Board of Directors:
Jimmy A. Detsoi, President
Hoskie Bryant, Vice-President
Mitzie Begay, Secretary
Virginia Harvey, Member

## Ch'ooshgai Community School Board of Education, Inc.

P.O. Box 321, Tohatchi, New Mexico 87325 Phone: (505) 733-2725 Fax: (505) 733-2749



#### **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. Letter of Interest
- 4. New Mexico Public Education Department Certification(s)
- 5. College/University Transcripts
- 6. Three (3) current Letters of Recommendation
- 7. Tribal Enrollment Form (CIB) (if applicable)
- 8. New Mexico 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 8AM 12PM \$15.90 money order)
- 10. \$45.00 Money Order for Federal Background Investigation (FBI), payable to: Personnel Security Consultants
- 11. First Aid/CPR Certificate

Upon receipt of your application the Human Resources Office will review and assess your packet to ensure you meet the minimum qualifications, thereafter contact will be made to complete the application process. All positions are subject to FBI 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'OOSHGAI COMMUNITY SCHOOL BOARD OF EDUCATION, INC.

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

Date Applic	te App	ication Received
Applica	Appli	ation Received E
Applica	Appli	ation Received E

### **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.

			1	Date of Application:			
Position(s) a	applying for: a)		b)		c)		
PERSON	IAL DATA						
First	Middle	Last		// Date of Birth		Social Security No.	
	P.O. Box # or Stre					·	
	P.O. Box # or Stre	et	City	State		Zip Code	
Phone:		Message Phone:		Email:			
(If offered e	ally eligible for employme mployment you will be re er 18 years of age? Yes	quired to provide docu					
	e a valid driver's license?		License N	Number:		Issuing State:	
	ver been employed by Cl ate when & what position						
INDIAN F	PREFERENCE						
	erence in Employment A accordance with the Navajo			oard of Education, Inc.,	gives prefere	nce to eligible and	qualified
Tribal Affilia	tion:			Tribal Enrollm	ent Number: _		
MILITAR	Y PREFERENCE		ü	Are you a Veteran?	Yes	No 🗔	
indicate they	eference: Veterans request are requesting the prefereir employment application.	ence in their employme	to employmen ent application	t with Ch'ooshgai Comm and attach a copy of the	unity School B eir DD214 disc	oard of Education, harge papers at th	Inc. must e time of
Branch:		From:	To:	Type	of Discharge	:	

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#### **EDUCATION AND PROFESSIONAL TRAINING**

Indicate yo	ur highest grade of school com	pleted: Name and	location of las	t school you	ı attended:	
	in chronological order all educa is used to assist in determinin					
Degree	Name of Institution	Location City & State	Semester Hours	GPA	Major	Minor
	Undergraduate	Only & Oracle	riodis			
	Graduate	3				
List additio	nal training you received that re	erates to the position for which	cn you are app	lying for.	,	
	skills relevant to the position for				(i.e. management	or supervisory)
List compu	ter-related skills and years of e	xperience. Specify software	and hardware	,		
List other e	quipment and/or office machine	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:			
	Start Date: Starting Pay:	Ending Date: Ending Pay:			
Name of Supervisor and contact number:  Second Reference and contact number:  Your job title:					
Name of Supervisor and contact number:  Second Reference and contact number:	Starting Pay:				
Name of Supervisor and contact number:  Second Reference and contact number:  Your job title:	Starting Pay:				
Name of Supervisor and contact number:  Second Reference and contact number:  Your job title:	Starting Pay:				
Name of Supervisor and contact number:  Second Reference and contact number:  Your job title:  Description of work & responsibilities:	Starting Pay:				
Name of Supervisor and contact number:  Second Reference and contact number:  Your job title:	Starting Pay:				
Name of Supervisor and contact number:  Second Reference and contact number:  Your job title:  Description of work & responsibilities:	Starting Pay:				
Name of Supervisor and contact number:  Second Reference and contact number:  Your job title:  Description of work & responsibilities:  Name of previous employer and address:	Starting Pay:  Reason for leaving:	Ending Pay:			
Name of Supervisor and contact number:  Second Reference and contact number:  Your job title:  Description of work & responsibilities:  Name of previous employer and address:  Name of Supervisor and contact number:	Starting Pay:  Reason for leaving:  Start Date:	Ending Pay:  Ending Date:			
Name of Supervisor and contact number:  Second Reference and contact number:  Your job title:  Description of work & responsibilities:  Name of previous employer and address:  Name of Supervisor and contact number:  Second Reference and contact number:	Starting Pay:  Reason for leaving:  Start Date:  Starting Pay:	Ending Pay:  Ending Date:			
Name of Supervisor and contact number:  Second Reference and contact number:  Your job title:  Description of work & responsibilities:  Name of previous employer and address:  Name of Supervisor and contact number:  Second Reference and contact number:  Your job title:	Starting Pay:  Reason for leaving:  Start Date:  Starting Pay:	Ending Pay:  Ending Date:			
Name of Supervisor and contact number:  Second Reference and contact number:  Your job title:  Description of work & responsibilities:  Name of previous employer and address:  Name of Supervisor and contact number:  Second Reference and contact number:  Your job title:	Starting Pay:  Reason for leaving:  Start Date:  Starting Pay:	Ending Pay:  Ending Date:			

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							
Have you ever resigned from a position rather than face disciplinary action and/or non-renewal?  Yes  No							
List any relative(s) currently employed wit	n Cn oosnga	Relationship	or Education, Inc.	Departr	nont		
NAME		Kelationship		Departi	iidiit		
REFERENCES							
Give names and complete addresses of personality, character and work ethics. (D			for at least (5) five ye	ars and ar	e familiar with your		
Name and Relationship	Yrs. Known	Occupation	Work Phone		Other Phone		
Name:							
Deletions	I		l .				

Name and Relationship	Yrs. Known	Occupation	Work Phone	Other Phone
Name:	Kilowii			
Relation:				
Address:				
Name:				
Relation:				
Address:				
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.

#### 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.

Nan	ne:			Social Secu	urity No.:		
	First	Middle	Last				
List	any former name(s):						
1.	In the last 5 years, have yo parole for any offense(s)?  Leave out traffic fines of less	Include all offe	enses where you h			or nolo conter	
2.	Have you ever been found of two or more misdemeanor exploitation, contact or prost	offenses under	Federal, State, or	tribal law involving crime	es of violer	nce; sexual as n?	
3.	In the past 5 years have you narcotics (opium, morphine, hallucinogenic (LSD, PCP, e	codeine, hero	in, etc.), amphetar	nines, depressants (barbi		ethaqualone,	
4.	In the past 5 years have receiving, or sale of any nare					tended profit	
5.	Are you awaiting trial for ar impairment?	y crime or offe	ense excluding min	or traffic violations not in	volving an		of drugs or alcohol No
6.	Have you been convicted by	a military cour	t-martial in the pas	5 years?	Ye	S	No
7.	Are you now under charges	for any violatio	n of the law?		Yes	S	No
8.	Have you ever been arreste	d for or charge	d with a crime invol	ving a child?	Ye	3	No
9.	Have you ever been convicted of, admitted committing a sex or			or drug related offense?	Ye	s $\Box$	No
For	all questions, provide all requ	uired informatic	n in detail in the sp	ace below if need to you i	may use a	separate shee	et of paper.
1.	Type of Charge/Conviction			Date of Charge		Date of Court Co	nviction
City		State		Amount of fine		Length of jail tern	1
Facti	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 outco	ome(s) (Probation, Parole, etc.)
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 outc	ome(s) (Probation, Parole, etc.)
		e explanations to any questions you may ch you are providing explanation.	have answered "Yes" on this application.
	,		
IMPORTANT: PLEASE RE	EAD AND SIGN		
and are made in good faith	. I understand that a f		rect to the best of my knowledge and belief n or item on any part of this application or its punishable by fine or imprisonment.
I certify that my responses to this entire employment application imprisonment, and that I have received notice that a criminal employment.			
Applicant's Signature:			Date:

# Applicant Screening Questionnaire Indian Children Protection Requirements

Name:	Social Security Number:
	NOTIFICATION OF REQUIREMENTS
employ	n 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that rement applications for federal child care positions have applicants sign a receipt of notice that a criminal record check will be sted 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.
nistory	1408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code §3207), requires a criminal records check as a condition of employment for positions in the Department of Interior that involves regular contact with or 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.
and tha	that my response to the above questions is made under federal penalty of perjury, which is punishable by fine or imprisonment, at I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand I have the right to obtain a copy of any criminal history report made available to Ch'ooshgai Community School Board of ion, Inc. but, I have the right to challenge the accuracy and completeness of any information contained in the report.
Applica	ant's Signature: Date:
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# **AUTHORIZATION TO RELEASE INFORMATION**

authorized representative of Ch'oos background investigation, to obtain i management agents, employers, crimnot limited to, my academic, residentiand criminal history record information	hgai Community nformation relatin ninal justice agenc al, achievement, p	g to this application ies, or other source performance, atten	Education, Inc., on from individu es. This inform dance, disciplin	, who is co uals, schoo ation may i	onducting ls, reside include, l	g my ential but is
I further authorize and consent to an School Board of Education, Inc., whinformation about me from criminal ju- or retention for employment with Ch'c request a copy of such records as ma	no is conducting stice agencies for ooshgai Communit	my background ir the purpose of det y School Board of	nvestigation, to ermining my eli	request cr gibility for a	riminal re issignme	ecord nt to,
I authorize and consent to custodians information upon request of the inves of any previous agreement to the conf	stigator, or other d		•	-		
I understand that the information rele Ch'ooshgai Community School Board employment with Ch'ooshgai Commu	of Education, Inc	and only for the				
I forever release, fully discharge, and School Board of Education, Inc. and and agents from any and all claims, can of any nature related directly or indirectly and relying on any information obtained indemnify, defend and hold harmle employee, volunteer, representative of any and all claims, causes of action, related directly or indirectly to furnish lnc.	its officers, emplo auses of action, re ectly to performing ed there from. Add ss any current or or agent thereof, to responsibility, liab	yees, School Boar sponsibility, liability such investigation ditionally, I forever former employer othat furnishes writt bility, damages, los	d members, vo y, damages, los is and criminal release, fully or r educational in en or verbal int sses, costs and	lunteers, re ses, costs history che- discharge, stitution, ar formation a expenses	epresenta and expe cks and o and agre nd any of bout me of any n	enses using ee to fficer, from ature
Copies or facsimiles of this authorizat This authorization is valid for five (5 Ch'ooshgai Community School Board	) years from the	date signed or up	on the terminat			
Print full name	Signature		Social Securi	ty D	ate	

### CONSENT AND WAIVER TO CONDUCT BACKGROUND CHECKS

, Date of Birth: / SSN:	
, Date of Birth: / SSN: (Print full Name)	•
esiding at have Physical home address (NO PO Box Address)	,
applied for employment with Ch'ooshgai Community School Board of Education, Inc., (hereinafter School).	As
ndicated by my signature below I understand that the School will conduct a required background check of	me
hrough 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.	
understand that the School will conduct these background checks to determine my criminal history, if any, a	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 reques	ted
nformation and hereby waive and forever surrender any objection or claim I may have or acquire relative to	the
packground checks or those providing information pursuant to the School's request. I further agree and direct the	hat
copy of this request shall have the same force and effect as an original. This authorization is valid for a period	lof
ve (5) years from the date signed or upon the termination of my affiliation with Ch'ooshgai Community Sch	ool
Board of Education, Inc. whichever is sooner.	
Applicant's Signature Date	