



# MOENCOPI DAY SCHOOL

POST OFFICE BOX 185  
TUBA CITY, ARIZONA 86045



Phone: (928) 283-5361 x: 1024/1021 Fax: (928) 283-4662

WEBSITE: [HTTP://WWW.MOENCOPIDAYSCHOOL.ORG](http://www.moencopidayschool.org)

Apply: [APPLY@MOENCOPI.K12.AZ.US](mailto:APPLY@MOENCOPI.K12.AZ.US)

## PLEASE ATTACH REQUESTED DOCUMENTS TO THE EMPLOYMENT APPLICATION

- Employment Application
- Letter of Interest
- Three Letters of Recommendations (within 90-days)
- Resume
- High School Diploma, GED, or **official** College or University Transcript(s)
- Certifications and/or Substitute positions-attach endorsement(s)
- 10-Year Background Check—Hopi Law Enforcement Inquiry Check (**or**) Navajo Nation Criminal/Traffic Record.
- CIB and First Aide/CPR Certification

*Upon selection, applicant will be subject to complete other required forms prior to the first day of employment.*

**HOW TO APPLY:** Human Resources Department (928) 283-5361 ext. 1024/1021. Application available on our website [www.moencopidayschool.org](http://www.moencopidayschool.org) are accepted via **email** ([apply@moencopi.k12.az.us](mailto:apply@moencopi.k12.az.us)), **mail** (P.O. Box 185, Tuba City, AZ 86045), **Fax** (928) 283-4662. Electronic signature is accepted. We do not make copies.

**BACKGROUND CHECK:** PL101-630 & 647 (25USC§3207), requires criminal history records check as a condition of employment for positions that involve regular contact with or control over Native American children.

**NATIVE AMERICAN PREFERENCE:** The Hopi Tribe gives preference to eligible and qualified applicants in accordance with the Moencopi Day School (MDS) Hopi Preference Policy, then to qualified Natives and Non-Native Americans.

Preference is given to qualified Hopi and other Native American applicants.



# EMPLOYMENT APPLICATION

## Moencopi Day School

P.O. Box 185, Tuba City, AZ 86045 | Phone: (928) 283-5361 | Fax: (928) 283-4662



### PERSONAL INFORMATION

Date of Application: \_\_\_\_\_

|                                |                   |                                  |  |
|--------------------------------|-------------------|----------------------------------|--|
| <b>Last, First Name:</b> _____ |                   | Maiden/AKA Names: _____          |  |
| Mailing Address: _____         |                   | City, State, Zip: _____          |  |
| Email Address: _____           |                   | Mobile No: _____                 |  |
| Tribal Affiliation: _____      | Tribal No.: _____ | Military/Branch/Discharge: _____ |  |

### POSITION INFORMATION – Application Becomes Inactive After Position Closes.

**Position Applying For:** \_\_\_\_\_

Have you applied with Moencopi Day School before? YES  NO  Dates: \_\_\_\_\_

Why are you interested in working with Moencopi Day School? \_\_\_\_\_

| EDUCATION<br>Univ/College/Tech/High School (Name and State) | Dates Attended  |               | No. of<br>Credit Hours<br>completed | Type of Degree Earned |
|---|-----------------|---------------|-------------------------------------|-----------------------|
|   | FROM<br>(mm/yy) | TO<br>(mm/yy) |                                     |                       |
|   |                 |               |                                     |                       |
|   |                 |               |                                     |                       |
|   |                 |               |                                     |                       |
|   |                 |               |                                     |                       |

Professional Certification: List State(s) and Date licensed (attach copy):

### EMPLOYMENT HISTORY List all your employment activities, including unemployment and self-employment, beginning with the present and working back 7 years. The entire period must be accounted for without breaks. **IF YOU ARE ATTACHING YOUR RESUME, it must have the pertinent information below to receive credits for your experiences.**

|                               |                 |         |                     |
|-------------------------------|-----------------|---------|---------------------|
| 1) Employer name and address: | Position Title: |         |                     |
|                               | Duties:         |         |                     |
| Start—End Dates:              |                 |         |                     |
| Telephone:                    | Supervisor:     | Salary: | Reason for Leaving: |

|                               |                 |  |  |
|-------------------------------|-----------------|--|--|
| 2) Employer name and address: | Position Title: |  |  |
|                               | Duties:         |  |  |
| Start—End Dates:              |                 |  |  |

|            |             |         |                     |
|------------|-------------|---------|---------------------|
| Telephone: | Supervisor: | Salary: | Reason for Leaving: |
|------------|-------------|---------|---------------------|

|                               |                 |         |                     |
|-------------------------------|-----------------|---------|---------------------|
| 3) Employer name and address: | Position Title: |         |                     |
|                               | Duties:         |         |                     |
| Start—End Dates:              |                 |         |                     |
| Telephone:                    | Supervisor:     | Salary: | Reason for Leaving: |

|                               |                 |         |                     |
|-------------------------------|-----------------|---------|---------------------|
| 4) Employer name and address: | Position Title: |         |                     |
|                               | Duties:         |         |                     |
| Start—End Dates:              |                 |         |                     |
| Telephone:                    | Supervisor:     | Salary: | Reason for Leaving: |

***If terminated*** from any of these positions, please explain: \_\_\_\_\_

|  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 1) During the last five (5) years, have you been convicted, been imprisoned, been on probation, or seen on parole? (Include felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES", provide, explanation of the violation, statement regarding the circumstances that led to the occurrences, location, name, and address of court involved. Provide a copy of the police report and any related court documents.  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 2) During the last five (5) years, you been convicted by a military court martial? If "YES", provide the date, explanation of violation, statement regarding the circumstances which led to the occurrence, location, name, and address of the court involved. Provide a copy of documentation relating to the occurrence.   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 3) Are you now under charges or awaiting trial for any violation of law? If "YES," provide the date, explanation of violation, statement regarding the circumstances which led to the occurrence, location, name, and address of the court involved. Provide a copy of documentation relating to the occurrence.   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 4) 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, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal Employment? If "YES", provide the date, an explanation of the problem, reason for leaving, employers name and address. Provide a copy of any documentation relating to the occurrence.  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 5) Have you ever been arrested for or charged with a crime involving a child, a sex crime or drug felony? You must answer "Yes" even if the matter was later dismissed, deferred, vacated, or expunged.<br><b>REQUIRED BY PL 101-647</b>   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 6) Have you ever had a license or certificate of any kind revoked or suspended, have you been sanctioned penalized or investigated by any licensing, certifying, or regulating agency, or is any charge, investigation, disciplinary action complaint now pending against you by virtue of any license of certificate?   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 7) Have you ever been arrested, convicted of, or entered a plea of nolo contendere (no contest) or guilty of any crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, crimes against persons under federal state, or tribal law?<br><b>REQUIRED BY PL 101-630</b>   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 8) In the last five (5) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with, or otherwise consuming any drugs or controlled substance.   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 9) 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 own intended profit or that of another?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 10) Are you delinquent on any Federal Debt? Include delinquent 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 loans and home mortgage loans, If "YES," provide the circumstances which led to the delinquency, the type, length, amount and when the delinquency first began. Also, describe any steps you have taken to correct or repay the debt. Include copy of any payments or payment arrangements. | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

**If you answered "YES" to any questions above**, provide the date, explanation of violation, place of occurrence, final disposition, place of occurrence, the name and address of the police department or court involved. a statement of the accusations against you, the date of any proceedings, and the final disposition of the matter(s).

**Certification that my Answers are True**

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 Moencopi Day School and my rights to challenge the accuracy and completeness of any information contained in the report.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_ Date

## SPECIAL SKILLS & LICENSURE

List other License(s):

Other Languages Spoken?

Computer and other additional skills and information regarding the career you wish to bring to the employer's attention:

**REFERENCES** Persons other than relatives who can attest to your character and ability regarding the position for which you are applying.

|    | Name | Email Address | Telephone Number | Relationship | Years Known |
|----|------|---------------|------------------|--------------|-------------|
| 1. |      |               |                  |              |             |
| 2. |      |               |                  |              |             |
| 3. |      |               |                  |              |             |

## IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name Relationship

Address Telephone No

## CONDITION OF EMPLOYMENT

You must sign this statement to be considered for employment.

*I, the undersigned, certify that all information given by me in this application is true. I understand that false information (misrepresentation or omission of information) will disqualify me from employment or cause my subsequent dismissal. I authorize investigation of all statements contained herein. I also authorize the employers and/or references listed to release all information concerning my current and previous employment and any pertinent information. Additionally, I release all parties from any liability for any damages that may result from furnishing such information. In submitting this application, I further understand that all application materials provided become public record and property of Moencopi Day School and will not be returned.*

Applicant Signature



Date

# Equal Employment Opportunity Information Self Identification

## New Hire EEO-1 Data Sheet

Please complete this New Hire EEO-1 Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision.

| Name |       |        | Social Security # (last four digits) |
|------|-------|--------|--------------------------------------|
| Last | First | Middle |                                      |

## EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

### Ethnicity:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.


**Veteran:**  No Military Service  Veteran- Other  Disabled Vietnam Era Veteran  
 Vietnam Era Veteran  Disabled Veteran- Other

**Are you an individual with a disability:**  Yes  No **Gender:**  Male  Female

**Age:**  15-24 years old  25-34 years old  35-44 years old  45-54 years old  55 years old or greater

### How did you first learn of this job opening?

Newspaper: \_\_\_\_\_  Other: \_\_\_\_\_  
 Website: \_\_\_\_\_ www. \_\_\_\_\_

Sign: 

Date: \_\_\_\_\_

# Disclosure and Authorization for Background Investigation

I understand that in connection with my application for employment (including contracts for service), Moencopi Day School (MDS) will use an outside agency to research and verify information I have provided. I hereby authorize MDS and/or entity directed by MDS prior to or at any time after my employment commences to obtain a consumer report for employment purposes. I understand this consumer report may include inquiries regarding my work history; court records, including criminal conviction records, as permitted by law; driving history; verifications of Social Security number; and references obtained from professional and personal associates.

I hereby authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to MDS or other entities that obtains information for MDS. I further fully release MDS, its employees, officers, directors, agents, successors and assigns, and all other parties involved in the investigation, from any claim or action for any liability whatsoever related to the process or results of the background/reference investigation.

I understand results of my background check may be used in determining whether to make me an offer of employment and other employment decisions, and that the Disclosure Authorization is not an offer for employment by MDS or a contract with MDS. I further understand that no representative of MDS other than the Chief School Administrator, has the authority to enter into any agreement for employment for any specified period, or to otherwise alter MDS At-Will Employment Policy.

## COMPLETE ALL INFORMATION REQUESTED TO AVOID DELAYS IN YOUR HIRE

|  |             |   |
|--|-------------|---|
| Last Name:   | First Name: | Middle:   |
| Maiden/AKA Names:  |             | Month/Years Used:                                     |
| Social Security No:  |             | Place of Birth:                                       |
| Driver's License/I.D. No:  |             | State: <span style="float: right;">Zip:</span>        |
| Do you have the legal right to work in the U.S? YES <input type="checkbox"/> NO <input type="checkbox"/> |             | (If yes, proof of work eligibility will be required.) |
| <b>FOR IDENTIFICATION PURPOSES ONLY:</b> Date of Birth _____ / _____ / _____ (Month/Day/Year)            |             |   |

## YOUR ADDRESSES WITHIN THE PAST SEVEN YEARS

**ENTIRE SEVEN YEARS MUST BE ACCOUNTED FOR WITHOUT BREAKS. PLEASE PROVIDE A PHYSICAL ADDRESS**

**(Use a separate sheet as needed)**

|    |  |            |    |
|----|--|------------|----|
| 1. |  | Dates From | To |
| 2. |  | Dates From | To |
| 3. |  | Dates From | To |
| 4. |  | Dates From | To |
| 5. |  | Dates From | To |
| 6. |  | Dates From | To |

## CONSENT FORM

I hereby authorize Moencopi Day School, Inc., to receive any criminal history record information pertaining to me which may be in the files of any State or local criminal justice agency in North America.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_



# Moencopi Day

P.O. Box 185 • Tuba City, Arizona 86045 • Phone: 928.283.5361 • Fax: 928.283.4662  
Website: moencopidayschool.org

## AUTHORIZATION FOR RELEASE OF INFORMATION


### HOPI ONLY

I, authorize Moencopi Day School to conduct my background investigation to obtain any information relating to my criminal history record from the Hopi Law Enforcement Service Agency. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of determination of suitability or eligibility for a security clearance.

I further authorize the Hopi Law Enforcement Service Agency to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive position.

I authorize custodian of records and other sources of information pertaining to me to release such information upon request. I understand that the information released by records custodians and sources of information is for official use only.

The foregoing authorization shows my signature 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 Moencopi Day School, whichever is sooner.

|  |                                   |                        |  |
|--|-----------------------------------|------------------------|--|
| Signature (sign in ink)<br> | Full Name (Type or Print Legibly) |                        | Date Signed                                  |
| Other Names Used   |                                   | Social Security Number |  |
| Current address (Street/City)  | State                             | Zip Code               | Home Telephone Number<br>(Include Area Code) |





# Moencopi Day

P.O. Box 185 • Tuba City, Arizona 86045 • Phone: 928.283.5361 • Fax: 928.283.4662  
Website: moencopidayschool.org

## HOPI LAW ENFORCEMENT INQUIRY CHECK

REQUESTED UNDER P.L. 101-630, "THE INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION ACT" AND P.L. 101-647 CRIME CONTROL ACT OF 1990, CHILD CARE WORKER EMPLOYEE BACKGROUND CHECK"

**DATE:** \_\_\_\_\_

**FROM:** Moencopi Day School  
P.O. Box 185  
Tuba City, AZ 86045

**TO:** Hopi Tribal Courts  
P.O. Box 156  
Keams Canyon, AZ 86034  
OFC: (928) 738-5171  
FAX: (928) 738-5589

The person identified below is employed or is being considered for employment or volunteers, to a position whose duties and responsibilities allow them regular contact with or control over Indian children. To comply with these laws, please search your files and report results on this form within 10 days from the date above. The information you provide, including your identity, will be disclosed to the person identified below if he or she should request.

**NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**SS#:** \_\_\_\_\_

### COMPLETE BY HOPI COURT CLERK

Do your records show that the person identified above has ever been arrested or convicted of an offense against the law, or forfeited collateral, or is now under charges for any offense against the law? (Exclude traffic violation for which a fine of \$100 or less was imposed, any offense committed before 16th birthday which was finally adjudicated in a juvenile court or any conviction record of which has been expunged under Federal or State laws).

YES  NO

*If "YES", please attach your results and return to the address listed above.*

*Signature*

*Title*

*Date*

\_\_\_\_\_  
*Hopi Court Clerk*

PLEASE RETURN THE REQUEST INFORMATION UNDER CONFIDENTIAL COVER TO THE ADDRESS ABOVE, ATTENTION: HUMAN RESOURCES OR FAX RESULTS TO (928) 283-4662 or EMAILED [APPLY@MOENCOPI.K12.AZ.US](mailto:APPLY@MOENCOPI.K12.AZ.US). PLEASE REPLY PROMPTLY.

SCHOOL BOARD: • Norma J. Sakiestewa, President • Doris Honanie, Vice President  
• Justin Hodgeva, Member • Gina Chimerka, Member • Amy Berhauer, Member

# CRIMINAL RECORD REQUEST

## NAVAJO ONLY



**NAVAJO POLICE DEPARTMENT**  
**INFORMATION MANAGEMENT SECTION**  
 POST OFFICE BOX 3360, WINDOW ROCK, NAVAJO NATION, AZ 86515  
[www.ims.navajo-nsn.gov](http://www.ims.navajo-nsn.gov)  
**CRIMINAL/ TRAFFIC HISTORY RECORD (CTHR)**  
**NOTARY REQUEST FORM**



(THIS FORM IS TO BE USED FOR U.S. MAIL OR IMS DROP BOX ONLY)

(Please Print Clearly)

|   |   |
|---|---|
| <b>Full Name:</b> _____<br><small>(First, Middle, Last)</small> | <b>Alias/AKA:</b> _____<br><small>(Any Other Names Used)</small>  |
| <b>Social Security #:</b> ____-____-____                        | <b>DOB:</b> ____/____/____<br><small>MM/DD/YYYY</small>   |
| <b>Tribal Census #:</b> _____                                   |   |
| <b>Current Mailing Address:</b> PO Box 185                      | Tuba City   |
| <small>Street Address/PO Box</small>                            | <small>City</small>   |
|   | AZ 86045  |
|   | <small>State</small> <small>Zip Code</small>  |
| <b>Phone #:</b> [____] _____                                    |   |
| <b>What is the PURPOSE for this CTHR Request?</b>               | Employment  |
| <b>How Many Years Requesting for Background Check?</b>          | <input type="checkbox"/> 5 Years <input checked="" type="checkbox"/> 10 Years <input type="checkbox"/> 18 <sup>th</sup> Birthday                   Other: _____ |
| _____   | _____   |
| SIGNATURE   | DATE  |

|                        |   |  |  |   |
|------------------------|---|--|--|---|
| <b>PLEASE INCLUDE:</b> | <input checked="" type="checkbox"/> <b>Social Security Card</b><br><small>(COPY ONLY)</small> | <input checked="" type="checkbox"/> <b>Valid State Driver's License/ID</b><br><small>(COPY ONLY)</small> | <input checked="" type="checkbox"/> <b>Self-Addressed Stamped Envelope</b> | <input checked="" type="checkbox"/> <b>\$15.90 M.O.</b><br><small>Payable to:<br/>Navajo Nation</small> |
|------------------------|---|--|--|---|

**NOTE:** This document **MUST** be notarized. Please know all completed CTHR requests will be mailed. Absolutely **NO EXCEPTIONS**. Thank You!

### NOTARIAL ACKNOWLEDGEMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

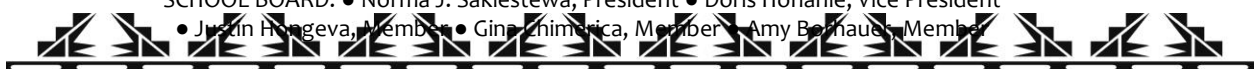
On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, whose identity was proven to me on the basis of \_\_\_\_\_ satisfactory to be the person who he or she claims to be, and acknowledged that he or she signed the Above / attached document.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
My Commission Expires

SCHOOL BOARD: • Norma J. Sakiestewa, President • Doris Honanie, Vice President  
 • Justin Hongeva, Member • Gina Zhimierica, Member • Amy Bernauer, Member



# CRIMINAL RECORD REQUEST

## FOR NON-NATIVES

### Main Office

911 E. Sawmill Rd.  
Flagstaff, AZ 86001

## FINGERPRINT & BACKGROUND CHECKS



The Flagstaff Police Department provides these services at the Law  
Enforcement Administrative Facility

Location: 911 E. Sawmill Rd, Flagstaff, AZ

Phone: 928-214-2530

Hours: Monday-Friday 7:00 AM - 6:00 PM

Fees: Fingerprinting: \$6.00 / Background Checks: \$7.00

## NON-COUNTY RESIDENT

PLEASE OBTAIN YOUR FINGERPRINTING AND BACKGROUND FROM  
YOUR OWN LOCAL COMMUNITY POLICE/SHERIFFS DEPT  
AND SUBMIT WITH YOUR APPLICATION.

SCHOOL BOARD: • Norma J. Sakiestewa, President • Doris Honanie, Vice President  
• Justin Hangeva, Member • Gina Zhimica, Member • Amy Bohnauer, Member

