Board of Educatio	or the purpose of o		
School Board of Education, In and agents from any and all conformation of any nature related directly and relying on any information indemnify, defend and hold employee, volunteer, represe any and all claims, causes of	arge, and agree to indemnify, defended and its officers, employees, School laims, causes of action, responsibility or indirectly to performing such invest obtained there from. Additionally, I for harmless any current or former empiricative or agent thereof, that furnishes action, responsibility, liability, damage furnishing such information to Ch'od	ol Board members, liability, damages, tigations and criminorever release, fulloyer or educationals written or verbages, losses, costs and controls.	volunteers, r losses, costs nal history che lly discharge al institution, a information and expenses	epresentatives and expenses ecks and using and agree to and any officer, about me from s of any nature
This authorization is valid for	othorization that show my signature are five (5) years from the date signed by Board of Education, Inc. whichever	or upon the term		
Print full name	Signature	Social Se	curity	Date

CONSENT AND WAIVER TO CONDUCT BACKGROUND CHECKS

I, Date of Birth: / SSN:	
(Print full Name) residing at hav	Ve
Physical home address (NO PO Box Address)	70
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 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 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 reque	sted
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	od of
five (5) years from the date signed or upon the termination of my affiliation with Ch'ooshgai Community Sc	hool
Board of Education, Inc. whichever is sooner.	
Applicant's Signature Date	