

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 Attaki-Francis, President Genevieve Jackson Vice-President

Sophia Attakai-Francis, President Genevieve Jackson, Vice-President Hoskie Bryant, Secretary Valerie Yazzie, 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 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)

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 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.

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

CERTIFIED & ADMINISTRATIVE EMPLOYMENT APPLICATION

Please complete the entire application in full. Do not use "refer to resume" or an equivalent statement. Answer all questions thoroughly. 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	ch you are applying fo	or:			_
PERSONAL	INFORMATION				
				/	
First	Middle	Last		Date of Birth	Social Security No.
Address:	P.O. Box # or Stree				
	P.O. Box # or Stree	t	City	State	Zip Code
Phone:	Mo	essage Phone:		Email:	
Are you legall (If offered em, Are you over Do you have a	ly eligible for employ ployment, you will be 18 years of age? Yes a valid driver's licens	rment in the Uni required to prov No No No	ted States ide docum	of America? entation to verify eligib	ility)
				hool Board of Educatio	n, Inc.? Yes No
INDIAN PR	EFERENCE				
is the policy o	of CCSBE, Inc., in all e	mployment deci	sions, to g		ce in Employment Act; it ualified Navajo Person(s) nized tribe.
Tribal Affiliat	ion:			Tribal Enrollment Nur	nber:

Absolutely NO faxed or emailed employment applications will be accepted.

MILITARY PREFERENCE	Are you a Veteran? Yes \(\square\) No \(\square\)					
Veterans Preference: Veterans School Board of Education, Incapplication and attach a copy of application.	. must indicate th	hey are requ	esting the	preference	in their en	mployment
Branch:	From:	То:		Type of	Discharge:	
EDUCATION AND PROFESS	SIONAL TRAINI	ING				
Please list in chronological order must be provided for each inst qualifications for employment.	all educational ins	stitutions you				
Name of Institution	Location City & State	Semester Hours	Graduation Year	Major	Minor	Degree Received
Undergraduate	,					
Graduate						
Post Graduate						
What teaching or administrative	certification(s) do		Des	· J	E	•
Certificate		State	Dai	te Issued	Exp	oiration
What endorsement(s) do you ho					,	
Endorsement		State	Dat	te Issued	Exp	oiration

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

PROFESSIONAL WORK EXPERIENCE

List all your employment in chronological order with most recent first, the 5-year period must be accounted for without breaks. 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 tel	ephone 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 numb	er:	
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 numb	er: 	
Name of Supervisor, title and contact number:	Start Date:	Ending Date:
Your job title:	Reason for leaving:	
Description of work & responsibilities:		
Y C : I III III III III III III III III I		
Name of previous employer, address and telephone numb		<u>, </u>
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 receive	ved that relates to the position for w	hich you are applying for.		
List special skills relevant to the	position for which you are applyir	ng for and years of experience. (i.e.,		
management or supervisory)	, , , , ,			
J I J				
List computer-related skills and w	rears of experience. Specify software	and hardware		
List computer-related skins and y	ears of experience. Specify software	ana naraware.		
X 1 1 00				
List other equipment and/or office machine(s) you are familiar with.				
	oved with Ch'ooshgai Community So	chool Board of Education, Inc.		
List any relative(s) currently emplo	oyed with Ch'ooshgai Community So			
	oyed with Ch'ooshgai Community So Relationship	chool Board of Education, Inc. Department		
List any relative(s) currently emplo				
List any relative(s) currently emplo				
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List any relative(s) currently emplo	Relationship	Department		
List any relative(s) currently emplo		Department		
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List any relative(s) currently emplo	Relationship	Department		
List any relative(s) currently emplo	Relationship	Department		
List any relative(s) currently emplo	Relationship ion?	Department		
List any relative(s) currently emplo	Relationship	Department		

Have you ever been dismiss	sed/terminated or non-rene	wed from a previous	employer? Yes No	
If yes, please explain:				_
•	o resign from a previous em			_
,	m a position rather than face		and/or non-renewal? Yes 🔲 🛚	No
PERSONAL REFERENC	ES			
Provide four references, p ethics. (<i>Do not list relativ</i>	= =	e familiar with your	personality, character and wo	ork
Name:	Title:		Years Known:	
Email Address:		Phone No	;	
			Zip Code:	_
			Years Known:	
Email Address:		Phone No	.i	<u></u>
Address:	City:	State:	Zip Code:	<u></u>
Name:	Title:		Years Known:	
Email Address:		Phone No	.:	
Address:	City:	State:	Zip Code:	<u></u>
Name:	Title:		Years Known:	<u> </u>
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.

Na	me:			Social Security	/ No.:	
	First	Middle	Last			
Lis	et any former name(s):					
1.	probation, or been or	n parole for any	offense(s)? I	arged with, or convicted nclude all offenses who out traffic fines of less	ere you have been fo	ound guilty,
2.	felonious offense, or	any of two or violence; sexual	more misde assault, mole	plea of nolo contender meanor offenses unde estation, exploitation, o ildren?	er Federal, State, o	r tribal law
3 .	crack cocaine, hashis	sh, narcotics (opi	um, morphii	ontrolled substance, fon ne, codeine, heroin, etc , hallucinogenic (LSD	c.), amphetamines,	depressants
4.		ceiving, or sale	of any narco	llegal purchase, manuf tic, depressant, stimula		
5.	Are you awaiting tri allegations of drugs of	-		excluding minor traffi	c violations not in Yes	volving any No 🗆
6.	Have you been convi	cted by a militar	y court-mart	ial in the past 5 years?	Yes	No \square
<i>7</i> .	Are you now under c	harges for any vi	olation of the	e law?	Yes	No _
8.	Have you ever been a	arrested for or ch	arged with a	crime involving a child	d? Yes □	No 🗆
9.	Have you ever been o	convicted of, adn	nitted comm	itting a sex or drug rela	ated offense? Yes	□ No □
	r all questions, provid parate sheet of paper.	e all required in	formation in	detail in the space be	elow. If needed you	u may use a
1.	Type of Charge/Conviction			Date of Charge	Date of Court Conv	riction
Ci	ty	State		Amount of fine	Length of jail term	

Factual details or other r	emarks	Length and terms of cour	t outcome(s) (Probation, Parole, etc.)
2. Type of Charge/Con	nviction	Date of Charge	Date of Court Conviction
City	State	Amount of fine	Length of jail term
Factual details or other r	emarks	Length and terms of cour	t outcome(s) (Probation, Parole, etc.)
3. Type of Charge/Con	nviction	Date of Charge	Date of Court Conviction
City	State	Amount of fine	Length of jail term
Factual details or other r	emarks	Length and terms of cour	t outcome(s) (Probation, Parole, etc.)
PLEASE READ AN	D SIGN		
rue, complete, and any questions or ite	l correct to the best of n	ny knowledge. I understand th	on, and any attachments to it, and a false or fraudulent answer to may be grounds for not hiring may
			on is made in good faith, and the aducted and is a condition of m
Signature of Applic	ant:		Date:

Applicant Screening Questionnaire Indian Children Protection Requirements

Name:	Social Security Number:
	NOTIFICATION OF REQUIREMENTS
require	31 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 1304) that employment applications for federal child care positions have applicants sign a receipt of notion minal record check will be conducted as a condition of employment. Further, it is required to as wing:
	lave you ever been arrested for or charged with a crime involving a child? Yes $oxdot$ No $oxdot$
	"yes" please provide the date, explanation of the violation, disposition of the arrest(s) or charge(s lace of occurrence, and the name and address of the arresting police department or court involve
§3207), Depart	to 8 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Codrequires criminal history records check as a condition of employment for positions in the ent of Interior that involves regular contact with or control over Indian children. Further, it to ask the following:
	lave you ever been arrested, found guilty of, or entered a plea of nolo contendere (no contest of guilty to, any felonious offenses, or any of two or more misdemeanor offenses under ederal, State, or tribal law involving crimes of violence; sexual assault, molestation xploitation, contact or prostitution; crimes against persons; or offenses committed again thildren?
	"yes" please provide the date, explanation of the violation, disposition of the arrest(s) or charge(s lace of occurrence, and the name and address of the arresting police department or court involve
punisha will be history	that all of my responses to the above questions is made under Federal penalty of perjury, which all by fine or imprisonment, and that I have received notice that a criminal history records checonducted and is a condition of employment. I understand my right to obtain a copy of any crimin eport made available to Ch'ooshgai Community School Board of Education, Inc. my rights to the accuracy and completeness of any information contained in the report.
Applica	t'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

ı, Date of Birth: / 55iv:	
(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, I	nc."). As
indicated by my signature below I understand that the CCSBE, Inc., will conduct required bac	ckground
investigations 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 departmen	ts;
4. The Navajo Nation and any of its subdivisions, branches, agencies and/or departments; and	i
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 suitability for employment with the	e CCSBE,
Inc.	
As evident by my signature below I consent to any or all of the above noted entities providing all r	equested
information and hereby waive and forever surrender any objection or claim I may have or acquire re	elative to
the background investigations or those providing information pursuant to the CCSBE, Inc.'s re	equest. l
further agree and direct that a copy of this request shall have the same force and effect as an original	inal. This
authorization is valid for a period of five (5) years from the date signed or upon the termination	on of my
affiliation with Ch'ooshgai Community School Board of Education, Inc. whichever is sooner.	
Applicant's Signature: Date:	