

# Lukachukai Community Board of Education, Inc.

Navajo Route 12

Lukachukai, Arizona 86507

Phone: (928) 291- 0008 Fax: (928) 787- 3191

Website: <https://www.lukaschool.org>

## CERTIFIED POSITIONS

### APPLICATION FOR EMPLOYMENT

#### PERSONAL DATA (Please type or print)

Name

First MI Last

Other Names Used:

Mailing Address:

\_\_\_\_\_

Phone Number (s)

City State Zip

Cellular Number (s)

Permanent Address:

\_\_\_\_\_

City State Zip

Other Number(s)

Are you a U.S. Citizen? (Circle) Y N If No, are you eligible to be employed under a Visa or entry permit? Y N

Have you ever filed an application with LCBE, Inc.? Y N When? Date: \_\_\_\_\_

Have you ever been employed by LCBE, Inc.? Y N When? Date(s) \_\_\_\_\_

Are you presently employed? Y N May we contact your employer? Y N

When are you available for work? \_\_\_\_\_

Have you been convicted of a felony? Y N If "Yes", please explain below.

Have you been convicted of a misdemeanor within the last five (5) years? Y N If "Yes", please explain.

Explain: \_\_\_\_\_

#### EMPLOYMENT DESIRED

List positions) being applied for 1) \_\_\_\_\_

in order of Preference. 2) \_\_\_\_\_

3) \_\_\_\_\_

**EMPLOYMENT HISTORY**

Start with your present or last job.

Do not indicate see Resume -Use application

EMPLOYER	Dates Employed		Describe Work Performed
Employer:	From	To	
Address			
Job Title	Hourly Rate/Salary		
Telephone	Starting	Final	
Supervisor			
Reason for Leaving			Full Time or Part Time May We Contact? Y N
Grade Level Taught? _____ Were you considered Highly Qualified by this employer? Y N If yes, attach documents.			

EMPLOYER	Dates Employed		Describe Work Performed
Employer:	From	To	
Address			
Job Title	Hourly Rate/Salary		
Telephone	Starting	Final	
Supervisor			
Reason for Leaving			Full Time or Part Time May We Contact? Y N
Grade Level Taught? _____ Were you considered Highly Qualified by this employer? Y N If yes, attach documents.			

EMPLOYER	Dates Employed		Describe Work Performed
Employer	From	To	
Address			
Job Title	Hourly Rate/Salary		
Telephone			
Supervisor			
Reason for Leaving			Full Time or Part Time May We Contact? Y N
Grade Level Taught? _____ Were you considered Highly Qualified by this employer? Y N If yes, attach documents.			

COMMENTS: Include explanation of any gaps in employment and summarize special skills and qualification if any.

<b>EDUCATION:</b>	Name and Address of School	Course of Study	Years Completed	Diploma Degree	Date Received
School					
High School					
Undergraduate College					
Graduate/Professional					
Other (Specify)					

**Are you Highly Qualified to teach?** Y N If yes, please provide documents.

**Are you SEI Endorsed?** Y N If No, explain \_\_\_\_\_

<b>CERTIFICATE</b>					
	State	Type(Std/Provisional)	Elementary/Secondar	AREA	Expiration Date
License					
License					
Endorsement					
Endorsement					
Other					

Are you in the process of getting proper certification? Y N Explain: \_\_\_\_\_

1. What computer software are your able to operate?
2. How would you assess the effectiveness of your teaching?
3. How would you determine a positive student/teacher relationship? What attributes characterize such a relationship?
4. What unusual strengths or abilities do you possess that enhance your teaching ability?
5. From your professional viewpoint, what is the most pressing issue in education today?

**BACKGROUND INFORMATION**

Your answers should include convictions from a plea of nolo contendere (no contest), but omit (1) traffic fines of \$150.00 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal and State law.

**Section 231 of the Crime Control Act of 1990, Public Law 101-647, requires that employment applications for Federal child care positions have applicants sign a receipt for notice that a criminal records check will be conducted.**

1) Have you ever been arrested for or charged with a crime involving a child? If "Yes" provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence and the name and address of the policy department or court involved. Yes \_\_\_\_\_ No \_\_\_\_\_

**Section 408 of the Miscellaneous Indian Legislation, Public Law 101-647, requires criminal records check for positions with regular contact with, or control over Indian children.**

2) Have you ever (1) been arrested for or charged with a crime involving a child, and/or (2) been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State, or Tribal law involving crimes of violence: sexual assault, molestation, exploitation, contact or restitution; or crimes against persons? If "Yes", provide the date, explanation of the violation, disposition of the arrest and charge, place of occurrence, and the name and address of the policy department or court involved. Yes \_\_\_\_\_ No \_\_\_\_\_

3) During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Include felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "Yes", provide the date, explanation of the violation, disposition of the arrest and charge, place of occurrence, and the name and address of the policy department or court involved. Yes \_\_\_\_\_ No \_\_\_\_\_

4) Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or any investigation of your behavior or performance was pending? You must answer "Yes" even if the matter was later resolved by a settlement or severance agreement, regardless of its terms. If you answer "Yes", you must provide the date of termination of employment, the name and address and telephone number of the employers) and a statement of the alleged reasons for termination. Yes \_\_\_\_\_ No \_\_\_\_\_

5) Have you ever had any license or certificate of any kind revoked or suspended, alternatively, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer "Yes", you must provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings took place or charges were filed, or filing of charge or complaint, as well as the status of any such investigation, a statement of the accusations against you and the final disposition. Yes \_\_\_\_\_ No \_\_\_\_\_

6) Are you now under charges for any violation of law? If "Yes" use additional space to provide date, explanation of the violations, place of occurrence, and the name and address of the policy department or court involved. Yes \_\_\_\_\_ No \_\_\_\_\_

7) In the last 5 years have you Illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.), or Illegally used prescription drugs? If "Yes" provide information relating to the type of substances), the nature of the activity, and any other details relating to your involvement with illegal drugs. Yes \_\_\_\_\_ No \_\_\_\_\_

8) In the last 5 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another? Yes \_\_\_\_\_ No \_\_\_\_\_

**I certify that my response to these questions is made under Federal penalty of perjury, which is punishable for fines or imprisonment, and that I have received notice that criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any information contained in the report.**

**PERSONAL/PROFESSIONAL REFERENCES**

Name	Address	Phone Number	Occupation	Yrs Known
1)				
2)				
3)				

**SPECIAL INSTRUCTIONS FOR VETERANS:** Please check one of the following and submit verification certificate from VA office:

- US Active Duty Service of more than 180 days with other than dishonorable discharge (submit DD-214).  
 Dates of active duty service from (Mo/yr) \_\_\_\_\_ to (Mo/yr)\_\_\_\_\_.
- Service-connected disability: Submit verification certificate from VA office.
- Spouse of veteran who is MIA, POW, totally and permanently service-connected disabled, or who died of a service-connected disability.

**EQUAL OPPORTUNITY EMPLOYER:**

The Lukachukai Community Board of Education, Inc., is an EEO organization and does not discriminate on the basis of race, color, national origin, gender, age, or handicapping conditions in its employment practices. The Lukachukai Community Board of Education, Inc., School complies fully with the Navajo Preference and Employment Act, the Navajo Nation Labor Relations laws and the Federal Indian Preference Policy.

**STATEMENT OF CERTIFICATION**

Every answer I have provided on this application is both complete and truthful. I understand and agree that if: 1) any information is omitted from or not filled in on this application, or if any false information is furnished, the employer will reject my application; 2) any false information is furnished, I will be ineligible for any future consideration for employment and may be subject to criminal prosecution; and 3) I am employed by the employer, I may be dismissed from employment, criminal prosecuted, and if certified or licensed, my certificate or license may be revoked, if it is subsequently determined that I have furnished false or misleading information on this application.

I certify that the foregoing information is accurate, true, and complete to the best of my knowledge and belief. I hereby authorize the Personnel Office to make any and all necessary and appropriate investigations allowable by law to verify the information submitted. Under the penalty of law, I acknowledge that should investigation at any time disclose any misrepresentation, falsification, or omission, I may be disqualified from further employment consideration or terminated from employment.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**AFFIRMATIVE ACTION:**

The Lukachukai Community Board of Education, Inc. is an EEO/Affirmative Action employer and complies fully with the Navajo Nation Labor Relation laws, the Federal Indian Preference Policy, and those laws and executive orders pertaining thereto, including Title VII-Civil Rights Acts of 1965, Title IX-Educational Amendments of 1972, Section 503-504 of the Rehabilitation Act of 1973, and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974. All appointments are based on merit principles without regard to race, color, national origin, gender age, ethnic identity.

The Lukachukai Community Board of Education maintains an Affirmative Action applicant file to ensure that female and/or ethnic minority applicants receive full consideration for all position openings. If you are eligible and would like your application placed in an Affirmative Action file, fill in the following:

Female	_____	Navajo	_____
Male	_____	Other Native American	_____
		Native Hawaiian/Pacific Islander	_____
		Black	_____
		Hispanic	_____
		Asian	_____
		Anglo	_____

LUKACHUKAI COMMUNITY BOARD OF EDUCATION, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND GIVES PREFERENCE IN HIRING QUALIFIED NAVAJOS AND NATIVE AMERICANS.

## CONSENT TO CONDUCT A BACKGROUND INVESTIGATION AND RELEASE

I, \_\_\_\_\_ (applicant's name), have applied for employment with Lukachukai Community Board of Education, Inc. to work as a \_\_\_\_\_.

I understand that in order for the School to determine my eligibility, qualifications, and suitability for employment, the School will conduct a background investigation if I considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, positions) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most educational records that are maintained by any educational institution, such as any college or university, I may have attended.

I waive \_\_\_\_\_ / do not waive \_\_\_\_\_ (initial only one) my rights to see any written reference or other information provided to the school by any educational institution.

According to Arizona law, any employer that provides a written communication to the School regarding my current or past employment must send me a copy at my last known address. I acknowledge that some employers are unwilling to provide factual written references concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that the School will not further consider my application if it cannot complete its background investigation. I waive my right to receive a copy of any written communication furnished to the School by any present or former employer.

I release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that furnishes written or oral references request by Lukachukai Community Board of Education, Inc. to complete its background investigation.

A photocopy or facsimile (fax) copy of this Consent to Conduct Background Investigation and Release that shows my signature shall be as valid as the original.

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Applicant

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Date