



PINON COMMUNITY SCHOOL, INC.
Post Office Box 159, Pinon, AZ 86510-0159
Phone: (928) 725-3234/3250 Fax: (928) 725-3232

Dear Applicant:

Thank you for your interest in applying with Pinon Community School, Inc., (PCS). Pinon Community School is a bureau-funded school located in an isolated, remote community on the Navajo Reservation in Arizona, forty-five miles southwest of Chinle, AZ. In October 1988, the Pinon Bureau of Indian Affairs Boarding School became Pinon Community School, Inc. as a Contract School with the Pinon Community/Governing School Board providing the local education directions. In July 1, 2007, Pinon Community/Governing Board converted to a Grant Status.

The mission of PCS is to prepare students for the choices and challenges in a multi-cultural society by providing a safe positive, healthy, social and educational environment relevant to Dine' knowledge and language.

Below are the following documents needed to complete your packet to be considered for vacant positions:

1. PCS Employment application
2. Sign the Consent to Conduct Background Investigation and have it notarized
3. Letter of Interest
4. Applicant's Resume
5. Three (3) Reference Letters be prepared within last year
6. High School Diploma/GED
7. Official College Transcripts
8. Verification of Employment (form 5-4432) to be completed by Census Office
9. Veterans Preference attach Form DD 214
10. Copy of Arizona Driver's License
11. Current Arizona Teaching Certification, *for certified position only*
12. Navajo Nation Background Check
13. State Background Check

Your application will become property of PCS upon receipt of the Human Resource Assistant and will be kept on file for six (6) months.

Should you have any questions or need additional information please contact the Human Resource Assistant at (928) 725-2601, extension 606.

Sincerely,

Human Resources Office



PINON COMMUNITY SCHOOL, INC.
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 Phone: (928) 725-3234/3250 Fax: (928) 725-3232
Application for Employment

Notice to Applicant: The Crime Control Act of 1990, Public Law 101-647 (codified in 42 U.S. § 13041), requires that employment applications for child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment.

Position:		Closing Date:		Date Available for Work:	
1. Full Name			2. Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.		
3. Mailing Address (present) P.O.			4. Social Security		
5. Other Names Used - Maiden name, from a former marriage, alias(s), or nickname(s).					
6. Telephone No.		Alternate Telephone No.		7. Email Address	
8. Place of Birth					
City		County		State	
9. Residence - List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list.					
Month/Year	Month/Year	Street Address	City	Az	Zip Code
1)	To Present				
Month/Year	Month/Year	Street Address	City	Az	Zip Code
2)	To Present				
Month/Year	Month/Year	Street Address	City	Az	Zip Code
3)	To Present				
Month/Year	Month/Year	Street Address	City	Az	Zip Code
4)	To Present				
Month/Year	Month/Year	Street Address	City	Az	Zip Code
5)	To Present				
10. Education - List the schools you have attended, beginning with the most recent and working back 5 years. Use item 21, if more space is needed.					
Teaching and/or Administrative Certification			DPS Fingerprint Clearance Card		
			Card No.:		Exp.:
Month/Year	Month/Year	Name of School	Major	Degree/Diploma/Other	
	To				
Month/Year	Month/Year	Street Address and City of School	Major	Degree/Diploma/Other	
	To				

Month/Year To	Month/Year	Name of School	Major	Degree/Diploma/Other
Month/Year To	Month/Year	Street Address and City of School	Major	Degree/Diploma/Other

11. Employment - List your employment activities, beginning with the present and working back 5 years. The 5 year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or attending school."

1. Fr Month/Year To	Employer Name	Position Title		
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone No.	Final Salary	Telephone No.	

Reason(s) you left

2. Fr Month/Year To	Employer Name	Position Title		
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone No.	Final Salary	Telephone No.	

Reason(s) you left

3. Fr Month/Year To	Employer Name	Position Title		
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone No.	Final Salary	Telephone No.	

Reason(s) you left

4. Fr Month/Year To	Employer Name	Position Title		
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone No.	Final Salary	Telephone No.	

Reason(s) you left

12. Personal References - List 3 people who know you well. They should be good friends, peers, etc. and who have known you for at least the last 5 years. Do not to list relatives or anyone who is listed elsewhere else on this application.

1. Name	Month/Year To Month/Year	Telephone No.
		<input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home()

Home or Work Address	City	State	Zip Code
2. Name	Month/Year To Month/Year	Telephone No. <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home()	
Home or Work Address	City	State	Zip Code
3. Name	Month/Year To Month/Year	Telephone No. <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home()	
Home or Work Address	City	State	Zip Code

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 attachment to this application.

13. In 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 all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines or less than \$150.00).

If "YES", use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Have you been convicted by a military court-martial in the past 5 years? If "YES", use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Are you now under charges for any violation of law? If "YES", use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. 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", use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Have you ever been arrested for or charged with a crime involving a child? If "YES", use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any two or more misdemeanor offenses under Federal, State or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children? If "YES", use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. 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,	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**CONSENT TO CONDUCT BACKGROUND INVESTIGATIONS, CRIMINAL
BACKGROUND CHECK AND RELEASE**

I, _____ [Applicant's Name], have applied for employment with Pinon Community School, Inc. (hereafter "PCS" to work as a _____ [Job Title].

Employees at PCS are subject to the following federal and tribal laws:

1. The Indian Child Protection and Family Violence Prevention Act (P.L. 101-630) states that all Indian tribes which are contract or grant recipients under the Indian Self-Determination and Education Assistance Act or Tribally Controlled Schools Act of 1988 are subject to investigation and minimum standard requirements, and that character investigations are a federally mandated requirement.
2. The Crime Control Act of 1990, Child Care Worker, Employee Background Checks (P.L. 101-647) states that each agency of the Federal Government and every facility operated by the Federal government (or operated under contract with the federal government), that hires (or contract for hire) individuals involved with providing child care services to children under the age of 18 shall assure that all existing and newly hired employees undergo a Criminal History Background Check.
3. The Navajo Nation Privacy Act, Title 2, which states that a protected record includes some employment records. This release is the written permission to release those records to PCS for sole purpose of a background investigation.

Except as may be required by Navajo law, including but not limited to, the Navajo Preference in Employment Act, it is the policy of PCS not to discriminate on the basis of race, color, religion, gender (including sexual harassment as described in PCS' policies concerning sexual harassment), sexual orientation, age, national origin, disability, marital status, political affiliation, or veteran status in its educational programs, activities or employment policies as required by federal law. PCS abides by federal laws regarding people with disabilities. If you have a special need, reasonable accommodations will be made.

Every answer I have provided on this application is both complete and truthful. I understand and agree that: (1) if any information is omitted from, or not filled in on this application, or if any false information is furnished, PCS will reject my application; (2) in any false information furnished, I will be ineligible for any consideration for employment and may be subject to criminal prosecution; and (3) if employed by PCS I may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined that I have furnished false information on this application.

I understand that in order for PCS to determine my eligibility, qualifications and suitability for employment, PCS will conduct a background investigation before I am considered for an offer of employment. This investigation may include asking my current and any former employer and education institution I have attended about my education training, experience, qualifications, job performance, professional conduct, and evaluations; as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reason for not rehiring (if applicable), and similar information.

Personnel employed by the PCS shall certify that they are not awaiting trial on and have never been convicted of or admitted in open court or pursuant to a plea agreement committing any of the criminal offenses listed in PCS' policies and procedures on the Navajo Nation or similar offenses in any other jurisdiction. It is a violation of PCS' policy for a person seeking employment with PCS to fail to give

notice of conviction of a dangerous crime against children such as those listed in PCS' Policies.

Employment with PCS is conditional and rests upon (a) satisfactory pre-employment reference checks, (b) submission of a valid Arizona Department of Public Safety Fingerprint Clearance card, (c) a criminal background check conducted by the Navajo Nation Policy Department, (d) a background check conducted by a security clearance company chosen by PCS, (e) if applicable, an investigation of your driving record to be conducted by PCS' insurance company, and is subject to (f) the policies and regulations of PCS, (g) submitting documentary proof of authorization to work in the United States, (h) and, if required, proof of appropriate certification/licensing and/or Indian Blood. Employment will not be finalized until all requirements have been met to the satisfaction of PCS. Misrepresentation or omission of pertinent facts may be just cause for termination. Parties providing this information will be released from any liability in connection with reference and background checks made by PCS.

Under penalty of prosecution and termination. I hereby certify that the information presented on this application is true, accurate and complete. I authorize the investigation of all statements contained herein and understand that any documents relevant to this information may be reviewed by agents of PCS.

Dated this _____ day of _____, 20____.

Applicant's Signature

Applicant's Printed Name

Witness Signature

SUBSCRIBED and SWORN to before me this _____ day of _____, 20____

by _____.

Notary Public

My Commission Expires

**VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT
 IN THE BUREAU OF INDIAN AFFAIRS AND THE INDIAN HEALTH SERVICE**

Complete one of the categories as stated in the Instructions and submit this form with your application for Federal employment.

CATEGORY A - MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES

This is to certify that the person named below is a member of the tribe shown:

_____	_____	_____	_____
Full Name	Enrollment No.	Date of Birth	Tribal Affiliation

I certify that the above information was taken from the official membership records of the _____ Tribe (or records maintained for the Tribe by the BIA) and acknowledge that falsification and misrepresentation of this information is punishable under Federal Law, 18 U.S.C. 1001.

Certification by Tribal Official:

And if required, verification by the BIA Official maintaining the official tribal rolls that the individual is listed on enrollment list maintained by the BIA at the request of the tribe.

_____	_____	_____	_____
Signature	Date	Signature of BIA Official	Date

_____	_____	_____
Print Name & Title of Tribal Official	Name/Title	Agency

CATEGORY B - DESCENDANTS OF MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934

I certify that the person named below has established to my satisfaction that he/she is a descendant of an enrolled member of the tribe named below and that he/she was living on an Indian reservation on June 1, 1934. The applicant's family history is outlined on the attached family history chart.

_____	_____
Full Name	Date of Birth

_____	_____
Reservation of Residence on June 1, 1934	Full Name of Ancestor & Tribal Affiliation

Title and source of records upon which this is based:

_____	_____	_____
	BIA Official	Date

_____	_____	_____
	Title	Agency

CATEGORY C - PERSONS WHO POSSESS AT LEAST ONE-HALF DEGREE INDIAN BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED STATES.

I certify that I have reviewed the documentation to support the below listed individual's claim to possess at least one-half degree Indian blood. The applicant's family history is outlined on the attached family history chart and official records.

_____	_____	_____
Full Name	Date of Birth	Degree of Blood and Tribal Derivation

Title & Source of Records upon which this is based:

_____	_____	_____
	BIA Official	Date

- Official Records of Tribal Affiliation & Blood Degree
- State or Academic Recognition of Indigenous Status

_____	_____	_____
	Title	Agency

CATEGORY D - ALASKA NATIVE			
I certify that the person named below is a member of an Alaska Native Tribe; or, an individual whose name appears on the roll of Alaska Natives prior to July 31, 1981, and not subsequently disenrolled; or, an individual who was issued stock in a Native corporation pursuant to 43 U.S.C. 1606(g)(1)(B)(i).			
Name	Date of Birth	Alaska Native Village/Corporation/Roll	
Title and source of records upon which this is based:			
		BIA Official	Date
		Title	Agency

INSTRUCTIONS FOR COMPLETING FORM BIA-4432

1. It is the responsibility of the individual to establish evidence of entitlement to Indian preference. Applicants must submit as much background information as possible to verify eligibility for Indian preference. Falsification or misrepresentation of information is punishable under Federal Law, 18 U.S.C. 1001.

CATEGORY A

MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES. If you are a member of a Federally-recognized tribe, you must request that your tribe complete this category. One of the following procedures will apply and you will be advised by your tribe:

If your tribe has contracted or compacted the maintenance of tribal enrollment records under the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, 25 U.S.C. 450, a verification signed by an *authorized* Tribal Representative(s) is sufficient.

If your tribe does *not* maintain tribal enrollment records, the tribe must certify that you are a member and you must submit the form to the BIA official who maintains the official roll for the tribe.

CATEGORY B AND C

- **DESCENDANTS OF MEMBERS OF FEDERALLY RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934**
- **PERSONS WHO POSSESS AT LEAST ONE-HALF DEGREE INDIAN BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED STATES**

If you are claiming preference based on any of these categories, you should provide as much information as possible regarding your family history. This will be the only information which the BIA will have to certify your lineal descent.

If you are claiming preference based upon lineal descent from a member of a federally recognized tribe, band or community, you must also document that you were residing within the present boundaries of the reservation on June 1, 1934.

If you possess one-half degree Indian blood from a tribe indigenous to the United States, you must submit state or academic records that document this status, as well as official records that establish your degree of Indian blood, such as census records. You must also complete the attached FAMILY HISTORY.