

# NA' NEELZHIIN JI OLTA, INC. EMPLOYMENT APPLICATION – CERTIFIED

Date: \_\_\_\_\_

Dear Applicant, (Print Name): \_\_\_\_\_

Position: \_\_\_\_\_

Thank you for your interest in applying at Na' Neelzhiin Ji Olta, Inc. The following is a check list of documents required when submitting an employment application at Na' Neelzhiin Ji Olta, Inc. All documents must be submitted to be considered a complete application. The Na' Neelzhiin Ji Olta, Inc. Executive Board will not accept an incomplete employment application packet. Any letters of recommendations, interest letters, etc. may be address to:

Na' Neelzhiin Ji Olta, Inc.  
 Attn: Human Resource  
 HCR 79 Box 9  
 Cuba, NM 87013

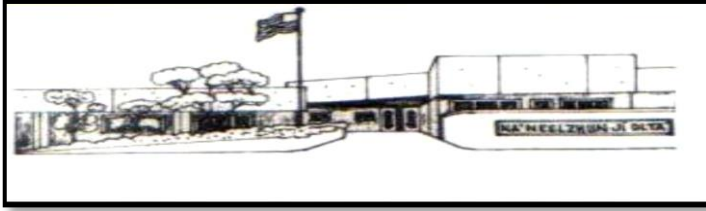
<b>DOCUMENTS FOR CERTIFIED POSITION – CHECK OFF LIST</b>	
1. Application – Notarized (pg. 6)	
2. Interest Letter	
3. Resume	
4. (3) Letters of Recommendations	
5. Certificate of Indian Blood (if applicable)	
6. Official Transcripts	
7. Copy of Degree	
8. NM Certificate/Licensure for Teaching or for Administration	
9. Driver's License	
10. Social Security Card	
11. Any Training or Certificates related to the position	
12. CPR/First Aid	

<b>EMPLOYEE BENEFITS</b>
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Benefits Include:

- ❖ Employee Health Insurance includes: medical, vision, dental, prescription and Medicine Man benefits. Health insurance premiums are 100% paid by NJOI for the employee. If the employee elects dependent coverage, it is available through the employee's payroll deduction.
- ❖ 100% paid premiums for Employee Life Insurance and Short-Term Disability Insurance. Life Insurance benefit amount \$50,000.
- ❖ 401k Retirement Plan, with NJOI matching up to 3% of employees' salary.
- ❖ Paid Time Off leave: Pre-posted 80 hours of general leave for all school year employees. Pre-posted 100 hours general leave and 15-days vacation leave for year-round employees.
- ❖ Paid Holidays
- ❖ Retention/Incentive Bonuses.
- ❖ Education Advancement Assistance.
- ❖ Up to four days of paid bereavement leave.
- ❖ Paid Winter Break and Spring Break for school year employees.

# NA' NEELZHIIN JI OLTA, INC. EMPLOYMENT APPLICATION - CERTIFIED



**Na' Neelzhiin Ji Olta, Inc.**  
**HCR 79 Box 9**  
**Cuba, New Mexico 87013**  
**Ph: 505-731-2272 ext. 34**  
**www.naneelzhiin.org**

Na' Neelzhiin Ji Olta, Inc. does not discriminate based on age, race, color, national origin, religion, sex or disability in its employment practice.

**PLEASE NOTE: APPLICANTS MUST COMPLETE THE FOLLOWING QUESTIONS COMPLETELY, EVEN IF ATTACHING A RESUME.**

Position Applying For: \_\_\_\_\_

Application Date: \_\_\_\_\_

## GENERAL INFORMATION

**1. Full Name – First, Middle, Last, Suffix:** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial Only". If you do not have a middle name indicate "No Middle Name". If you are a "Jr", "Sr", etc. enter this under suffix).

**1a. Other Names Ever Used** (For example, maiden name, nickname, etc.):

**2. Social Security Number:**

**3a. Date of Birth:** (MM/DD/YYYY)

**3b. Place of Birth:** (Indicate city, state, or country)

**4. Are you a U.S. Citizen?**

Yes \_\_\_\_\_ No \_\_\_\_\_ (If No, provide country of citizenship) \_\_\_\_\_

**5. Are you legally eligible to work in the United States?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**6. Contact Numbers:**

Day: \_\_\_\_\_ Night: \_\_\_\_\_

**7. Present Address:**

\_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**8. Email Address:**

**9. Date Available to Start Work:**

**10. Have you ever worked for Na' Neelzhiin Ji Olta, Inc.?**

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide job title, department, and dates of Employment in box 11):

**11. Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

## CONDITIONS OF EMPLOYMENT

READ THIS PARAGRAPH BEFORE SIGNING THIS APPLICATION:

Every answer I have provided on this application is complete and truthful. I understand and agree that (1) if 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) if any false information is furnished, I will be ineligible for any future consideration for employment and may be subject to criminal prosecution, and (3) if I am employed by the employer, I may be determined that I furnished false information on this application.

This application is signed under the penalty of perjury, subject to all applicable punishments, pursuant to 42 U.S.C. §13041 (d) [Requirement for background checks].

SIGNATURE OF APPLICANT: (Unsigned applications are not valid).

Date:

All complete employment applications are kept for one year, if the applicant was not selected.

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## EDUCATIONAL BACKGROUND

All official transcripts are required before hire.

Transcripts must be provided for each institution listed. The information on all items should be completed and accurate.

Institution	Name & Address of School	From	To	Did you graduate?	Date of graduation	Indicate diploma or degree in what studies? (AA/BA/MA/Ph.D)	NM PED recognized? (Yes or No)
<b>High School or GED</b>	School: _____ Address: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	Degree Subject: _____ Semester Hours: _____	
<b>College or University</b>	School: _____ Address: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	Degree Subject: _____ Semester Hours: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>College or University</b>	School: _____ Address: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	Degree Subject: _____ Semester Hours: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>College or University</b>	School: _____ Address: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	Degree Subject: _____ Semester Hours: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Trade School</b>	School: _____ Address: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	Degree Subject: _____ Semester Hours: _____	

### STUDENT TEACHING

Year	Grade Level	Subject	Name of Mentor/Teacher	Name of School where student taught	Hours Earned
University Supervisor's Name:				Phone:	

### ADMINISTRATIVE OR SUPERVISORY EXPERIENCE

Account for any gaps in employment. Attach a specific supplement if necessary. Do not indicate "See Resume"

Dates (Mo/Yr)	Employer Name & Address	Your Title	Name of Supervisor/ Phone Number	Salary	Reason for Leaving

**PROFESSIONAL REFERENCES**

List three references, other than relatives, who have knowledge of your work experience and abilities. At least one should be a previous Principal, Supervisor or Mentor Teacher. Please list in reverse chronological order, beginning with your most recent first.

Name	Title	Address	Phone

**TEACHING LICENSURE INFORMATION**

List all state issued licenses:

Type of License(s) (Level I, II, III)	State Issued	Issue Date	Expiration	Endorsements

<b>RECORD OF EMPLOYMENT</b>	
Provide the following information for your past and current employers, assignments, internships, or volunteer activities, starting with the most recent or current employer. <u>Use additional sheets if necessary.</u> Explain any gaps in employment, such as unemployment or attending school, in Summary of work performed section below. <b>Employer information must be accurate and complete, such as address and phone number and dates of employment.</b>	
EMPLOYMENT	
Employer:	Phone Number:
Address:	Job Title:
Type of Business:	Full Time ____ Part Time ____ No. of hours worked? _____
Hire Date:                      End Date:	Immediate Supervisor and Phone Number:
Second Reference and Phone Number:	Annual Salary:                      Per Hour:
May we contact supervisor for reference?    ___ Yes ___ No	Reason for leaving:
Summary of work performed: (attached separate sheet if needed)	
EMPLOYMENT	
Employer:	Phone Number:
Address:	Job Title:
Type of Business:	Full Time ____ Part Time ____ No. of hours worked? _____
Hire Date:                      End Date:	Immediate Supervisor and Phone Number:
Second Reference and Phone Number:	Annual Salary:                      Per Hour:
May we contact supervisor for reference?    ___ Yes ___ No	Reason for leaving:
Summary of work performed: (attached separate sheet if needed)	
EMPLOYMENT	
Employer:	Phone Number:
Address:	Job Title:
Type of Business:	Full Time ____ Part Time ____ No. of hours worked? _____
Hire Date:                      End Date:	Immediate Supervisor and Phone Number:
Second Reference and Phone Number:	Annual Salary:                      Per Hour:
May we contact supervisor for reference?    ___ Yes ___ No	Reason for leaving:
Summary of work performed: (attached separate sheet if needed)	

**CONVICTION REPORT – Please read carefully and answer all questions.**

Na' Neelzhiin Ji Olta, Inc. has a tremendous responsibility to its schools and community and must have information from all applicants and employees regarding convictions. \*A record of conviction does not prohibit employment. However, your failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of dismissal if employed and may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions that occur after the time they initially complete this form. Questions regarding this information should be directed to the School Board.

A. Have you been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer "YES" even if the matter was later dismissed, deferred, vacated, or expunged. If you answer "YES", you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you, and the final disposition of the case(s).

Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_

B. Have you ever been dismissed (fired) from any job or resigned at the request of your employer while charges against you or an investigation of your behavior was pending? You must answer "YES" even if the matter resolve with any form of settlement or severance agreement regardless of the terms. If you answer "YES" you must provide the date of termination of employment, the name, address, and telephone number of the employer(s), and a statement of the alleged reasons for termination.

Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_

C. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, 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, a statement of the accusations against you, and the final disposition.

Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_

D. Are you now being investigated for any alleged misconduct or other alleged misconduct or other alleged grounds for discipline by any licensing, certification, or other regulatory body (teacher certification or otherwise), or by your current or any previous employer? If you answer "YES" you must provide the name, address, and telephone number of the employer or licensing body and a statement of the accusations against you.

Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_

E. Have you ever been found guilty of, entered a plea of nolo contendere (no contest) or guilty to, been arrested for, been charged with, or are you awaiting trial for any felony or misdemeanor offense under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, exploitation, contact or prostitution, crimes against persons, or offenses committed against or involving children? If so, provide details below, including date of conviction, court where convicted, sentence imposed, and present status of conviction.

Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_ I **am not** awaiting trial on and I have never been convicted of, admitted to, or pled to any of the twenty-four criminal offenses listed below in this State, or similar offenses in another jurisdiction.

\_\_\_\_ I **am** awaiting trial on or I have been convicted of, admitted to, or pled to one or more of the criminal offenses listed below in this State, or similar offenses in another jurisdiction, and which I checked below.

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If any of the boxes are marked, fill in the information below and attach a letter of explanation. PLEASE PRINT.

## CONVICTION INFORMATION

CONVICTION CHARGE	DATE OF CONVICTION	COURT OF CONVICTION
1. Sexual abuse of minor		15. Burglary in the second or third degree
2. Incest		16. Aggravated or armed robbery
3. First- or second-degree murder		17. Robbery
4. Kidnapping		18. Child abuse
5. Arson		19. Sexual conduct with a minor
6. Sexual assault		20. Molestation of a child
7. Sexual exploitation of a minor		21. Manslaughter
8. Commercial exploitation of a minor		22. Aggravated assault
9. Burglary in the first degree		23. Assault
10. Exploitation of minors involving drug offenses		24. A dangerous crime against children as defined in §13-601.01
11. Felony offenses involving contributing to the delinquency of a minor		
12. Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs.		
13. Felony offenses involving the possession or use of marijuana, dangerous drugs, or narcotic drugs.		
14. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.		

CITY/STATE	AMOUNT OF FINE	LENGTH OF JAIL/PRISON TERM
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LENGTH & TERM OF PROBATION	REMARK
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CONVICTION CHARGE	DATE OF CONVICTION	COURT OF CONVICTION
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CITY/STATE	AMOUNT OF FINE	LENGTH OF JAIL/PRISON TERM
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LENGTH & TERM OF PROBATION	REMARKS
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\*CONVICTION means the final judgment on a verdict or a finding of guilty; or a plea of nolo contendere, in any state, tribal, or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be take. Conviction does NOT include a final judgement which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

### ACKNOWLEDGMENT OF NOTARY PUBLIC

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate, and complete. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of Na' Neelzhiin Ji Olta, Inc. to make reference checks prior to employment, and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed. I understand that misrepresentation or omission of pertinent facts is a class 3 misdemeanor and may be cause for dismissal.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_ MY COMMISSION EXPIRES: \_\_\_\_\_

**NAVAJO PREFERENCE IN EMPLOYMENT ACT (NPEA) RECORD KEEPING REGULATION**

Na' Neelzhiin Ji Olta, Inc. is subject to the Navajo Preference in Employment Act (NPEA), which requires employers on the Navajo Nation to give employment preference to enrolled members of the Navajo Nation, and in some cases their spouses. The School is also subject to Title VII of the Civil Rights Act of 1964, which allows employers on or near Indian Reservations to give preference to enrolled members of federally recognized Indian Tribes. In order to implement these laws, the School invites all applicants to complete the following information. The information obtained will be used solely for purposes of complying with these laws. Please type or print.

Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_ I am an enrolled member of the Navajo Nation.

\_\_\_\_ I am an enrolled member of another federally recognized Indian Tribe living on or near the Navajo Nation.

\_\_\_\_ I am not an enrolled member of the Navajo Nation, but I am legally married to a Navajo and I have resided within the territorial jurisdiction of the Navajo Nation for a continuous one-year period immediately preceding the date of this application.

\_\_\_\_ Does not apply.



**APPLICANT SCREENING QUESTIONNAIRE  
Indian Children Protection Requirements**

Name:	Social Security Number:
Job Title Applying For:	

**Notification Requirements**

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for Federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted 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?

YES      If yes, provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence and the name and addresses of the police department or court involved.

\_\_\_\_\_

NO

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207), requires a criminal history records check as a condition of employment for positions in the Department of Interior that involve regular contact with or control over Indian children. Further, it is required to ask the following:

Have you ever been 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 persons; or offenses committed against children?

YES      If yes, provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence and the name and addresses of the police department or court involved.

\_\_\_\_\_

NO

I certify that my response of the above questions is made under Federal penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made to Na' Neelzhiin Ji Olta, Inc., and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_