



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

APPLICATION CONSULTANT/VOLUNTEER

Dear Applicant:

Thank you for expressing interest at Hotevilla Bacavi Community School (HBCS). Please submit the required documents listed below along with your completed Application to the HBCS Human Resource Office.

Required Documents:

1. Complete Employment Application
2. Copy of Certification (If applicable to position)
3. Local Background check will need to be submit if reside off the Hopi Reservation. (This can be obtained at your Local City Court House or Police Department. Must request 10 years.

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

Thank you,

Human Resource Office

HOTEVILLA BACAVI COMMUNITY SCHOOL

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CONSULTANT/VOLUNTEER APPLICATION

This application must be completed in full. 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 Hired for:			
☐ Type of Professional License/Certification _____ State _____ Date Received _____ License/Certification # _____ Location where License/Certification was received _____			

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			

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:	Email:	
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:	Email:	
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:	Email:	
Home or Work Address, City, State, Zip Code		
Provide relationship to you (Check all that apply):		
☐ Work Associate	☐ Friend	☐ Schoolmate
☐ Neighbor	☐ Other	☐ Professional
☐ Personal		

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 attachment 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:

1.) 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.)	YES ☐	NO ☐
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.		
2.) Have you been convicted by a military court-martial in the past five (5) years?	YES ☐	NO ☐
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.		
3.) Are you now under charges for any violation of law or awaiting a trial on criminal charges?	YES ☐	NO ☐
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.		

4.) Have you <u>EVER</u> been arrested for or charged with a crime involving a child or offenses committed against children?						YES ☐	NO ☐
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.							
5.) Have you <u>EVER</u> been arrested or convicted of a crime involving: • a child; • violence (including but not limited to domestic violence, assault, battery, manslaughter, murder, robbery, etc.); • sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution; • crimes against persons (including but not limited to domestic violence, assault, battery, harassment, etc.);						YES ☐	NO ☐
If "YES," use item 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.							
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	
8.). 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 ☐	NO ☐
If "YES," use item to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.							
9.) In the last five (5) years have you <u>illegally</u> 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 <u>illegally</u> used prescription drugs?						YES ☐	NO ☐
If "YES," use item 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.							
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.		
Printed Name Date		

ADDITIONAL SPACE
(Use Separate Sheet for additional information, if necessary)

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 Consultants, 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.

Signature (sign in black ink)	Full name (Type or print legibly)			Date (mm/dd/yyyy)
Position For Which You Are Being Investigated				Primary Contact Number
Current Address	State	Zip Code	Secondary Contact Number ()	



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 APPLICABLE 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