



KIN DAH ŁICHÍ'Í ÓLTA'

HOME OF THE WOLVERINES

APPLICATION FOR EMPLOYMENT

Dear Applicant:

Thank you for your interest in Kin Dah Lichi'I Olta', Inc., (KDLO). Please submit the required documents listed below along with your completed employment application to the KDLO Human Resources Office. After screening, qualified applicants will be notified by the Personnel Technician as to whether or not you will be granted an interview. **Incomplete KDLO employment applications will not be considered for an interview. Absolutely no faxed or emailed documents will be accepted.**

Required Documents:

1. Completed Employment Application
2. Letter of Interest
3. Updated Resumé
4. Three Signed/Dated Letters of Recommendation prepared in the last six months
5. Unofficial Transcripts – if hired, official transcripts will be required within 30 days of employment.
6. Copy of High School Diploma/Degree(s)
7. Certificate of Indian Blood (CIB)
8. Current Arizona DPS Fingerprint Clearance Card
9. Lifetime Navajo Nation Background Check must be completed within two weeks of employment application. The completed background check must list KDLO or applicant as requester and employment as purpose.
10. Valid Driver's License with no major traffic violations
11. Any certificates, Teaching Certifications and/or licenses
12. Certified Five-Year Motor Vehicle Report

All documents must be submitted at one time prior to or on closing date. All applicants are subject to local, State, and Federal Law Enforcement background checks.

Should you have any questions, please call the telephone number listed below.

Sincerely,

Human Resources Office



Kin Dah Lichi'I Olta'

PO Box 800, Ganado, AZ 86505 · Telephone: (928)755-3430 · Fax: (928)755-3448

Website: <http://www.kindahlichii.org>

Application for Employment

Equal Opportunity Employer: Kin Dah Lichi'I Olta' is committed to a policy of non-discrimination relative to race, gender, age, religion, disability and national and/or ethnic backgrounds with the exception of the preference given to Indians under federal law, the preference given to Navajos under the Navajo Preference in Employment Act, as referenced and qualified in Title 10 of the Navajo Nation Code, and as Navajo and/or federal law may otherwise direct.

Background Investigation: The Crime Control Act of 1990, Public Law 101-647 (codified in 34 United States Code § 20351) and Public Law 101-630 (codified in 25 United States Code § 3207), requires a criminal history records check as a condition of employment for positions that involve regular contact or control over Indian children. ***This statement is notice that a criminal record check will be conducted as a condition of employment.***

Position(s) Applying For:		Today's Date
A.	B.	

PERSONAL DATA						
Full Name					Date of Birth	
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
Other Names Used – Maiden Name, from a former marriage, alias(s) or nickname(s).					Social Security Number	
Your Telephone Number		Alternate Telephone Number		Your Email Address		
Place of Birth					Gender	
City	County	State		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Do you have a valid Driver's License?						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	State:	Number:	<input type="checkbox"/> Operator (Class D)	<input type="checkbox"/> Commercial (Class B)	
If no, license is: <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Other						

CERTIFICATION			
Complete if applying for Administrative, Teaching or Substitute Teaching position.			
Type of Certificate	State	Endorsement	Expiration Date

INDIAN PREFERENCE
Navajo Preference in Employment Act: In accordance with the Navajo Preference in Employment Act, it is the policy of Kin Dah Lichi'I Olta' in all employment decisions, to give preference first to qualified Navajo persons, and secondly to qualifying spouses, and then to qualified Indians of a federally recognized tribe.

Tribal Affiliation: _____

Tribal Enrollment Number: _____

ADDITIONAL INFORMATION

Do you have the legal right to accept employment in the United States? Yes No

Do you have a physical condition that may limit your ability to perform the job for which you are applying? Yes No

If you answered yes, will you need reasonable accommodation to perform the essential functions of the job for which you are applying? Yes No

List any relative(s) currently employed by Kin Dah Lichi'l Olta'. If none, please indicate so by "none".

Name	Relationship	Department

EDUCATION AND PROFESSIONAL TRAINING

List all institutions you have attended and **provide transcripts for each institution listed**. Ensure information is accurate as it will be used to determine your qualifications for employment.

Mo/Yr Begin	Mo/Yr End	Name of School, Address, City, State, Zip Code	Degree, Diploma, Other	Mo/Yr Awarded	Major	Minor	GPA

EMPLOYMENT

List current and previous employers, beginning with the present and working back 5 years or 7 years if you have a moderate risk level position. **The period of employment must be accounted for without breaks.** For periods of unemployment, list dates and "unemployed" or "attending school", etc. **See résumé is not sufficient.**

Mo/Yr Begin	Mo/Yr End	Employer Name, Address, City, State, Zip Code	Supervisor's Name	Area Code Phone Number	Other Employer Reference	Area Code Phone Number
	Present					
Position Title		Starting Pay		Ending Pay		
For this employment, have/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, provide reason(s) and Month/Year of misconduct.						
Reason for Leaving:						

Mo/Yr Begin	Mo/Yr End	Employer Name, Address, City, State, Zip Code	Supervisor's Name	Area Code Phone Number	Other Employer Reference	Area Code Phone Number
Position Title			Starting Pay	Ending Pay		
For this employment, have/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, provide reason(s) and Month/Year of misconduct.						
Reason for Leaving:						

Mo/Yr Begin	Mo/Yr End	Employer Name, Address, City, State, Zip Code	Supervisor's Name	Area Code Phone Number	Other Employer Reference	Area Code Phone Number
Position Title			Starting Pay	Ending Pay		
For this employment, have/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, provide reason(s) and Month/Year of misconduct.						
Reason for Leaving:						

Mo/Yr Begin	Mo/Yr End	Employer Name, Address, City, State, Zip Code	Supervisor's Name	Area Code Phone Number	Other Employer Reference	Area Code Phone Number
Position Title			Starting Pay	Ending Pay		
For this employment, have/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, provide reason(s) and Month/Year of misconduct.						
Reason for Leaving:						

1. Have you ever been fired for any reason or non-renewed from any job by a previous employer? Yes No
2. Have you ever resigned or been asked to resign by a previous employer? Yes No
3. Have you ever left a job by mutual agreement because of specific problems? Yes No

If you answered "Yes" to any questions #1-#3, provide explanation of problem, reason for leaving, and the employer's name and address in box below.

PERSONAL REFERENCES

List 5 people who know you well. They should be good friends, peers, roommates, etc., who have known you for at least the last 5 years. **Do not list spouse, former spouses, relatives or anyone who is listed elsewhere on this application or provided a letter of recommendation.**

1) Name	Dates Known	Telephone Number	
	Mo/Yr To Mo/Yr	<input type="checkbox"/> Work ()	
		<input type="checkbox"/> Cell ()	
Home or Work Address	City	State	Zip Code

2) Name	Dates Known	Telephone Number	
	Mo/Yr To Mo/Yr	<input type="checkbox"/> Work ()	
		<input type="checkbox"/> Cell ()	
Home or Work Address	City	State	Zip Code

3) Name	Dates Known	Telephone Number	
	Mo/Yr To Mo/Yr	<input type="checkbox"/> Work ()	
		<input type="checkbox"/> Cell ()	
Home or Work Address	City	State	Zip Code

4) Name	Dates Known	Telephone Number	
	Mo/Yr To Mo/Yr	<input type="checkbox"/> Work ()	
		<input type="checkbox"/> Cell ()	
Home or Work Address	City	State	Zip Code

5) Name	Dates Known	Telephone Number	
	Mo/Yr To Mo/Yr	<input type="checkbox"/> Work ()	
		<input type="checkbox"/> Cell ()	
Home or Work Address	City	State	Zip Code

MILITARY HISTORY

- 4. Have you served in the United States Military? If yes, please provide a copy of your DD214. Yes No
- 5. Have you ever received other than an honorable discharge from the military? Yes No

If you answered "Yes" to question #5, provide the circumstances, date of discharge and type of discharge below.

--

BACKGROUND INFORMATION

Kin Dah Lichi'l Olta' has a responsibility to its school, children, and community. The following questions are required by federal law as noted on the first page of this application.

For purposes of this form, the term *conviction* or *convicted* means the final judgment on a verdict or a finding of guilty, plea of guilty or a nolo contendere in any court of jurisdiction in a criminal case. For the purpose of this form, you must answer "yes" to the questions even if an appeal is pending, or could be taken and if the conviction was subsequently dismissed, set aside, deferred, vacated or expunged.

RESIDENCE

List where you have lived, beginning with the most recent and working back five years or 7 years if you have a moderate risk level position. All periods in the last 5 years must be accounted for in your list. Include the month and the year in the dates for each residence listed. **Indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc.**

Mo./Yr to Present	Mo./Yr	Street Address	City	State	Zip Code
Mo./Yr to	Mo./Yr	Street Address	City	State	Zip Code
Mo./Yr to	Mo./Yr	Street Address	City	State	Zip Code
Mo./Yr to	Mo./Yr	Street Address	City	State	Zip Code
Mo./Yr to	Mo./Yr	Street Address	City	State	Zip Code

RESIDENCE IN AN INDIAN COMMUNITY

Do you live or have you lived on an Indian Reservation, Village, Pueblo, Rancheria, and/or Indian Community? Yes No
 If yes, list where you live or have lived, beginning with the most recent and working back five years or 7 years if you have a moderate risk level position. All periods in the last 5 years or 7 years must be accounted for in your list. Include the month and year in the dates for each residence listed. If no, leave blank.

Mo./Yr to Present	Mo./Yr	Street Address	City	State	Zip Code
Mo./Yr to	Mo./Yr	Street Address	City	State	Zip Code
Mo./Yr to	Mo./Yr	Street Address	City	State	Zip Code
Mo./Yr to	Mo./Yr	Street Address	City	State	Zip Code
Mo./Yr to	Mo./Yr	Street Address	City	State	Zip Code

6. In the last 5 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). *Leave out traffic fines of less than \$150.00.* Yes No
7. Have you been convicted by a military court-martial in the past 5 years? Yes No
8. Are you now under charges or awaiting trial for any violation of law? Yes No
9. Have you **ever** been arrested for or charged with a crime involving a child? Yes No
10. Have you **ever** been arrested for or charged with or convicted of a crime of violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, crimes against persons, or offenses committed against children? Yes No
11. Have you **ever** been arrested, found guilty of, or entered a plea of non-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 No
12. Have you ever been convicted of drugs or alcohol related offense? Yes No

If you answered "Yes" for any questions #6-#12, explain your answer(s) below and **provide court documentation** for the information submitted.

Type of Charge, Arrest or Conviction		Date of Charge	Date of Court Conviction
City	State	Amount of Fine	Length of Jail Term
Factual details or other remarks		Length and term of court outcome(s) (Probation, Parole, etc.)	

Type of Charge, Arrest or Conviction		Date of Charge	Date of Court Conviction
City	State	Amount of Fine	Length of Jail Term
Factual details or other remarks		Length and term of court outcome(s) (Probation, Parole, etc.)	

Type of Charge, Arrest or Conviction		Date of Charge	Date of Court Conviction
City	State	Amount of Fine	Length of Jail Term
Factual details or other remarks		Length and term of court outcome(s) (Probation, Parole, etc.)	

13. 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.), depressants (barbiturates, methaqualone, tranquilizers, etc.), amphetamines, hallucinogenics (LSD, PCP, etc.), or **illegally** used prescription drugs? Yes No

Use this space to provide explanations to any of the questions #6 to #13 you have answered "Yes" on this application.

Certification that My Answers are True

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any questions or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and maybe punishable by fine or imprisonment.

I certify that my responses to the above questions are made under 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 available to the Kin Dah Lichi'I Olta', Inc., and my rights to challenge the accuracy and completeness of any information contained in the report.

Signature of Applicant: _____

Date: _____

Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the **Kin Dah Lichi'I Olta', Inc.**, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians 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 by records custodians and sources of information is for official use only by **Kin Dah Lichi'I Olta', Inc.**, and only for the purposes of determining my suitability for employment with **Kin Dah Lichi'I Olta', Inc.**

I forever release, fully discharge, and agree to indemnify, defend and hold harmless **Kin Dah Lichi'I Olta', Inc.**, and their respective officers, employees, Board members, volunteers, representatives and agents 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 employer or educational institution, and any officer, 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.

Copies of this authorization that show my signature are valid as the original signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the **Kin Dah Lichi'I Olta', Inc.**, whichever is sooner.

Signature (sign in black ink)	Printed Name		Date Signed
Position for Which you are being Investigated			Primary Contact Number
Current Address	State	Zip Code	Secondary Contact Number

Applicant Screening Questionnaire
Indian Child Protection Requirements

Full Name: _____
(please print)

Social Security Number: _____

Position Title: _____

Today's Date: _____

Notification Requirements

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 34 United States Code § 20351), 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 even 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 address 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 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 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 address of the police department or court involved.]

No

I certify that my response to 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 available to Kin Dah Lichi'I Olta' and my rights to challenge the accuracy and completeness of any information contained in the report.

Employee/Applicant's Signature

Date