RAMAH NAVAJO SCHOOL BOARD, INC.
HUMAN RESOURCE
P.O. Box 10
Pine Hill, New Mexico 87357
Phone: (505) 775-3256
Fax: (505) 775-3799

Applicant Name: _____

Position Applying for: _____

NOTICE TO APPLICANT: Please submit the following documents with your application (where applicable), otherwise it will not be considered and returned as incomplete.

	Attachment Received (HR Department)	
Applicant Checklist:	**Complete**	**Incomplete**
☐ **Diploma or GED**	☐	☐
☐ **Veterans Preference (DD214)**	☐	☐
☐ **Tribal Document (CIB, Census, etc.)**	☐	☐
☐ **College Transcripts**	☐	☐
☐ **Diploma/ Degree**	☐	☐
☐ **Professional Licensure or Certificates**	☐	☐
☐ **State Driver's License or Identification Card**	☐	☐
☐ **Reference Letters (Optional)**	☐	☐
☐ **Resume (Optional)**	☐	☐
Background Investigation Forms:		
☐ **Release of Authorization Form - RNSB, Inc.**	☐	☐
☐ **Navajo Nation Department of Law Enforcement Form**	☐	☐
Reviewed By: (HR Staff Signature)		**Date:**

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Rev. 10/04/2016

EMPLOYMENT APPLICATION

NOTICE TO APPLICANT:

- "See Resume" responses on the application are not acceptable.
- Application must be filled out completely otherwise will be returned and not considered.
- Any false or misleading response will result in disqualification.
- Applications and accompanying documents will not be duplicated or returned and will remain the property of RNSB. (Applicants are encouraged to make and keep copies, if preferred for their own records)
- An application must be completed for each position applied for RNSB will not transfer an application to another vacant position.

Name of Position applying for	

1. Full Name				**2. Date of Birth**		
Last Name	First Name	Middle Name	Jr., II., etc.	Month	Day	Year

3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).	**4. Social Security Number**
Names:	

5. Place of Birth		
City	State	Country

6. Contact Information.		
Phone: ( )	Alternate Phone Number ( )	**Email Address:**

7. If Claiming Indian Preference			
Name of Tribe :	Census No.	Do you Speak Navajo:	Do you Write Navajo:

8. Head Start Positions - Only if applying for a Head Start position:		
Are you a current Head Start Parent:	☐ YES	☐ NO
Previously had a child in Head Start	☐ YES	☐ NO
Please list School Year of child was enrolled and where: School Year: Location:		

9. If Claiming Veteran Preference		
Branch:	Dates Served:	Position:

10. Residence – List where you have lived, beginning with the most recent and working back. All periods in the last 5 years must be accounted for without breaks.

Month/Year	Month/Year	Street Address & Mailing Address	City	State	Zip Code
1)	To **Present**				
Month/Year	Month/Year	Street Address & Mailing Address	City	State	Zip Code
2)	To				
Month/Year	Month/Year	Street Address & Mailing Address	City	State	Zip Code
3)	To				
Month/Year	Month/Year	Street Address & Mailing Address	City	State	Zip Code
4)	To				
Month/Year	Month/Year	Street Address & Mailing Address	City	State	Zip Code
5)	To				

12. Residence on an Indian Reservation – List any Indian Reservations in which you have lived or worked in.

13. Education/Licensure/Certification – List the schools you have attended, beginning with the most recent and working backwards.

Name and Location of School	Dated Attended (MM/YY)		GED/Diploma/Degree Received	Major/Minor
High School:				
College/University:				
College/University:				
Technical/Vocational/Business School:				

Certificate / License	License/Certification Number:	Level:	Expiration Date	State Issued
Certificate / License	License/Certification Number:	Level:	Expiration Date	State Issued
Certificate / License	License/Certification Number:	Level:	Expiration Date	State Issued

Skills, Knowledge, and Abilities

14. Employment – List your employment activities, beginning with the present and working backwards without breaks.
For periods of "**unemployed**" or "**attending school**" list dates

Employer Name and Mailing Address	Dates of Employment (MM/DD/YYYY) From	To	Position Title
		PRESENT	

	Immediate Supervisor :
Telephone Number : ( )	Telephone Number: ( )
Reason you left :	Other Employer Reference :
Description of job duties:	

Employer Name and Mailing Address	Dates of Employment (MM/DD/YYYY)		Position Title
	From	To	
	Immediate Supervisor:		
Telephone Number : ( )	Telephone Number: ( )		
Reason you left:	Other Employer Reference :		
Description of job duties			

Employer Name and Mailing Address	Dates of Employment (MM/DD/YYYY)		Position Title
	From	To	
	Immediate Supervisor:		
Telephone Number : ( )	Telephone Number: ( )		
Reason you left:	Other Employer Reference :		
Description of job duties			

Employer Name and Mailing Address	Dates of Employment (MM/DD/YYYY)		Position Title
	From	To	
	Immediate Supervisor:		
Telephone Number : ( )	Telephone Number: ( )		
Reason you left:	Other Employer Reference:		
Description of job duties			

Employer Name and Mailing Address	Dates of Employment (MM/DD/YYYY)		Position Title
	From	To	
	Immediate Supervisor:		
Telephone Number : ( )	Telephone Number: ( )		
Reason you left:	Other Employer Reference:		
Description of job duties			

15. Personal References – List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for the least 5 years.
Do NOT list relatives or anyone who is listed elsewhere else on this application.

Name	Dates Known		Telephone Number
	Month/Year	Month/Year	( )
			Email Address:
Home or Work Address	City	State	Zip Code

Name	Dates Known		Telephone Number
	Month/Year	Month/Year	( )
			Email Address:
Home or Work Address	City	State	Zip Code

Name	Dates Known		Telephone Number
	Month/Year	Month/Year	( )
			Email Address:
Home or Work Address	City	State	Zip Code

16. Professional References – List 3 people **NOT** related to you, definite knowledge of your qualifications and fitness for which you are applying. **Do not repeat supervisors listed in EMPLOYMENT.**

Name	Dates Known		Telephone Number
	Month/Year	Month/Year	( )
			Email Address:
Home or Work Address	City	State	Zip Code

Name	Dates Known		Telephone Number
	Month/Year	Month/Year	( )
			Email Address:
Home or Work Address	City	State	Zip Code

Name	Dates Known		Telephone Number
	Month/Year	Month/Year	( )
			Email Address:
Home or Work Address	City	State	Zip Code

17. Additional Employment Information - Please provide additional required information

Do you have any relatives who are currently employed with the Ramah Navajo School Board, Inc. ? If you answered YES to the above question provide the information below - use a separate sheet if needed	YES ☐	NO ☐

Name :	Title/Department:	Relationship:
Name :	Title/Department:	Relationship:
Name :	Title/Department:	Relationship:
Name :	Title/Department:	Relationship:

18. Background Information – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.		
a. Have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than $150.00).	YES ☐	NO ☐
b. Have you been convicted by a military court-martial?	YES ☐	NO ☐
c. Are you now under charges for any violation of law?	YES ☐	NO ☐
d. Have you been fired from any job for any reason, did you resign after being told that you would be fired or disciplined, or did you leave any job by mutual agreement because of specific problems?	YES ☐	NO ☐
e. Have you **ever** been arrested for or charged with a crime involving a child?	YES ☐	NO ☐
f. Have you **ever** been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal Sate, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?	YES ☐	NO ☐
g. 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?	YES ☐	NO ☐
h. Have you **ever** 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?	YES ☐	NO ☐

If you answered YES, for any of the above questions in this section, explain your answer(s) below

Question #	Month/Year	Offense	Court Disposition	Arresting Law Enforcement /Military Agency	State

Question #	Month/Year to Month Year	Specify Reason	Employer's Name and Address
	____/____ to _____/_____		
	____/____ to _____/_____		

Question #	Month/Year to Month Year	Controlled Substance /Prescription Drug Used	Number of Times Used
	____/____ to _____/_____		
	____/____ to _____/_____		

Certification that my Answers are True

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.

_____

Applicant's initial Date

I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the **Ramah Navajo School Board, Inc.** and my rights to challenge the accuracy and completeness of any information contained in the report

_____

Applicant's Signature Printed Name Date

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Human Resource

RELEASE AND AUTHORIZATION

I hereby authorize the RAMAH NAVAJO SCHOOL BOARD, INC., to conduct an investigation into my personal background for the purpose of evaluating my qualifications for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that RAMAH NAVAJO SCHOOL BOARD, INC., may conduct all or part of such investigation. I also acknowledge and agree that RAMAH NAVAJO SCHOOL BOARD, INC., may obtain information pursuant to such investigation through personal interview and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, employment history, and public record information(e.g. record of civil judgments, convictions, arrests, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses, and transcripts may be relevant to RAMAH NAVAJO SCHOOL BOARD, INC., evaluation of my qualifications and that such inquiry will be made pursuant to such investigation to release and disclose to RAMAH NAVAJO SCHOOL BOARD, INC., I hereby release RAMAH NAVAJO SCHOOL BOARD, INC., and any persons providing information in connection with the above described background investigation.

I have been advised and I understand that I have the right to make a written request to receive information concerning the nature and scope of the above-described background investigation. I further understand this Release and Authorization will be valid through my employment with the RAMAH NAVAJO SCHOOL BOARD, INC., The foregoing is in accordance with my understanding and agreement and my signature on this Release of Authorization confirms my acceptance hereof. Copies of the Release of Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with any one of my choosing including an attorney.

_____ _____

Signature Print Name

Date of Birth:_____ Social Security #:_____

Mailing Address:_____ Physical Address:_____

City & State: _____ City & State:_____

Zip:_____ Zip:_____

Revised 04/09/12