



SECOND MESA DAY SCHOOL

"ITAH TSATSAYOM MOPEKYA"

Paulesha Sewemaenewa, *Board President*
Laila Sabori, *Board Vice-President*
Lynette Shupla, *Board Member*
Meridith Van Winkle, *Board Member*
Anita Bahnimptewa, *Board Member*
Kimberly K. Thomas, *Chief School Administrator*

SCHOOL YEAR 2024-2025 & 2025-2026

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 meet 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 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 | If no, license is: <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 | County |
| 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 | County |
| 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 | County |
| 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 | County |
| 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) verifying tribal enrollment with Hopi or other Federal recognize tribes.

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 <u>HS/College/Univ.</u> Schools Attended Street Address (include city, state, & zip code) | Online DL | Dates | Credits Earned | Major | Minor | Diploma or GED | Month/ Year of Degree |
|--|--------------------------|---------|----------------|-------|-------|----------------|-----------------------|
| | | From To | | | | | |
| #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 <u>Vocational/Business</u> Schools Attended Street Address (include city, state, & zip code) | Online DL | Dates | Hours Earned | Major | Minor | Certificate (Yes or No) | Month/ Year of Graduate |
|--|--------------------------|---------|--------------|-------|-------|-------------------------|-------------------------|
| | | From To | | | | | |
| #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 (License, Public Speaking, Professional Societies, Awards/Fellowships, etc.) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 _____ | |
| <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 #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 _____ | |
| <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 #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) | | | |

| | | | |
|--|------------|---------------------|-------|
| 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? <i>Reference: Section 231(d) of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041).</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. |

| | |
|--|---|
| <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). If "YES," provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved. |
| <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> 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 _____ | 10. Have you ever been convicted of a Felony? 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 _____ | 11. Have you been convicted by a military court-martial in the past 5 years? (If no military service, answer "NO.") If "YES," provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved. |
| <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? If "YES," provide the dates, charge, and an explanation of the problem, reason for leaving, and the employer's name and address. |
| <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.) 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. |
| <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? 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. |
| <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? 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. |

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.

Signature of Applicant

Date