



EMPLOYMENT APPLICATION

APPLICANT CHECKLIST

Keep this page.
Revised October 2026

Dear Applicant,

Thank you for your interest in employment with Leupp Schools, Inc. The employment application is attached. Please complete it and submit **all** of the documents listed below. Incomplete applications will not be accepted without the required documentation.

SUBMIT WITH YOUR APPLICATION

- | | |
|--|---|
| ☐ 1 Completed and signed LSI Employment Application | ☐ 7 Copy of valid state driver's license |
| ☐ 2 Current résumé | ☐ 8 Copy of AZ DPS Fingerprint Clearance Card (certified positions) |
| ☐ 3 Letter of interest | ☐ 9 Copy of valid ADE Teaching Certificate (certified positions) |
| ☐ 4 Three (3) letters of recommendation (current, within the past 3 months) | ☐ 10 Copy of Certificate of Indian Blood (CIB) (Indian Preference Policy) |
| ☐ 5 Copy of high school diploma, GED certificate or college degree | ☐ 11 Current Navajo Nation Background Check (within the past 3 months; see below) |
| ☐ 6 Unofficial high school / college transcripts (official transcripts are required upon hiring) | |

First Aid & CPR certificate: include it if you have one. If not, the school may be able to help you get certified.

Navajo Nation Background Check (item 11). Requires a \$15.90 money order payable to the "Navajo Nation." Apply at the Window Rock Police Department, Window Rock, AZ: walk-ins Monday–Friday, first 25 applicants served, photo ID required. Phone (928) 871-7621. The "Requester" portion **must** read "Leupp Schools Incorporated." Submit the **original** to LSI.

HOW TO SUBMIT

- **In person:** drop off at the school office.
- **By email:** hr@leuppschools.org
- All documents must be received by the closing date of the vacancy.
- The original Navajo Nation Background Check must be delivered to LSI.

ONLY IF YOU ARE SELECTED

- \$40.00 money order payable to **Personnel Security Consultants** for the federal FBI background check.
- Complete the Initial Background Check Packet within 3–5 business days.

WHAT HAPPENS NEXT

Once your application is received, Human Resources will complete a qualification assessment to determine whether you meet the minimum qualifications for the position. Email is the primary way you will be contacted.

All applicants must complete and pass a criminal background check and character investigation before hire, including favorable state, federal and local tribal background checks. Leupp Schools, Inc. follows the federal requirements of 25 CFR Part 63, Public Law 101-630 and Public Law 101-647, and other applicable regulations, in determining suitability for employment.

Your application becomes the property of Leupp Schools, Inc. and is kept for no more than one year from the date submitted.

**LEUPP SCHOOLS, INCORPORATED**

HC 61 Box D | Winslow, AZ 86047
Phone: (928) 686-6001 | Fax: (928) 686-6216
www.leuppschools.org

EMPLOYMENT APPLICATION

Leupp Schools, Incorporated 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 101-547 (codified in 42 United States Code § 13041), requires that all employments sign a receipt of notice that a national criminal record check will be conducted of employment.

REQUIRED DOCUMENTS:

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

TO BE CONSIDERED: All required documents must be attached upon submitted by the closing date of each vacancy applying. Incomplete applications **WLL NOT** be accepted.

SECTION A:

Position Desired (Please be specific):

How did you 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:
Mailing Address:		City:	State: Zip Code:
Do you have a valid Driver's License? ☐ Yes ☐ No If no, License is: ☐ Suspended ☐ Revoked ☐ Other: _____			
Driver's License Number:		State:	Expiration Date:
Social Security Number:	Date of Birth:	Census Number:	
Phone Number:	Cell Number:	Alternate Number:	
E-Mail Address: <i>(This will be our primary contact to notify you)</i>			

SECTION C: RESIDENCY HISTORY

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

List the places where you have lived beginning with your present address and working back (7) years. Residency 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, **you 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 location of less than 90 days that did not serve as your permanent or mailing address.

Enter Residence Information

#1 ☐	From Date (MM/YY)	To Date (MM/YY)	Is this Residence: ☐ Owned by you ☐ Rented or leased by you ☐ Military housing ☐ 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?			☐ YES ☐ NO	
IF "YES", Provide location (Community, State):				

#2 ☐	From Date (MM/YY)	To Date (MM/YY)	Is this Residence: ☐ Owned by you ☐ Rented or leased by you ☐ Military housing ☐ 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?			☐ YES ☐ NO	
IF "YES", Provide location (Community, State):				

#3 ☐	From Date (MM/YY)	To Date (MM/YY)	Is this Residence: ☐ Owned by you ☐ Rented or leased by you ☐ Military housing ☐ 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?			☐ YES ☐ NO	
IF "YES", Provide location (Community, State):				

#4 ☐	From Date (MM/YY)	To Date (MM/YY)	Is this Residence: ☐ Owned by you ☐ Rented or leased by you ☐ Military housing ☐ 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?			☐ YES ☐ NO	
IF "YES", Provide location (Community, State):				

SECTION D: INDIAN PREFERENCE

In accordance with Indian 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 #:
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SECTION E: MILITARY SERVICES (Attach your DD-214)

Branch of Service	Period of Active Duty (MM/YY) From: To:	Rank of Discharge	Date of Final Discharge
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SECTION F: EDUCATIONAL BACKGROUND**NOTE: Attach copy of your high school diploma or equivalent. Official transcripts are required.**

#1	Name & Location of School	Dates Attended (MM/YY-MM/YY)	Credits Earned	Major	Degree Received	Month/Year of Degree
High School						
College/Univ.						
Bus. Or Trade School						

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ YES ☐ NO

IF "YES", Provide location (Community, State):

#2	Name & Location of School	Dates Attended (MM/YY-MM/YY)	Credits Earned	Major	Degree Received	Month/Year of Degree
High School						
College/Univ.						
Bus. Or Trade School						

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ YES ☐ NO

IF "YES", Provide location (Community, State):

#3	Name & Location of School	Dates Attended (MM/YY-MM/YY)	Credits Earned	Major	Degree Received	Month/Year of Degree
High School						
College/Univ.						
Bus. Or Trade School						

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ YES ☐ NO

IF "YES", Provide location (Community, State):

#4	Name & Location of School	Dates Attended (MM/YY-MM/YY)	Credits Earned	Major	Degree Received	Month/Year of Degree
High School						
College/Univ.						
Bus. Or Trade School						

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ YES ☐ NO

IF "YES", Provide location (Community, State):

SECTION G: TYPE OF CERTIFICATE**Complete IF applying for teaching or administrative position.**

CERTIFICATE	STATE	ENDORSEMENT	EXPIRATION DATE
Principal			
Elementary 1 st -8 th			
Special Education Pre-K-12 th			
Early Childhood, birth to age 8			
Native American Language Pre-K-12 th		Language:	
Guidance Counselor Pre-K-12 th			
Substitute Teacher			
SEI / Bilingual / ESL			

A. GRADE LEVEL PREFERENCE

☐ Pre-K ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9-12th ☐ Sped ED ☐ FACE ☐ Other

SECTION H: PERSONAL REFERENCES

Provide five 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 anywhere on this form or close relatives.

Entry #1	Last Name	First Name	Middle Name
Provide Years and Months Known: Years: _____ Months: _____		Provide Relationship to you (check all that apply) ☐ Neighbor ☐ Work Associate ☐ Friend ☐ Schoolmate ☐ Other _____	
Home Telephone #:		Cell/Mobile Phone #:	Work Telephone #:
Email Address:			☐ Do not have one
Provide Street Address for this person:		Apt# _____ City _____ State _____	Zip Code _____
Entry #2	Last Name	First Name	Middle Name
Provide Years and Months Known: Years: _____ Months: _____		Provide Relationship to you (check all that apply) ☐ Neighbor ☐ Work Associate ☐ Friend ☐ Schoolmate ☐ Other _____	
Home Telephone #:		Cell/Mobile Phone #:	Work Telephone #:
Email Address:			☐ Do not have one
Provide Street Address for this person:		Apt# _____ City _____ State _____	Zip Code _____
Entry #3	Last Name	First Name	Middle Name
Provide Years and Months Known: Years: _____ Months: _____		Provide Relationship to you (check all that apply) ☐ Neighbor ☐ Work Associate ☐ Friend ☐ Schoolmate ☐ Other _____	
Home Telephone #:		Cell/Mobile Phone #:	Work Telephone #:
Email Address:			☐ Do not have one
Provide Street Address for this person:		Apt# _____ City _____ State _____	Zip Code _____
Entry #4	Last Name	First Name	Middle Name
Provide Years and Months Known: Years: _____ Months: _____		Provide Relationship to you (check all that apply) ☐ Neighbor ☐ Work Associate ☐ Friend ☐ Schoolmate ☐ Other _____	
Home Telephone #:		Cell/Mobile Phone #:	Work Telephone #:
Email Address:			☐ Do not have one
Provide Street Address for this person:		Apt# _____ City _____ State _____	Zip Code _____
Entry #5	Last Name	First Name	Middle Name
Provide Years and Months Known: Years: _____ Months: _____		Provide Relationship to you (check all that apply) ☐ Neighbor ☐ Work Associate ☐ Friend ☐ Schoolmate ☐ Other _____	
Home Telephone #:		Cell/Mobile Phone #:	Work Telephone #:
Email Address:			☐ Do not have one
Provide Street Address for this person:		Apt# _____ 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 do the question/item. To ensure clarity, maintain sequential order of questions and question format.

SECTION I: EMPLOYMENT HISTORY

(Do not indicate "See Resume." Begin with current or most recent position)

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

MAY WE CONTACT YOUR CURRENT EMPLOYER(S)? ☐ YES ☐ NO If no, why not? _____

EXPLAIN ANY GAPS IN EMPLOYMENT:

Present or Last Employer:			Telephone #:
Address: City State Zip Code			
Job Title:	Salary: \$	From: (MM/YY)	
Supervisor's Name & Title:	Reason for Leaving:	To: (MM/YY)	
Duties:			
Is the employer location within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ YES ☐ NO			
IF "YES", Provide location (Community, State):			
Present or Last Employer:			Telephone #:
Address: City State Zip Code			
Job Title:	Salary: \$	From: (MM/YY)	
Supervisor's Name & Title:	Reason for Leaving:	To: (MM/YY)	
Duties:			
Is the employer location within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ YES ☐ NO			
IF "YES", Provide location (Community, State):			
Present or Last Employer:			Telephone #:
Address: City State Zip Code			
Job Title:	Salary: \$	From: (MM/YY)	
Supervisor's Name & Title:	Reason for Leaving:	To: (MM/YY)	
Duties:			
Is the employer location within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ YES ☐ NO			
IF "YES", Provide location (Community, State):			

SECTION J: BACKGROUND CHECK QUESTIONS

LSI EMPLOYMENT APPLICATION | REVISED 10/24/2022

☐ YES ☐ 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? <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>
☐ YES ☐ NO Initials _____	6. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any felonious or misdemeanor offense under Federal, State, or Tribal Law involving crimes of violence; sexual assault, molestation, contact or prostitution; or crimes against persons; or offenses committed against children? <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>
☐ YES ☐ NO Initials _____	7. Are you now under any charges for any violation of the law? <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>
☐ YES ☐ NO Initials _____	8. During the last 7 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, disposition, and the name and address of the police department or court involved.</i>
☐ YES ☐ NO Initials _____	9. Have you ever been arrested for/or charged with a crime involving a child? <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>
☐ YES ☐ 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>
☐ YES ☐ NO Initials _____	11. Have you been convicted by a military court-martial in the past 7 years? <i>(If no military service, answer NO.)</i> <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>
☐ YES ☐ NO Initials _____	12. During the last 7 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 by mutual agreement because of specific problems? <i>If YES, provide the date, charge, and an explanation of the problem, reason for leaving, and the employer's name and address.</i>
☐ YES ☐ NO Initials _____	13. Are you delinquent on any Federal debt? (Include 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 of default, and steps that you are taking to correct the error or repay the debt.</i>
☐ YES ☐ NO Initials _____	14. In the last 7 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>

☐ YES ☐ NO

Initials _____

15. In the last 7 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 the type, length, and amount of the delinquency of default, and steps that you are taking to correct the error or repay the debt.

Continuation Space – use the space (or separate blank sheet) to continue answer. 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 response 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 Leupp Schools Incorporated to contact any of my prior employers for reference purposes.

I understand that I may be subject to a background check, and hereby authorize Leupp Schools Incorporated 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 this 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 of 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 I have received notice that a criminal history records clerk will be conducted and it a condition of employment.

Signature of Applicant

Date