LEUPP SCHOOLS INC.
HC 61 Box D Winslow, AZ 86047
Ph: (928) 686-6211
Website: www.leuppschools.org

Dear Applicant:

Thank you for your interest in employment with Leupp Schools, Inc. Attached is the employment application; please complete and submit **ALL** documents listed below.

1. Completed LSI Employment Application
2. Current Résumé
3. Letter of Interest
4. Must provide three (3) Letters of Recommendation *(Current-within past 3 months)*
5. Must provide Copy of High School Diploma or GED Certificate/College Degree
6. Must provide Unofficial HS/College Institution Transcripts: (NOTE: *Official Transcripts will be required upon hiring)*
7. Copy of AZ DPS Fingerprint Clearance Card *(for Certified Positons)*
8. Copy of Valid ADE Teaching Certificate *(for Certified Positions)*
9. Copy of Certificate of Indian Blood *(CIB)*
10. First Aid & CPR Certificate
11. $40.00 Money Order payable to: Personnel Security Consultants for Federal FBI Background Check ***(NOTE: required only upon selection)***
12. Current Navajo Nation Background Check *(NOTE: must be within the past 3 months); Requires a $15.90 money order payable to the "Navajo Nation"; Go to the Window Rock Police Department in Window Rock, AZ. Walk-ins only, M-F, open to the first 25 applicants on first served basis, Photo I.D Required. Phone # (928) 871-7621. "Requester" portion MUST read " Leupp Schools Incorporated" Submit the original Navajo Background check to LSI.*

Once your application is received, HR will complete a qualification assessment to determine if you meet the minimum qualifications for the position you are applying for. Incomplete applications will not be accepted without required documentation.

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

All applications are subject to complete and pass the criminal background check and character investigation upon prior to hire which includes favorable state, federal, and local Tribal background check. Upon selected, you will need to complete the Initial Background Check Packet within 3-5 business days.

Leupp Schools, Inc. ensure to meeting the federal requirements under the **25 CPR Part 63, Public Law 101-630, Public Law 101-647**, and various other regulatory requirements, in determining suitability for employment and efficiency of service.

Again, thank you for your interest in employment with Leupp Schools, Inc. If you have any questions or concerns, please feel free to contact the Human Resources at (928) 686-6017.

Regards,

LSI Human Resource

Revised: March 2024

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: *(This will be our primary contact to notify you)*

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, Racheria or Peublo? ◯ 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, Racheria or Peublo? ◯ 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, Racheria or Peublo? ◯ 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, Racheria or Peublo? ◯ 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 #:

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

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, Racheria or Peublo? ◯ 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, Racheria or Peublo? ◯ 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, Racheria or Peublo? ◯ 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, Racheria or Peublo? ◯ 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 1st-8th			
Special Education Pre-K-12th			
Early Childhood, birth to age 8			
Native American Language Pre-K-12th		Language:	
Guidance Counselor Pre-K-12th			
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, Racheria or Peublo? ◯ 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, Racheria or Peublo? ◯ 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, Racheria or Peublo? ◯ 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, Racheria or Peublo? ◯ 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, Racheria or Peublo? ◯ 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, Racheria or Peublo? ◯ YES ◯ NO **IF "YES",** *Provide location (Community, State):*		

SECTION J: BACKGROUND CHECK QUESTIONS

◯ **YES** ◯ **NO** **Initials _______**	**1.** Have you previously been employed by **Leupp Schools, Incorporated**? If **YES**, *when?*
◯ **YES** ◯ **NO** **Initials _______**	**2.** Do you have relatives employed at **Leupp Schools, Incorporated**? 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, 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?* ____
◯ **YES** ◯ **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?* ____
◯ **YES** ◯ **NO** **Initials _______**	**4.** Have you ever been denied employment, received disciplinary action involving your employment, 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 any organization. If **YES**, *provide the date, explanation of the problem, reason for leaving, and the employer's name, address, telephone number.* ____

◯ **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? If **YES**, *provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.*
◯ **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? 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.*
◯ **YES** ◯ **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.*
◯ **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). If **YES**, *provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.*
◯ **YES** ◯ **NO** **Initials _____**	**9.** Have you **ever** been arrested for/or charged with a crime involving a child? 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.*
◯ **YES** ◯ **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.*
◯ **YES** ◯ **NO** **Initials _____**	**11.** Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer NO.)* If **YES**, *provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.*
◯ **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? If **YES**, *provide the date, charge, and an explanation of the problem, reason for leaving, and the employer's name and address.*
◯ **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.) 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.*
◯ **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? 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.*

◯ **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***