

St. Michaels Association for Special Education
School & Home Since 1970
P.O Drawer 100
St. Michaels, AZ 86511

APPLICANTS SEEKING EMPLOYMENT

The following (Items 1 thru 8) **MUST BE SUBMITTED AS A COMPLETE PACKET IN ORDER TO BE CONSIDERED FOR EMPLOYMENT: Please do not ask to make copies of your application documents, have that done before bringing in your complete application.**

- 1) Letter of Interest
- 2) SMASE Application for Employment must be completely filled out.
- 3) SMASE Application Authorization for Reference Check Form — signed and on file
- 4) Three (3) current letters of recommendation
- 5) Educational transcripts (High School Diploma or GED Certificate and College transcripts).
- 6) C.I.B (Certificate of Indian Blood) if claiming Native American or Navajo Preference.
- 7) Other credentials or certificates as deemed necessary for the position applying.
- 8) Must have **NAVAJO NATION CRIMINAL BACKGROUND CHECK**. Processed through the Navajo Department of Law Enforcement in Window Rock, Arizona located at the Police Department. Fee is \$15.75 and 10 years of background check is required.

Upon successful review of the Interview and Selection Process a Letter of Offer for Employment will be presented to you for your acceptance and signature. Once employment is accepted, the following documents: (A-E) **must be submitted within 30 days.**

- A. A notarized AZ Department of Economic Security — Record of Self Disclosure (DDD Form 258). This document will remain on file in applicant's personal folder.
- B. 1-9 Form — Employment Eligibility Verification. Copies of documents (driver license, Social Security Card, etc.) must be on file. This document must remain on file in applicant's personal folder.
- C. Completed **AZ Department of Public Safety — Applicant's Fingerprint Clearance Card Application.**
- D. Fingerprint clearance card fee of \$67.00. Money Orders only- payable to AZ Department of Public Safety. Submit copy of filled out money order for Personal File.
- E. **Fingerprint Clearance Card** issued by the State of Arizona Department of Public Safety. Furnish a copy for Personal File. Service fee is \$10.50 from Navajo Nation Police Station.

Applicant

To complete your application and be considered for an interview, one must also submit for review:

- * Letter of Interest
- * Three current letters of recommendation from former supervisor, civic leader, and co-worker
- * High School Diploma/Transcript or GED and/or Undergraduate Transcript & Degree(s)
- * Navajo Nation/Criminal Background Check
- * CIB (Certificate of Indian Blood)

APPLICATION FOR EMPLOYMENT

St. Michael's Association for Special Education, Inc.
P.O. Drawer 100
St. Michael's, Arizona 86511

St. Michael's Association for Special Education complies with the Navajo Preference in Employment Act, Title 15, Chapter 7 of the Navajo Code (as amended 08/01/1985 & 10/29/1990) to the extent as permitted by United State of America - Federal Law.

PERSONAL INFORMATION

First	Middle	Last Name	Social Security Number:	
Mailing Address:		City	State	Zip
			Contact Phone:	
			Cell Phone:	
			E-Mail:	
Driver's License No.:	State	Exp. Date	Date of Birth:	<input type="checkbox"/> Navajo
				<input type="checkbox"/> Other & Affiliation:
Arizona Clearance Card Number:				

EMPLOYMENT DESIRED

Position applied for:	Will you work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pay expected:
Have you ever been employed with us? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?	Date available for work:
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

EDUCATION

SCHOOL	SCHOOL NAME AND LOCATION	COURSE OF STUDY	YEAR GRADUATED	DEGREE DIPLOMA
College/University				
High School				
Correspondence				
Trade/Business				
Summarize special skills, training & certificates acquired from job related activities (First-Aid,CPR,2-Man Lift,Article 9,Food Handler Permit, etc.)				
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe in full.				
Do you have disability that will limit you from performing work for which you applied? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:				

MILITARY

Did you serve in the U.S. Armed Forces? Yes No If you served in the U.S. Armed Forces, describe any training received relevant to the position for which you are applying:

EMPLOYMENT HISTORY

Name of Employer:	Telephone No.:
Address	Dates Employed From: _____ To: _____
Supervisor _____ Job Title _____	Hourly Rate Starting: _____ Final: _____
Summarize the nature of the work performed and job responsibilities:	Reason for leaving:

Name of Employer:	Telephone No.:
Address	Dates Employed From: _____ To: _____
Supervisor _____ Job Title _____	Hourly Rate Starting: _____ Final: _____
Summarize the nature of the work performed and job responsibilities:	Reason for leaving:

Name of Employer:	Telephone No.:
Address	Dates Employed From: _____ To: _____
Supervisor _____ Job Title _____	Hourly Rate Starting: _____ Final: _____
Summarize the nature of the work performed and job responsibilities:	Reason for leaving:

Name of Employer:	Telephone No.:
Address	Dates Employed From: _____ To: _____
Supervisor _____ Job Title _____	Hourly Rate Starting: _____ Final: _____
Summarize the nature of the work performed and job responsibilities:	Reason for leaving:

Name of Employer:	Telephone No.:
Address	Dates Employed From: _____ To: _____
Supervisor _____ Job Title _____	Hourly Rate Starting: _____ Final: _____
Summarize the nature of the work performed and job responsibilities:	Reason for leaving:

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature: _____

Date: _____

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P.O. Drawer 100
St. Michaels, AZ 86511

SMASE APPLICANT AUTHORIZATION FOR REFERENCE CHECK

I _____ voluntarily consent to allow St. Michaels Association for Special Education or any of its officers, employees, or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference, I understand that these questions may be about my personal or educational background, work experience, character, or personality.

I grant permission to St Michaels Association for Special Education and/or any of its officers, employees, or agent to receive my academic transcript or grades in validating my educational background. Said documents can be mailed to: St Michaels Association for Special Education, Post Office Drawer 100, St Michaels, AZ 86511 or Faxed to 928-871-4873 or emailed to smasehr@smase.org

Applicant signature: _____ Date: _____

Applicant Information:

Social Security Number: _____

Date of Birth date: _____

Current Address: _____

High School Name: _____

Date of Graduation: _____