



SECOND MESA DAY SCHOOL

Paulesha Sewemaenewa, *Board President*
Jasmine Dashee, *Board Member*
Lynette Shupla, *Board Member*
Kimberly K. Thomas, *Chief School Administrator*

SCHOOL YEAR 2024-2025

Dear Applicant,

Thanks for your interest in employment with Second Mesa Day School. Please complete the application and attach the required documentation listed below to begin the screening process. Please submit the following listed below:

1. Completed & Signed SMDS Employment Application
2. Letter of Interest
3. Resume
4. Three (3) Letters of Recommendation (*Current-within past 3 months*)
5. Copy of Valid State Driver License
6. Copy of Certificate of Indian Blood (*Pursuant to Hopi/Indian Preference Policy*)
7. Copy of HS Diploma/GED Certificate/College Degree
8. Unofficial College Institution Transcripts: (*Official Transcripts will be required upon hiring*)
9. Copy of Valid ADE Teaching Certificate (*for Certified Positions*)
10. Copy of AZ DPS Fingerprint Clearance Card (*for Certified Positions*)

Once your application is received, HR will complete a qualification assessment to determine if you meet the qualifications for the position you are applying for. ***Incomplete applications*** will be accepted, however will not be reviewed until the required documents are submitted.

This application becomes the property of Second Mesa Day School, and the retention of application is no more than six months from the date submitted.

The school requires and is subject to have all applicants complete and pass a criminal background check and character investigation upon prior to hire which includes a favorable state, federal, and local Tribal background check. Upon being selected, you will need to complete the Initial Background Check Packet within 3 business days.

Second Mesa Day School ensures to meeting the federal requirements under the ***25 CFR Part 63, Public Law 101-630, Public Law 101-647***, and various other regulatory requirements, in determining suitability for employment and efficiency of service.

If you should have any questions or concerns, please feel free to contact Human Resources by phone, email or stop by SMDS HR Dept.

Sincerely,

Dakota Francis,
Human Resources/Payroll Manager

HUMAN RESOURCES DEPARTMENT

Post Office Box 98 | Second Mesa, Arizona 86043
Direct Number: (928) 737-2571 | Fax Number: (928) 737-2565
Website: www.secondmesadayschool.com



SECOND MESA DAY SCHOOL
 P.O. BOX 98 | SECOND MESA, ARIZONA 86043
 PHONE: (928) 737-2571 | FAX: (928) 737-2565
 P.L. 101-297 GRANT SCHOOL

For SMDS Use Only:
 Received Stamp including
 Date/Time/Initial

EMPLOYMENT APPLICATION

Second Mesa Day School does not discriminate against any individual on the basis of race, color, ethnicity, national origin, religion, sex or gender, sexual orientation, disability, age, or marital status.

Notice to Applicant:

The Crime Control Act of 1990, Public 101-647 (codified in 42 United States Code § 13041), requires that all employment have applicants sign a receipt of notice that a national criminal record check will be conducted of employment.

The school requires and is subject to have all applicants complete and pass a criminal background check and character investigation upon prior to hire which includes a favorable state, federal, and local Tribal background check.

REQUIRED DOCUMENTS:	CERTIFIED POSITIONS ONLY:
<input type="checkbox"/> Completed & Signed SMDS Employment Application	<input type="checkbox"/> Copy of Valid ADE Teaching Certificate
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Copy of AZ DPS Fingerprint Clearance Card
<input type="checkbox"/> Three (3) Letters of Recommendation <i>(Current-within past 3 months)</i>	<input type="checkbox"/> Unofficial College Institution Transcripts <i>(Official Transcripts will be required upon hiring)</i>
<input type="checkbox"/> Copy of Valid State Driver License	CLASSIFIED POSITIONS ONLY:
<input type="checkbox"/> Copy of Certificate of Indian Blood <i>(Pursuant to Hopi/Indian Preference Policy)</i>	<input type="checkbox"/> Unofficial College Institution Transcripts <i>(Official Transcripts will be required upon hiring)</i> For required positions only.
<input type="checkbox"/> Resume	<input type="checkbox"/> Copy of HS Diploma/GED Certificate

TO BE CONSIDERED: All required documents must be attached upon submittal by the closing date of each vacancy applying. Incomplete applications will be accepted, however will not be reviewed until the required documents are submitted.

SECTION A: EMPLOYMENT

Position Desired (Please be specific):

How did you learn/hear about this position?

- Newspaper advertisement
 Public posting of vacancy
 Internet posting
 Referral by friend / relative
 Other

SECTION B: APPLICANT INFORMATION

Name (Last, First, Middle):			
Other names used/AKA for alias:			
Mailing Address: (P.O. Box Number)		City:	
State:		Zip Code:	
Do you have a valid Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, license is:</i> <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Other: _____	

Driver's License Number:		State:		Expiration Date:	
Social Security Number:		Date of Birth:		Census #:	
E-Mail Address: (This will be our primary contact to notify you)					
Phone Number:		Mobile Number:		Alternate Number:	

SECTION C: RESIDENCY HISTORY

List each CITY, STATE, and ZIP CODE (if known) where you have lived during the PAST FIVE YEARS:

List the places where you have lived beginning with your present address and working back (5) years. Residence for the entire period must be accounted for without breaks. Indicate the physical address location of your residence, and Post Office box or mailing address, if applicable. If you split your time between one or more residences during the time period, **your must list all residences**. Do not list residence before your 18th birthday unless to provide a minimum of (2) years residence history. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

Enter Residence Information

# 1 <input type="checkbox"/>	From Date (MM/YY)	To Date (MM/YY)	Is this Residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other		
	Street/Residential Address:		City	State	Zip Code
Mailing Address:		City	State	Zip Code	County
IS this residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					
If "YES," provide location (Community, State)					
# 2 <input type="checkbox"/>	From Date (MM/YY)	To Date (MM/YY)	Is this Residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other		
	Street/Residential Address:		City	State	Zip Code
Mailing Address:		City	State	Zip Code	County
IS this residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					
If "YES," provide location (Community, State)					
# 3 <input type="checkbox"/>	From Date (MM/YY)	To Date (MM/YY)	Is this Residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other		
	Street/Residential Address:		City	State	Zip Code
Mailing Address:		City	State	Zip Code	County
IS this residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					
If "YES," provide location (Community, State)					
# 4 <input type="checkbox"/>	From Date (MM/YY)	To Date (MM/YY)	Is this Residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other		
	Street/Residential Address:		City	State	Zip Code
Mailing Address:		City	State	Zip Code	County
IS this residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					
If "YES," provide location (Community, State)					

SECTION D: HOPI/INDIAN PREFERENCE

In accordance with Hopi Preference in Employment Act – to be eligible and qualified applicant, you must attach a copy of your Certificate of Indian Blood (CIB).

Do you claim Indian Preference? Yes No

If yes, please indicate Tribal affiliation		Tribal Census/Roll #	
--------------------------------------------	--	----------------------	--

SECTION E: MILITARY SERVICES (Attach your DD-214)

Branch of Service	Period of Active Duty (Month/Year)	Rank of Discharge	Date of Final Discharge
	From:		

SECTION F: EDUCATIONAL BACKGROUND

Note: Attach copy of your high school diploma or equivalent. Official transcripts are required.

Name HS/College/Univ. Schools Attended Street Address (include city, state, & zip code)	Online DL	Dates From To	Credits Earned	Major	Minor	Diploma or GED	Month/ Year of Degree
#1	<input type="checkbox"/>						
Phone #	<input type="checkbox"/>						
When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, list (Include Community, State)							
#2	<input type="checkbox"/>						
Phone #	<input type="checkbox"/>						
When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, list (Include Community, State)							
#3	<input type="checkbox"/>						
Phone #	<input type="checkbox"/>						
When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, list (Include Community, State)							
#4	<input type="checkbox"/>						
Phone #	<input type="checkbox"/>						
When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, list (Include Community, State)							

SECTION G: OTHER VOCATIONAL OR BUSINESS SCHOOLS

Name Vocational/Business Schools Attended Street Address (include city, state, & zip code)	Online DL	Dates From To	Hours Earned	Major	Minor	Certificate (Yes or No)	Month/ Year of Graduate
#1	<input type="checkbox"/>						
Phone #	<input type="checkbox"/>						
When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, list (Include Community, State)							
#2	<input type="checkbox"/>						

Phone #	<input type="checkbox"/>							
When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If Yes, list (Include Community, State)								
SPECIAL QUALIFICATIONS AND SKILLS (<i>License, Public Speaking, Professional Societies, Awards/Fellowships, etc.</i>)								

SECTION H: TYPE OF CERTIFICATE

(complete if applying for teaching or administrative position)

CERTIFICATE	State	Endorsement	Expiration Date
Principal			
Elementary 1-8			
Special Education PreK-12			
Early Childhood, birth to age 8			
Native American Language PreK-12		Language: _____	
Guidance Counselor PreK-12			
Substitute Teacher			
SEI / Bilingual / ESL			

A. GRADE LEVEL PREFERENCE

Pre-K
 K
 1st
 2nd
 3rd
 4th
 5th
 6th
 7th
 8th
 Sped Ed
 Other: _____

SECTION I: PERSONAL REFERENCES

Provide FOUR people who know you well and live in the U.S. They should be good friends, peers, colleagues, roommates, associates, etc. and who are aware of your activities outside of the workplace, school, and whose combined association with you covers at least the last 5 years. DO NOT Provide anyone listed elsewhere on this form or close relatives.

Entry #1	Last name	First Name	Middle Name
Provide Dates Known: From Date (Month/Year) <input type="checkbox"/> Est. From Date (Month/Year) <input type="checkbox"/> Est.		Provide Relationship to you (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Work Associate <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Other _____	
Provide the following contact information for this person:			
Home Telephone #	Cell/Mobile phone #	Cell/Mobile phone #	Work Phone #
Email Address:			<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number).		City/State	Zip Code:

Entry #2	Last name	First Name	Middle Name
Provide Dates Known: From Date (Month/Year) <input type="checkbox"/> Est. From Date (Month/Year) <input type="checkbox"/> Est.		Provide Relationship to you (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Work Associate <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Other _____	
Provide the following contact information for this person:			
Home Telephone #	Cell/Mobile phone #	Cell/Mobile phone #	Work Phone #
Email Address:			<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number).		City/State	Zip Code:

Entry #3	Last name	First Name	Middle Name
Provide Dates Known: From Date (Month/Year) <input type="checkbox"/> Est.		Provide Relationship to you (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Work Associate <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Other _____	
<i>Provide the following contact information for this person:</i>			
Home Telephone #	Cell/Mobile phone #	Cell/Mobile phone #	Work Phone #
Email Address:			<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number).		City/State	Zip Code:
Entry #4	Last name	First Name	Middle Name
Provide Dates Known: From Date (Month/Year) <input type="checkbox"/> Est.		Provide Relationship to you (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Work Associate <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Other _____	
<i>Provide the following contact information for this person:</i>			
Home Telephone #	Cell/Mobile phone #	Cell/Mobile phone #	Work Phone #
Email Address:			<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number).		City/State	Zip Code:

Continuation Space - Use this space below (or separate blank sheets) to continue answers. If using a separate blank sheet(s) include your name and last four numbers of your social security number at the top of each blank sheet. Before each answer, identify the number of the question/item. To ensure clarity, maintain sequential order of questions and question format.

SECTION J: EMPLOYMENT HISTORY

(Do not indicate "See Resume." Begin with current or most recent position, minimum of five (5) years of employment history)

Provide the following information for your past and current employers, assignments, internships, or volunteer activities, beginning with the most recent/current employer. Make additional copies of the sheet, if necessary. Employer information must be accurate and complete, such as address, phone number and dates of employment.

MAY WE CONTACT YOUR CURRENT EMPLOYERS? YES NO *If no, why not?*

EXPLAIN ANY GAPS IN EMPLOYMENT:

Present or Last Employer:		Telephone:	
Address:		FROM: Month	Year:
Job Title:		TO: Month	Year:
Salary: \$		Reason for Leaving:	
Supervisor's Name & Title:		Duties:	
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If Yes, list (Include Community, State)			
Present or Last Employer:		Telephone:	
Address:		FROM: Month	Year:
Job Title:	Salary: \$	TO: Month	Year:
Supervisor's Name & Title:		Reason for Leaving:	
Duties:			
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, list (Include Community, State)			
Present or Last Employer:		Telephone:	
Address:		FROM: Month	Year:
Job Title:	Salary: \$	TO: Month	Year:
Supervisor's Name & Title:		Reason for Leaving:	
Duties:			
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, list (Include Community, State)			
Present or Last Employer:		Telephone:	
Address:		FROM: Month	Year:
Job Title:	Salary: \$	TO: Month	Year:
Supervisor's Name & Title:		Reason for Leaving:	
Duties:			
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, list (Include Community, State)			
Present or Last Employer:		Telephone:	
Address:		FROM: Month	Year:
Job Title:	Salary: \$	TO: Month	Year:
Supervisor's Name & Title:		Reason for Leaving:	
Duties:			
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, list (Include Community, State)			
Present or Last Employer:		Telephone:	
Address:		FROM: Month	Year:
Job Title:	Salary: \$	TO: Month	Year:
Supervisor's Name & Title:		Reason for Leaving:	
Duties:			
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, list (Include Community, State)			

Present or Last Employer:		Telephone:	
Address:		FROM: Month	Year:
Job Title:	Salary: \$	TO: Month	Year:
Supervisor's Name & Title:		Reason for Leaving:	
Duties:			
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, list (Include Community, State)			

SECTION K: BACKGROUND CHECK QUESTIONNAIRES

<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	1. Have you previously been employed by Second Mesa Day School ? If YES, When?
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	2. Do you have relatives employed at Second Mesa Day School ? Or is a School Board Member ? (Relative: any person or persons related by consanguinity (blood) or affinity (marriage; i.e., in-laws, step and half relatives) within the third degree (uncles, aunts, nephews, nieces, great-grandparents & closer relations) & relatives. Relatives are defined as immediate family members, include spouse, parent, son or daughter, son- or daughter in-law, parent in-law, maternal & paternal grandparent, brother or sister, brother- or sister in-law, & grandchild. A parent is defined as a natural parent, stepparent, or adoptive parent. A child is defined as a natural child, adoptive child, legal guardian, foster child or stepchild. This policy also applies to individual and, their relatives and children, who are not legally related but who reside with another employee). If YES, Whom and Relationship?
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	3. Do you have a physical condition that may limit your ability to perform the job for which you are applying? If YES, will you need reasonable accommodation to perform the essential function of the job for which you are applying?
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	4. During the last five (5) year, have you been fired from any job for any reason, did quit after being told you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal Employment? If "YES," provide the date, explanation of the problem, reason for leaving, and the employer's name, address, telephone number.
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	5. Have you been convicted of any misdemeanors in any Court involving crime on Deceit, Untruthfulness, Dishonesty, including but not limited to Extortion, Embezzlement, Bribery, Perjury, Misuse of Funds and Property Distribution of Marijuana, Narcotic or Dangerous Drugs, Contributing to the Delinquency of a Minor, Commercial Sexual Exploitation, or Child/Sexual Abuse, or Sexual Harassment, or found liable in any Civil Action regarding the misdemeanor? If "YES," provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	6. Have you ever been arrested for or charged with a crime involving a child? Reference: Section 231(d) of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041). If "YES," provide the date, explanation of violation, place of occurrence, disposition of the arrest(s) or charge(s), and the name and address of the police department or court involved.
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	7. Are you now under any charges for any violation of the law? If "YES," provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.

<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	8. During 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 felonies, firearms, or explosives violations, misdemeanors and all other offenses. All offenses where you have been found guilty, pled guilty or nolo contendere (no contest). <i>If "YES," provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	9. Have you ever been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? <i>Reference: 25 CFR 63.15(a)</i> <i>If "YES," provide the date, explanation of violation, place of occurrence, disposition of the arrest(s) or charge(s), and the name and address of the police department or court involved.</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	10. Have you ever been convicted of a Felony? <i>If "YES," provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	11. Have you been convicted by a military court-martial in the past 5 years? (If no military service, answer "NO.") <i>If "YES," provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	12. During the last 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? <i>If "YES," provide the dates, charge, and an explanation of the problem, reason for leaving, and the employer's name and address.</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES," provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	14. In the last 5 years , have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.), or illegally used prescription drugs? <i>If "YES," 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.</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	15. In the last 5 years , have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another? <i>If "YES," provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.</i>

Continuation Space - Use this space below (or separate blank sheets) to continue answers. If using a separate blank sheet(s) include your name and last four numbers of your social security number at the top of each blank sheet. Before each answer, identify the number of the question/item. To ensure clarity, maintain sequential order of questions and question format.

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. **After completion of this form and any attachments you have provided, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).**

APPLICANTS CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, all of the information on and attached to this application for employment, including any attached materials (resume, transcripts, and certifications) and all required documents, are true, correct, and made in good faith. **I have** carefully read the foregoing instructions to complete this form. My signature below **authorizes Second Mesa Day School** to contact any of my prior employers for reference purposes.

I understand that I may be subject to a background check, and **hereby authorize Second Mesa Day School** to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. Additionally, you are **hereby authorized** to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of their choice. I authorize the release of this information by the appropriate agencies to the investigating service.

I understand that a false or fraudulent answer to any question or item on any part of this application, or any misrepresentation or omission, or information offered during any interviews, or in this application packet can be justification for refusal of employment, or if employed, may be sufficient cause for rejection of hiring or dismissal after employment offer, and/or even after I begin work. **I agree** to all State, Federal, and Tribal Investigations of my personal background and the contents of this application for employment.

I certify that my responses 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.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p><i>Signature of Applicant</i></p>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p><i>Date</i></p>
----------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------



Second Mesa Day School
Applicant Screening Questionnaire
Indian Children Protection Requirements

Name: _____

Date: _____

Position Title: _____

Social Security #: _____

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 applicant 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 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 certified 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 Second Mesa Day School and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature: _____

Date: _____



**SECOND MESA DAY SCHOOL
CONSENT AND WAIVER TO CONDUCT BACKGROUND CHECKS**

I, _____, DOB _____, SSN _____,

[Printed Name of Potential Employee]

residing at _____ have applied for employment with the Second Mesa Day School (hereinafter School). As indicated by my signature below I understand that the School will conduct a background check of me through any or all of the following:

1. Bureau of Indian Affairs;
2. The United States of America and any of its branches, agencies or departments;
3. The State of Arizona and any of its subdivisions, branches, agencies or departments;
4. The Hopi Tribe and any of its subdivisions, branches, agencies or departments; and
5. Any private entity retained by the School to conduct such background checks.

I understand that the School will conduct these background checks to determine my criminal history, if any, and any other factors that may be relevant to my fitness for employment with the School.

As evidenced by my signature below I consent to any or all of the above noted entities providing all requested information and hereby waive and forever surrender any objection or claim I may have or acquire relative to the background checks or those providing information pursuant to the School's request. I further agree and direct that a copy of this request shall have the same force and effect as an original.

This consent is limited to requests for background information from Second Mesa Day School and its authorized agents from _____ to _____.

[Month, Day, Year] *[Month, Day, Year]*

Applicant Signature

Date

AUTHORIZATION AND RELEASE

Second Mesa Day School ("SMD") has informed me that SMD may obtain a "consumer report" or "investigative consumer report" pertaining to me, in connection with the evaluation of my qualifications for employment, promotion, reassignment, or retention as an employee, volunteer or contractor of SMD's. SMD has also informed me of the following: (1) that a "consumer report" consists of any written, oral, or other communication of information by a consumer reporting agency bearing on a person's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living; (2) that an "investigative consumer report" is a consumer report or portion thereof in which information on a person's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the person reported on, or through personal interviews with others with whom he/she is acquainted or who may have knowledge concerning such items of information; (3) that SMD will be utilizing Corporate Investigations, Inc. ("CII") (2275 Swallow Hill Road, Suite 500, Pittsburgh, Pa 15220, 1-800-600-0244, <http://ciilink.com>), a consumer reporting agency, to assist in conducting an investigative consumer report pertaining to me; (4) that, in conducting their investigation, SMD and CII may contact my neighbors, friends, associates, and other people who may have knowledge of my personal, employment, or educational background; and (5) that SMD and CII may obtain information concerning, among other things, my character, general reputation, personal characteristics, mode of living, diplomas, degrees, licenses, transcripts, credit history, driving record, employment eligibility (E-Verify), employment history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, bankruptcy information, and worker's compensation history.

I hereby authorize SMD to procure, and CII to prepare, a consumer report and/or investigative consumer report pertaining to me. I further authorize SMD and CII to conduct an investigation into my personal, employment, and educational background for purposes of the preparation of such reports.

I further authorize SMD and CII, in conducting their investigation, to contact my neighbors, friends, associates, and other people who may have knowledge of my personal, employment, or educational background, and for SMD and CII to obtain information concerning, among other things, my character, general reputation, personal characteristics, mode of living, diplomas, degrees, licenses, transcripts, credit history, driving record, employment eligibility (E-Verify), worker's compensation history, employment history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, bankruptcy information, and worker's compensation history. I further authorize CII to provide SMD with the information that CII obtains pursuant to its investigation.

In authorizing this investigation, I will voluntarily provide the supplemental data requested on the attached Supplemental Data Form, to ensure that any records which are located which may refer to a person with a name that is identical or similar to mine are properly determined as referring to, or not referring to, me. I understand that I do not have to provide the supplemental data, and that if I do it will be used only in connection with this investigation. Additionally, I certify that I, the undersigned applicant, have personally completed the Supplemental Data Form and any supporting documents required to conduct my background check.

I hereby release SMD, CII, and any persons providing information to SMD or CII from any and all liability that may arise in connection with the above-described background investigation.

If I am hired as an employee or retained as a volunteer or contractor, this authorization will remain on file and shall serve as an ongoing authorization for SMD to obtain consumer reports and investigative consumer reports at any time during my employment or contractual or volunteer relationship with SMD.

I further agree that copies of this Authorization and Release that show my signature are as valid as the original Authorization and Release that I have signed.

Before signing this Authorization and Release, I have had the opportunity to review this document with anyone of my choosing, including an attorney.

Print Name _____ Social Security Number _____

Sign Name _____ Date _____

STATE SPECIFIC NOTICES

If you live or work in any of the states listed below, please note the following:

CALIFORNIA: Applicants residing in California acknowledge receipt of the Notice Regarding Background Investigation Pursuant to California Law. If requested by the Employer, California applicants also acknowledge that the Employer will obtain a consumer credit report from TransUnion through CII and have been advised regarding the specific basis for which the consumer credit report is required.

Additionally, under Section 1786.22 of the California Civil Code, you may view the file maintained on you by Corporate Investigations, Inc. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication Services, by appearing at Corporate Investigations, Inc. in person or by mail. You may also receive a summary of the file by telephone. CII is required to have personnel available to explain your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

MAINE: Upon request you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You will be provided a copy of your rights under the Maine Fair Credit Reporting Act.

MASSACHUSETTS: If you contact the Employer's Human Resources department, you have the right to know whether the Employer ordered an investigative consumer report about you. You also have the right to ask the CRA for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the CRA for a complete and accurate disclosure of the nature and scope of any consumer report the Employer ordered about you. The CRA must provide you with this disclosure within five (5) business days after its receipt of your request or the report was requested by the Employer, whichever date is later.

NEW YORK: Applicants seeking employment in the state of New York acknowledge receipt of a copy of article 23-A of New York Correction law.

You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the CRA identified below.

Corporate Investigations, Inc.
2275 Swallow Hill Road, Building 500
Pittsburgh, PA 15220
Telephone: 800-600-0244
Facsimile: 800-891-1399 <http://cillink.com>

WASHINGTON STATE: If you submit a written request to the Employer's Human Resources department, you have the right to a complete and accurate disclosure of the nature and scope of any investigative consumer report the Employer ordered about you. You are entitled to this disclosure within five business days after the date your request is received or the Employer ordered the report, whichever is later. You also have the right to request a written summary of your rights under the Washington Fair Credit Reporting Act.

California, Massachusetts, Minnesota, New Jersey and Oklahoma Residents only: Please check this box if you would like to receive a copy of a consumer report or investigative consumer report at no charge whenever you have a right to receive such a copy, if one is obtained by the Employer. The report will be provided to you within three (3) business days after the report is provided to the Employer.

I hereby acknowledge that I have received and read the additional state specific notices:

Print Name

Sign Name

Date