



**HOTEVILLA BACAVI COMMUNITY SCHOOL**  
P.O. Box 48, Hotevilla, Arizona 86030 Phone (928) 734-2462 Fax (928) 734-2225



## APPLICATION FOR EMPLOYMENT

Dear Applicant:

Thank you for expressing interest in employment at Hotevilla Bacavi Community School (HBCS). Please submit the required documents listed below along with your completed Employment Application to the HBCS Human Resource Office. Once your application is submitted it becomes the property of Hotevilla Bacavi Community School, and the retention of the application is not more than one year from the date submitted. Your application will be screened to determine if you meet the qualifications for the position you are applying for.

### **Required Documents:**

1. Complete Employment Application
2. 3-personal references
3. Copy of Certification i.e. Teaching, CDL, endorsements
4. Copy of unofficial Transcripts
5. Copy of Degree
6. Certificate of Indian Blood

\*Incomplete applications WILL NOT be accepted.

**If you are qualified and considered for the position you are subject to Local, State, and Federal Law Enforcement background checks. Upon hire, additional required documents will need to be submitted as follows:**

1. Arizona DPS Fingerprint Clearance Card (Certified)
2. Valid Driver's License
3. Social Security Card
4. CPR Certification
5. First Aid Certification

If you have any questions, please call the telephone number listed above.

Thank you,

Renee Ramirez  
Business Manager/HR

**HOTEVILLA BACAVI COMMUNITY SCHOOL**  
**P.O. Box 48, Hotevilla, Arizona 86030 (928) 734-2462 Phone (928) 734-2225 Fax**

**APPLICATION FOR EMPLOYMENT**

This application must be completed in full regardless of whether your resume' is attached. Applications will be retained for one year.

**Hopi Preference:** It is the policy of HBCS, in all employment decisions, to give preference first to qualified Hopi persons and secondly, to qualified Indians.

**Equal Opportunity Employer:** HBCS does not discriminate on the basis of age, race, color, religion, sex, material status, handicap/disability, or national origin.

**Notice to Applicant:** Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), Public Law 101-630 (codified in 25 United States Code § 3207) requires national criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian children. This statement is notice that a national criminal record check will be conducted as a condition of employment.

<b>Full Name</b>													
Last Name	First Name												
Middle Name													
Mailing Address													
<b>Position(s) Desired (indicate one or more)</b>	<b>Type of Endorsement (Circle endorsement if applying for teaching or administrative position)</b>												
a) _____ b) _____ c) _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Bilingual</td> <td style="width: 33%;">Gifted</td> <td style="width: 33%;">Reading</td> </tr> <tr> <td>Specialist</td> <td colspan="2">Library Media Specialist</td> </tr> <tr> <td colspan="3">Other: _____</td> </tr> <tr> <td colspan="3">_____</td> </tr> </table>	Bilingual	Gifted	Reading	Specialist	Library Media Specialist		Other: _____			_____		
Bilingual	Gifted	Reading											
Specialist	Library Media Specialist												
Other: _____													
_____													
<b>Type of Certification</b>	<b>Expires</b>												
Elementary Education certificate													
Special Education certificate													
Substitute certificate													
Principal certificate													
Other certifications:													
<b>Grade Level Preference (please circle one if applying for a teaching position)</b>													
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">Kindergarten</td> <td style="width: 10%;">1<sup>st</sup></td> <td style="width: 10%;">2<sup>nd</sup></td> <td style="width: 10%;">3<sup>rd</sup></td> <td style="width: 10%;">4<sup>th</sup></td> <td style="width: 10%;">5<sup>th</sup></td> <td style="width: 10%;">6<sup>th</sup></td> <td style="width: 10%;">7<sup>th</sup></td> <td style="width: 10%;">8<sup>th</sup></td> <td style="width: 10%;">No preference</td> </tr> </table>		Kindergarten	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	No preference		
Kindergarten	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	No preference				
<b>Additional Information</b>													
Do you have the legal right to accept employment in the United States? <b>YES NO</b>													
Do you have a physical condition which may limit your ability to perform the job for which you are applying? <b>YES NO</b>													
Will you travel if the job requires it? <b>YES NO</b>													
Will you work beyond your normal work hours? <b>YES NO</b>													
Are you able to meet the attendance requirements of the position? <b>YES NO</b>													
Date available for work: _____													

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Single  Married  Divorced  Widowed  Other \_\_\_\_\_

Maiden Name or Other Names Used: \_\_\_\_\_  
(Please list the year when each name changed.)

Mother's Maiden Name (For applicants who are living or have lived in Puerto Rico or Mexico) : \_\_\_\_\_

Applicant Phone Numbers: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Message): \_\_\_\_\_

Applicant email address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**GED:** Yes \_\_\_\_\_ No \_\_\_\_\_ Date received \_\_\_\_\_ Name and Address of Site: \_\_\_\_\_  
Name

City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Mo \_\_\_\_\_ Yr. \_\_\_\_\_ to Mo \_\_\_\_\_ Yr. \_\_\_\_\_  
**Name of High School**

\_\_\_\_\_ Diploma Received: Yes \_\_\_\_\_ No \_\_\_\_\_  
Street Address, City, State, Zip Code

Date of Graduation: Mo \_\_\_\_\_ Yr. \_\_\_\_\_

List last name(s) if different than above at time of high school attendance: \_\_\_\_\_

\_\_\_\_\_ Mo \_\_\_\_\_ Yr. \_\_\_\_\_ to Mo \_\_\_\_\_ Yr. \_\_\_\_\_  
**Name of College/University**

\_\_\_\_\_ Degree Received: Yes \_\_\_\_\_ No \_\_\_\_\_  
Street Address, City, State, Zip Code

Degree(s)/Major(s) \_\_\_\_\_ Date Degree Received \_\_\_\_\_

List last name(s) if different than above at time of college attendance: \_\_\_\_\_

**Type of Professional License/Certification** \_\_\_\_\_ State \_\_\_\_\_ Date Received \_\_\_\_\_

License/Certification # \_\_\_\_\_

Location where License/Certification was received. \_\_\_\_\_

<b>1. Full Name</b>				<b>2. Date of Birth</b>		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
<b>3. Other Names Used</b> – Maiden name, from a former marriage, alias(s), or nickname(s).				<b>4. Social Security Number</b>		
Name						
<b>5. Your Telephone No.</b>		<b>6. Alternate Telephone No.</b>		<b>7. Your Email Address</b>		
( )		( )				
<b>8. Place of Birth</b>					<b>9. Gender</b>	
City		County		State	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>10. Residence</b> – List where you have lived, beginning with the most recent and working back five (5) years. All periods in the last five (5) years must be accounted for in your list. <b>Include the month and the year in the dates for each residence listed.</b>						
Month/Year	Month/Year	Street Address		City	State	Zip code
1)	To PRESENT					
Month/Year	Month/Year	Street Address		City	State	Zip code
2)	To					
Month/Year	Month/Year	Street Address		City	State	Zip code
3)	To					
Month/Year	Month/Year	Street Address		City	State	Zip code
4)	To					
Month/Year	Month/Year	Street Address		City	State	Zip code
5)	To					
Month/Year	Month/Year	Street Address		City	State	Zip code
6)	To					
<b>11. Residence/Employment in an Indian Community</b> – List any Indian Reservation, Village, Pueblo, Rancheria, and/or Indian community in which you have <b>lived</b> or <b>worked</b> in the last five (5) years.						
<b>12. Education</b> – List the schools you have attended beginning with the most recent and working back five (5) years. Use item 25, if more space is needed.						
Month/Year	Month/Year	Name of School		Telephone No.	Major	Degree/Diploma/Other
1)	To					
Month/Year Awarded	Street Address and City of School			State	Zip Code	
Month/Year	Month/Year	Name of School		Telephone No.	Major	Degree/Diploma/Other
2)	To					
Month/Year Awarded	Street Address and City of School			State	Zip Code	
<b>13. Employment</b> - List your employment activities beginning with the present and working back five (5) years. The five (5) year period must be accounted for without breaks. For periods of unemployment, list dates and “unemployed” or “attending school.” <b>Include the month and the year in the dates for each employment activity listed.</b>						
Month/Year	Month/Year	Employer Name		Phone Number	Position Title	
1)	To					
Employer Street Address				City	State	Zip Code

Supervisor's Name		Telephone Number (    )	Other Employer Reference		Telephone Number (    )
Starting Salary or Per hour:			Ending Salary or Per hour:		
For this employment, in the last five (5) years have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the reason(s) for being warned, reprimanded, suspended or disciplined.					Date: (Month/Year)
Reason You Left					
Month/Year	Month/Year	Employer Name	Phone Number		Position Title
2)	To				
Employer Street Address			City	State	Zip Code
Supervisor's Name		Telephone Number (    )	Other Employer Reference		Telephone Number (    )
Starting Salary or Per hour:			Ending Salary or Per hour:		
For this employment, in the last five (5) years have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the reason(s) for being warned, reprimanded, suspended or disciplined.					Date: (Month/Year)
Reason You Left					
Month/Year	Month/Year	Employer Name	Phone Number		Position Title
3)	To				
Employer Street Address			City	State	Zip Code
Supervisor's Name		Telephone Number (    )	Other Employer Reference		Telephone Number (    )
Starting Salary or Per hour:			Ending Salary or Per hour:		
For this employment, in the last five (5) years have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the reason(s) for being warned, reprimanded, suspended or disciplined.					Date: (Month/Year)
Reason You Left					
Month/Year	Month/Year	Employer Name	Phone Number		Position Title
4)	To				
Employer Street Address			City	State	Zip Code
Starting Salary or Per hour:		Ending Salary or Per hour:			
Supervisor's Name		Telephone Number (    )	Other Employer Reference		Telephone Number (    )
For this employment, in the last five (5) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Continuation					
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
If yes, provide the reason(s) for being warned, reprimanded, suspended, or disciplined.					Date: (Month/Year)
Reason You Left					
Month/Year	Month/Year	Employer Name	Phone Number	Position Title	
5)	To				
Employer Street Address			City	State	Zip Code
Starting Salary or Per hour:			Ending Salary or Per hour:		
Supervisor's Name		Telephone Number ( )	Other Employer Reference		Telephone Number ( )
For this employment, in the last five (5) years have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the reason(s) for being warned, reprimanded, suspended, or disciplined.					Date: (Month/Year)
Reason You Left					
14. <b>Personal References</b> – List five (5) people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last five (5) years. Do not list relatives or anyone who is listed elsewhere on this questionnaire.					
1) Name		Dates Known Month/Year    Month/Year To		Telephone Number <input type="checkbox"/> Work ( ) <input type="checkbox"/> Cell ( ) <input type="checkbox"/> Home ( )	
Home or Work Address		City		State	Zip Code
2) Name		Dates Known Month/Year    Month/Year To		Telephone Number <input type="checkbox"/> Work ( ) <input type="checkbox"/> Cell ( ) <input type="checkbox"/> Home ( )	
Home or Work Address		City		State	Zip Code
3) Name		Dates Known Month/Year    Month/Year To		Telephone Number <input type="checkbox"/> Work ( ) <input type="checkbox"/> Cell ( ) <input type="checkbox"/> Home ( )	
Home or Work Address		City		State	Zip Code
4) Name		Dates Known Month/Year    Month/Year To		Telephone Number <input type="checkbox"/> Work ( ) <input type="checkbox"/> Cell ( ) <input type="checkbox"/> Home ( )	
Home or Work Address		City		State	Zip Code
5) Name		Dates Known Month/Year    Month/Year To		Telephone Number <input type="checkbox"/> Work ( ) <input type="checkbox"/> Cell ( ) <input type="checkbox"/> Home ( )	
Home or Work Address		City		State	Zip Code

### Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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**15. Professional References** – List five (5) people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last five (5) years. Do not list relatives or anyone who is listed elsewhere on this questionnaire.

1) Name	Dates Known Month/Year      Month/Year To	Telephone Number <input type="checkbox"/> Work ( ) <input type="checkbox"/> Cell ( ) <input type="checkbox"/> Home ( )	
Home or Work Address	City	State	Zip Code
2) Name	Dates Known Month/Year      Month/Year To	Telephone Number <input type="checkbox"/> Work ( ) <input type="checkbox"/> Cell ( ) <input type="checkbox"/> Home ( )	
Home or Work Address	City	State	Zip Code
3) Name	Dates Known Month/Year      Month/Year To	Telephone Number <input type="checkbox"/> Work ( ) <input type="checkbox"/> Cell ( ) <input type="checkbox"/> Home ( )	
Home or Work Address	City	State	Zip Code
4) Name	Dates Known Month/Year      Month/Year To	Telephone Number <input type="checkbox"/> Work ( ) <input type="checkbox"/> Cell ( ) <input type="checkbox"/> Home ( )	
Home or Work Address	City	State	Zip Code
5) Name	Dates Known Month/Year      Month/Year To	Telephone Number <input type="checkbox"/> Work ( ) <input type="checkbox"/> Cell ( ) <input type="checkbox"/> Home ( )	
Home or Work Address	City	State	Zip Code

### Military History

15. Have you served in the United States military? If "YES," please provide a copy of your DD214.	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

16. Have you <b>ever</b> received other than an honorable discharge from the military? If "YES," provide the circumstances, date of discharge and type of discharge below.	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Month/Year	Type of Discharge	Circumstances
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**Continuation**

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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**Background Information** – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this questionnaire.

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), Public Law 101-630 (codified in 25 United States Code § 3207) requires national criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian children. The following includes questions required by the above referenced citations:

17. In the last five (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)? (Leave out traffic fines of less than \$150.00.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.		

18. Have you been convicted by a military court-martial in the past five (5) years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," use item 22 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.		

19. Are you now under charges for any violation of law?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.		

20. Have you <b>ever</b> been arrested for or charged with a crime involving a child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," use item 22 to 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.		

21. Have you <b>ever</b> 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 <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," use item 22 to 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.		

22. If you have answered "YES" for any of the above questions in this section, explain your answer(s) below and provide court documentation for the information submitted.

Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State	Zip Code

23. During the last five (5) years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," use item 25 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.		

24. In the last five (5) years have you <b>illegally</b> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogens (LSD, PCP, etc.), or have you <b>illegally</b> used prescription drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," use item 25 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.		







## 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, motor vehicle records, and/or national criminal history record information.

I further authorize any investigator, or other duly accredited representative of the **Hotevilla Bacavi Community School** who is conducting my background investigation, to request national 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 by the **Hotevilla Bacavi Community School** only for the purpose of determining my suitability for employment with the **Hotevilla Bacavi Community School**.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the **Hotevilla Bacavi Community School** 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 national 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 as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the **Hotevilla Bacavi Community School**, 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 (    )	

**HOTEVILLA BACAVI COMMUNITY SCHOOL**  
Applicant Screening Questionnaire Indian Children Protection Requirements

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 childcare positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment.

Your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit:

- (1) traffic fines of \$300.00 or less,
- (2) any violation of law committed before your 16<sup>th</sup> birthday,
- (3) any violation of law committed before your 18<sup>th</sup> 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 or State law

**1. Have you ever been arrested for or charged with a crime involving a child?**  YES  NO

If “Yes”, use the additional space section at the end of this application to provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence and the name and address of the police department or court involved.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, 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, contract or prostitution, or crimes against persons?**  YES  NO

If “Yes”, use the additional space section at the end of this application to provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.

**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.)**  YES  NO

If “Yes”, use the additional space section at the end of this application to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

**4. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer “No”)**  YES  NO

If “Yes”, use the additional space section at the end of this application to provide the date, explanation of the violation, place of occurrence and the name and address of the police department or court involved.

**5. Are you under charges for any violation of the law?**  YES  NO

If “Yes”, use the additional space section at the end of this application to provide the date, explanation of the violation, place of occurrence and the name and address of the police department or court involved.

**6. During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal, State, or Tribal employment by such respective Agency and/or Tribe.**  YES  NO

If “Yes”, use the additional space section at the end of this application to provide the date, explanation of what occurred and reason for leaving and the employer’s name and address.



**I. Local Law Enforcement inquiry check**

THE PERSON IDENTIFIED BELOW IS EMPLOYED, BEING CONSIDERED FOR EMPLOYMENT, OR AS A VOLUNTEER. THE DUTIES AND RESPONSIBILITIES OF THIS POSITION ALLOW REGULAR CONTACT WITH OR CONTROL OVER INDIAN CHILDREN. TO BE IN FULL COMPLIANCE WITH APPLICLIABLE LAWS GOVERNING P.L. 100-297 GRANT SCHOOLS, WE ARE REQUESTING FOR BACKGROUND CHECKS. WE HAVE ON FILE, RELEASE OF INFORMATION FORMS TO CONDUCT A COMPLETE BACKGROUND INVESTIGATION. WE REQUEST RECORDS CHECK FOR THE PAST FIVE YEARS.

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Previous Names Used: \_\_\_\_\_ SSN#: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
-  
**OFFICIAL USE (DO NOT SIGN BELOW)**

DO YOUR RECORDS SHOW THE IDENTIFIED PERSON BEING ARRESTED OR CONVICTED OF ANY CRIMINAL OFFENSE AGAINST THE LAW, FORFEITED COLLATERAL, OR IS NOW UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAWS: (EXCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$100 OR LESS WAS IMPOSED, ANY OFFENSE COMMITTED BEFORE 18<sup>TH</sup> BIRTHDAY WHICH WAS ADJUDICATED IN A JUVENILE COURT OR ANY CONVICTION RECORD OF WHICH HAS BEEN EXPUNGED UNDER FEDERAL OR STATE LAWS).

- Yes
- No

**I. IF YOU ANSWER IS “YES”, PLEASE LIST EACH CHARGE BELOW**

DATE	AGE GIVEN	OFFENSE	DISPOSITION

RECORD CHECK CONDUCTED BY:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM TO THE ATTENTION OF HUMAN RESOURCES**