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. 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. Letter of Interest
3. Resume
4. Copy of Certification (i.e.Teaching, CDL, endorsements)
5. Copy of unofficial Transcripts
6. Copy of Degree
7. Certificate of Indian Blood

Applications without the required documents will be considered incomplete. **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.**

1. Arizona DPS Fingerprint Clearance Card (Certified, School Bus Drivers, Substitute)
2. Official Transcripts
3. Valid Driver's License
4. Social Security Card
5. CPR Certification
6. First Aid Certification

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

Thank you,

Human Resource Office

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 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 a 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.

Full Name			
Last Name	First Name	Middle Name	Jr., II, etc.
Mailing Address		City/State	Zip Code
Date of Birth (Month, Day, Year)		Social Security Number	Driver's License No.
Personal Email Address		Work Email Address	
Home Telephone No.	Cell/Mobile No.	Work/Alternative No.	

Other Names Used- Maiden name, from a former marriage, alias(s), or nickname(s). If you have responded "Yes" to having used other names, provide your other name(s) used and the reason why the name changed. ☐ Yes ☐ No

Name	Provide the reason(s) why the name change
Name	Provide the reason(s) why the name change

Position(s) Desired (indicate one or more)	**Type of Endorsement** (Check all that apply if applying for teaching or administrative position)
a)_____ b)_____ c)_____	☐Bilingual ☐Gifted ☐Reading Specialist ☐ Library Media Specialist ☐Other:_____

Type of Certification	**Expires**
Elementary Education certificate	
Special Education certificate	
Substitute certificate	
Principal certificate	
Other certifications:	

Grade Level Preference (please circle one if applying for a teaching position)

Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th No preference

Additional Information

Do you have the legal right to accept employment in the United States? ☐ **YES** ☐ **NO**
Do you have a physical condition which may limit your ability to perform the job for which you are applying? ☐ **YES** ☐ **NO**
Will you work beyond your normal work hours? ☐ **YES** ☐ **NO**
Are you able to meet the attendance requirements of the position? ☐ **YES** ☐ **NO**
Date available for work:_____

EDUCATION:

☐ **GED**: Yes_____ No_____ Date received _____

Name and Address of site: _____

List last name(s) if different than above at the time of attendance: _____

☐ _____ 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: _____

☐ _____ 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: _____

☐ _____ 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: _____

☐ _____ 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 _____

Employment - List your employment activities beginning with the present and working back five (5) years.
For periods of unemployment, list dates and "unemployed" or "attending school."
Include the month and the year in the dates for each employment activity listed.

Month/Year Month/Year 1) To	Employer Name	Phone Number	Position Title
Employer Address	City	State	Zip Code
Supervisor's Name	Title	Email	Telephone Number ( )
Starting Salary or Per hour:	Ending Salary or Per hour:		
Duties:			
Reason for leaving:			

Month/Year Month/Year 2) To	Employer Name	Phone Number	Position Title
Employer Address	City	State	Zip Code
Supervisor's Name	Title	Email	Telephone Number ( )
Starting Salary or Per hour:	Ending Salary or Per hour:		
Duties:			
Reason for leaving:			

Month/Year Month/Year 3) To	Employer Name	Phone Number	Position Title
Employer Address	City	State	Zip Code
Supervisor's Name	Title	Email	Telephone Number ( )
Starting Salary or Per hour:	Ending Salary or Per hour:		
Duties:			
Reason for leaving:			

Continuation Employment			
Month/Year Month/Year 4) To	Employer Name	Phone Number	Position Title

Employer Address	City	State	Zip Code

Supervisor's Name	Title	Email	Telephone Number ( )

Starting Salary or Per hour:	Ending Salary or Per hour:

Duties:

Reason for leaving:

Month/Year Month/Year 5) To	Employer Name	Phone Number	Position Title

Employer Address	City	State	Zip Code

Supervisor's Name	Title	Email	Telephone Number ( )

Starting Salary or Per hour:	Ending Salary or Per hour:

Duties:

Reason for leaving:

For any of the employment history listed above have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as violation of policy? ☐Yes ☐NO

If yes, provide the reason (s) for being warned, reprimanded, suspended or disciplined and date (month/year).

_____

_____

_____

For any of the employment history provided for the last 5 years you have been fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. ☐Yes ☐NO

If yes, provide the reason (s) and departure date (month/year):

_____

_____

_____

Residence – List where you have lived, beginning with the most recent and working back five (5) years.
Include the month and the year in the dates for each residence listed.

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				

Residence/Employment in an Indian Community – List any Indian Reservation, Village, Pueblo, Rancheria, and/or Indian community in which you have **lived** or **worked** in the last five (5) years.

References – List five (3) people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last five (3) years. Do not list relatives or anyone who is listed elsewhere on this questionnaire.

1) Name	Dates Known Month/Year To Month/Year	Telephone Number ☐ Work ( ) ☐ Cell ( ) ☐ Home ( )	
Home or Work Address	City	State	Zip Code
Provide relationship to you (Check all that apply): ☐Work Associate ☐ Friend ☐ Schoolmate ☐ Neighbor ☐ Other		☐ Professional ☐ Personal	

2) Name	Dates Known Month/Year To Month/Year	Telephone Number ☐ Work ( ) ☐ Cell ( ) ☐ Home ( )	
Home or Work Address	City	State	Zip Code
Provide relationship to you (Check all that apply): ☐Work Associate ☐ Friend ☐ Schoolmate ☐ Neighbor ☐ Other		☐ Professional ☐ Personal	

3) Name	Dates Known Month/Year To Month/Year	Telephone Number ☐ Work ( ) ☐ Cell ( ) ☐ Home ( )	
Home or Work Address	City	State	Zip Code
Provide relationship to you (Check all that apply): ☐Work Associate ☐ Friend ☐ Schoolmate ☐ Neighbor ☐ Other		☐ Professional ☐ Personal	

Military History

1.) Have you served in the United States military? If "YES," please provide a copy of your DD214.	☐Yes	☐ No
2.) Have you **ever** received other than an honorable discharge from the military? If "YES," provide the circumstances, date of discharge and type of discharge below.	☐Yes	☐ No

Month/Year	Type of Discharge	Circumstances

Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number

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 a 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:

3.) 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)? (include all qualifying charges, convictions or sentences in any federal, state, local, military, tribal, or non-U.S. court)(Leave out traffic fines of less than $150.00.) If "YES", use item 9 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	YES ☐	NO ☐
4.) Have you been convicted by a military court-martial in the past five (5) years? If "YES," use item 9 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.	YES ☐	NO ☐
5.) Are you now under charges o for any violation of law or awaiting a trial on criminal charges? If "YES," use item 9 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	YES ☐	NO ☐
6.) Have you **ever** been arrested for or charged with a crime involving a child or offenses committed against children? If "YES," use item 9 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.	YES ☐	NO ☐
7.) 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? If "YES," use item 9 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.	YES ☐	NO ☐
8.) Have you **ever** been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any felonies 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; or crimes against a person? *QUESTION REQUIRED BY 25 UNITED STATES CODE § 3207*	YES ☐	NO ☐

9.) 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.

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

10.). 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? If "YES," use item 25 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.	YES ☐	NO ☐

11.) In the last five (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.), hallucinogens (LSD, PCP, etc.), or have you **illegally** used prescription drugs? If "YES," use item 12 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.	YES ☐	NO ☐
12.) Use this space to provide explanations to any of the above questions you have answered "YES" on this questionnaire or for which you need more space.		

It is noted, with reference to this questionnaire, that neither your truthful responses nor information derived from your responses to this questionnaire will be used as evidence against you in a subsequent criminal proceeding.

Certification that My Answers are True

My statements on this questionnaire, 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 question or item on any part of this questionnaire or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. _____

Applicant's Initials Date

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 national 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 **Hotevilla Bacavi Community School** and my rights to challenge the accuracy and completeness of any information contained in the report.

_____

Applicant's Signature Printed Name Date

ADDITIONAL SPACE

(Use Separate Sheet for additional information, if necessary)

_____

_____

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APPLICANT/EMPLOYEE CERTIFICATION

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

_____ _____

Signature of Applicant/Employee Date

Authorization for Release of Information

I authorize any investigator, special agent, or other duly accredited representative of the agency conducting my background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a designated childcare position, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, consumer reporting agencies, or other sources of information. This information may include, but is not limited to current and historic, academic, residential, achievement, performance, attendance, disciplinary, employment, motor vehicle records, national criminal history record information and publicly available social media information. I authorized **Hotevilla Bacavi Community School** and/or Personnel Security Consultants, Inc. who is conducting my investigation, reinvestigation for the purpose of making a determination of suitability.

I understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is access on-line to the public, is available to the public by subscription or purchase, or is lawfully accessible to the public. I further understand that the authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I authorize the Social Security Administration (SSA) to verify my social security number to match my name, social security number (to match my name, social security number and date of birth with information in SSA records and provide the results of the match) to **Hotevilla Bacavi Community School** and/or Personnel Security Consultants, Inc., in the event of a discrepancy.

I understand that, for former employers, motor vehicle departments, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I further authorize any investigator, special agents or other duly accredited representative of the **Hotevilla Bacavi Community School** and/or Personnel Security Consutants, Inc., 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** and/or Personnel Security Consultants, Inc., 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.

<table>
<tr><td>Signature (sign in black ink)</td><td colspan="3">Full name (Type or print legibly)</td><td>Date (mm/dd/yyy)</td></tr>
<tr><td colspan="3">Position For Which You Are Being Investigated</td><td colspan="2">Primary Contact Number</td></tr>
<tr><td>Current Address</td><td>State</td><td>Zip Code</td><td colspan="2">Secondary Contact Number
( )</td></tr>
</table>

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 child care 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 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 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 a 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.

Supplemental Questionnaire
for positions having regular contact with children

Full Name: _____ Social Security Number: _____
(please print)

Position Title: _____ today's Date: _____

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 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 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 the Hotevilla Bacavi Community School and my rights to challenge the accuracy and completeness of any information contained in the report.

_____
Employee/Applicant's Signature Date

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 18TH 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