



Application for Employment

Hanáádlí Community School/Dormitory, Inc.
 P.O. Box 639, #700 CR 7150 • Bloomfield, NM 87413
 Telephone: (505) 960-3411/7632
 Fax: (505) 960-3591

Position Title	Date of Application
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How did you learn about this position?

Newspaper advertisement
 Public posting of vacancy
 Internet posting
 Referral by friend / relative
 Other

Name	D.O.B.	Social Security Number
Other names which may appear on application materials, such as transcripts, licenses, certificates		

Permanent Address	<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>
Mailing Address	<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>
Driver License Number	Expiration Date	State		

Home Telephone Number	Work Telephone Number	Cellular Telephone Number
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, best time to call _____		
Email Address		

TYPE OF LICENSURE (complete if applying for teaching or administrative position)

LICENSURE	Level	Endorsement	Expiration Date
Education Administration PreK-12			
Elementary K-8			
Special Education PreK-12			
Educational Leader			
School Counselor			
Library Media			
Substitute Teacher			
Other:			

INDIAN PREFERENCE

If you claim Indian preference, you will be required to submit a copy of your certificate of Indian blood upon commencement of employment.

Do you claim Indian Preference? Yes No

If yes, please indicate TRIBAL AFFILIATION	TRIBAL CENSUS #
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ADDITIONAL INFORMATION

Do you have the legal right to accept employment in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date available for work	
Do you have a physical condition which may limit your ability to perform the job for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered yes, will you need reasonable accommodation to perform the essential functions of the job for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you relocate if the job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes, for how much?	\$
When?		Where?	

BACKGROUND INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you presently being investigated or under a procedure to consider your discharge/termination for misconduct by your present employer?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual contact with another person?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever resigned from a prior position without being asked, but under the circumstances involving your employer's investigation of criminal conduct?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any outstanding criminal charges, warrants of arrests or conditions of probation pending against you in New Mexico or in any other state? If yes, attach sheet explaining in detail.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been charged or convicted of D.U.I., D.W.I., or Public Intoxication? If yes, attach sheet explaining in detail.

If any of the above statements have been answered "yes," please explain (you may attach additional sheets of paper if necessary):

DO ANY OF YOUR RELATIVES WORK FOR HANAADLI CSD, Inc. OR IS A GOVERNING BOARD MEMBER?	Yes	No
(include father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister) If YES, provide relative's name, relationship and title of your relative(s).		
NAME	RELATIONSHIP	TITLE

EDUCATIONAL BACKGROUND Begin with where you received your high school diploma.

Institution	Name	City	State	Number of Years Completed	Major	Did you graduate?	Type of degree or diploma earned
High School or GED							
College or University							
College or University							
Graduate School							
Trade School							

COMPUTER SKILLS

Name of Software or Program	Type of Work Produced	Years of Experience

EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments, internships or volunteer activities, starting with the most recent or current employer. Use additional sheets if necessary. Explain any gaps in employment, such as unemployment or attending school, in comments section below. **Employer information must be accurate and complete, such as address and phone number and dates of employment.**

EMPLOYMENT					
Employer				Telephone	
Address				Job Title	
City ST					
Hire date	Last day on job	Immediate supervisor			
Salary Information	\$ Per year	\$ Per hour	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summary of work performed:				Reason for leaving:	

EMPLOYMENT					
Employer				Telephone	
Address				Job Title	
City ST					
Hire date	Last day on job	Immediate supervisor			
Salary Information	\$ Per year	\$ Per hour	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summary of work performed:				Reason for leaving:	

EMPLOYMENT					
Employer				Telephone	
Address				Job Title	
City ST					
Hire date	Last day on job	Immediate supervisor			
Salary Information	\$ Per year	\$ Per hour	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summary of work performed:				Reason for leaving:	

EMPLOYMENT

Employer				Telephone	
Address City ST				Job Title	
Hire date	Last day on job			Immediate supervisor	
Salary Information	\$ Per year	\$ Per hour	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summary of work performed:					Reason for leaving:

EMPLOYMENT

Employer				Telephone	
Address City ST				Job Title	
Hire date	Last day on job			Immediate supervisor	
Salary Information	\$ Per year	\$ Per hour	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summary of work performed:					Reason for leaving:

EMPLOYMENT

Employer				Telephone	
Address City ST				Job Title	
Hire date	Last day on job			Immediate supervisor	
Salary Information	\$ Per year	\$ Per hour	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summary of work performed:					Reason for leaving:

EMPLOYMENT

Employer				Telephone	
Address City ST				Job Title	
Hire date	Last day on job			Immediate supervisor	
Salary Information	\$ Per year	\$ Per hour	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summary of work performed:					Reason for leaving:

Explain any gaps of employment.

LANGUAGES

List any languages spoken other than English and check the boxes that best describes your skill level.

	<input type="checkbox"/> Speak some	<input type="checkbox"/> Speak fluently	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Speak some	<input type="checkbox"/> Speak fluently	<input type="checkbox"/> Read	<input type="checkbox"/> Write

REFERENCES

List FORMER SUPERVISOR for last 5 years and 3 personal references not related to you.

Name	Title	From Mo/Yr	To Mo/Yr	Mailing Address	City/State/ZIP	Work telephone Home telephone
Supervisor:						
Supervisor:						
Supervisor:						
Personal Reference:						
Personal Reference:						

ORIGINAL STATEMENT

In your own handwriting, write a brief statement explaining why you chose to enter the education field.

Equal Employment Opportunity – It is the policy of the Hanáádlí Community School/Dorm, Inc., to provide equal employment Opportunity for all qualified persons without regard to race, color, religion, age, sex, national origin, or handicap, Indian Preference will apply; however, the Board of Director may waive as appropriate.

Other – It is the policy of the Hanáádlí Community School/Dormitory, Inc., avoid the practice and the appearance of nepotism in employment. Any offer of employment may be made contingent on application passing a job related physical examination and drug test.

Signature of Applicant

Date

SUPPORTING DOCUMENTS

Application must include:

- (1) Current resume, if applicable
- (2) Copy of high school diploma or GED certificate
- (3) Official transcripts
- (4) Copy of degrees
- (5) Copy of New Mexico Public Education Department licensure for Teaching or Administrative position

Applicant Screening Questionnaire
Indian Children Protection Requirements

NAME:		SOCIAL SECURITY NUMBER:	
JOB TITLE APPLYING FOR:			

Notification Requirements

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for Federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment. Further, it is required to ask the following:

Have you ever been arrested for or charged with a crime involving a child?

- YES [If yes, provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence and the name and addresses of the police department or court involved.
- NO

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207), requires a criminal history records check as a condition of employment for positions in the Department of Interior that involve regular contact with or control over Indian children. Further, it is required to ask the following:

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, State or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?

- YES If yes, provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence and the name and addresses of the police department or court involved.
- NO

I certify that my response of 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. I understand my right to obtain a copy of any criminal history report made to Hanáádlí Community School/Dormitory, Inc. and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant's signature

Date

CONSENT TO CONDUCT BACKGROUND INVESTIGATIONS, CRIMINAL BACKGROUND CHECK AND RELEASE

I, _____ [Applicant’s name], have applied for employment with Hanáádlí Community School/Dormitory, Inc. (hereinafter “HCS D”) to work as a _____ [Job Title]. I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand any misrepresentations, falsifications or material omissions provided by an applicant or employee in any of this information or data may result in HCS D excluding the applicant from further consideration for employment, or if the applicant has been hired, may result in termination of employment.

I certify that I am not awaiting trial on and have never been convicted of, admitted in open court or pursuant to a plea agreement of committing any criminal offense in this state or any other jurisdiction for the following:

- a) Sexual abuse of a minor
- b) Incest
- c) First or second-degree murder
- d) Kidnapping
- e) Arson
- f) Sexual assault
- g) Sexual exploitation
- h) Commercial sexual exploitation of a minor
- i) Burglary in the first degree
- j) Burglary in the second or third degree
- k) Aggravated armed robbery
- l) Robbery
- m) Child abuse
- n) Sexual conduct with a minor
- o) Molestation of a child
- p) Voluntary manslaughter
- q) Aggravated assault
- r) Assault/battery
- s) Exploitation of minor involving drug/alcohol offenses
- t) Felony offense involving contributing to the delinquency of a minor
- u) Felony offense involving the possession or use of marijuana, dangerous drugs, narcotic drugs or other controlled substances
- v) Misdemeanor offense involving the possession or use of marijuana, dangerous drugs or any other controlled substances
- w) A dangerous crime against children or defined by New Mexico State

I understand that in order for HCS D to determine my eligibility, qualifications, and suitability for employment, HCS D will conduct a background investigation and criminal background check. A background investigation may include asking any current or former employer or educational institution that I have attended or been employed by, about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, positions held, reasons for leaving employment, whether I could be re-hired, reasons for not re-hiring (if applicable) and similar information.

I understand and agree that a background investigation will include a criminal background check to determine if I have ever been convicted of, or admitted in open court or pursuant to a plea agreement, any criminal offense in a federal, state and tribal jurisdiction involving misconduct with a minor or the other offenses in listed in HCS D Personnel Policy.

I release, hold harmless, and agree not to sue or file a claim of any kind against any current or former employer, educational institution or any other applicable third party or officer or employee of such employer, educational institute or third party, who, in good faith, furnishes written or oral references requested by HCS D to complete its background investigation and criminal background check.

I hereby give my consent for any employer or educational institution to release information requested in connection with HCS D background investigation. Further, I hereby give my consent for any governmental entity, agency or private party to provide information relative to the criminal background check process.

Dated this _____ day of _____, 20 ____.

Applicant’s Signature

Applicant’s Printed Name

Hanaa'dli Community School Dormitory, Inc. Background Check Information:

Have you ever served in the United States Military? Please check **Yes** ___ or **No** ___

Branch	From: MM/DD/YYYY	To: MM/DD/YYYY	Type of Discharge

Military *: You are required to submit a copy of your retirement DD Form 214 (Member 4 Copy) OR certification document** OR a copy of your retirement letter AND a copy of your terminal leave request (if applicable). You will be required to provide your DD Form 214 (Member 4 Copy) upon issuance.

For Residents, addresses within The Past Five Years (use a separate sheet as needed)

Present Street Address _____
City/State/Zip _____ County _____
Name of Tribal Lands/Reservation _____

Prior Street Address _____ Dates From _____ To _____
City/State/Zip _____ County _____
Name of Tribal Lands/Reservation _____

Prior Street Address _____ Dates From _____ To _____
City/State/Zip _____ County _____
Name of Tribal Lands/Reservation _____

Prior Street Address _____ Dates From _____ To _____
City/State/Zip _____ County _____
Name of Tribal Lands/Reservation _____

Applicant Signature: _____ **Date:** _____