



"HOME OF THE BOBCATS"

SECOND MESA DAY SCHOOL GOVERNING BOARD  
PO BOX 98, SECOND MESA, AZ 86043  
PHONE: 928.737.2571 FAX: 928.737.2565  
P.L. 100-297 GRANT SCHOOL



“Itah Tsatsayom Mopekya”

APPLICATION OF EMPLOYMENT

In compliance with Federal, State and Tribal equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status or the presence of non-job-related Medical conditions or handicap. Indian preference in employment is considered by the Second Mesa Day School Governing Board of Education.

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Cell number: \_\_\_\_\_ Home number: \_\_\_\_\_ Work number: \_\_\_\_\_

Are you known to schools or references by another name? ( ) YES ( ) NO

If yes, indicate name How did you learn of this position? \_\_\_\_\_

If employed, when will you be available to work? \_\_\_\_\_

Are you a member of an Indian Tribe? ( ) YES ( ) NO Do you have a valid Driver’s License? ( ) YES ( ) NO  
If offered the position, could you obtain within 2 weeks? Y / N

Have you been arrested or convicted of a felony or released from prison? ( ) YES ( ) NO

If yes, indicate date (s): \_\_\_\_\_

Have you been arrested or convicted of child abuse/molestation? ( ) YES ( ) NO

If yes, indicate date (s): \_\_\_\_\_

Have you been arrested or convicted of a misdemeanor within the last three years? ( ) YES ( ) NO

If yes, indicate date (s): \_\_\_\_\_

List any trade or community/village organizations of which you are a member, including offices held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION (List ultimate degree)**

GED: Yes \_\_\_ No \_\_\_ Date received \_\_\_\_\_ Name and Address of Site: \_\_\_\_\_  
Name

City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Mo \_\_\_ Yr. \_\_\_\_\_ to Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
Name of High School  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Diploma Received: Yes. \_\_\_\_\_ No. \_\_\_\_\_  
Date of Graduation: Mo \_\_\_\_\_ Yr. \_\_\_\_\_

List last name(s) if different than above at time of high school attendance: \_\_\_\_\_

\_\_\_\_\_ Mo \_\_\_\_\_ Yr. \_\_\_ to Mo \_\_\_\_\_ Yr. \_\_\_  
Name of College/University  
Street Address, City, State, Zip Code \_\_\_\_\_  
Degree(s)/Major(s) \_\_\_\_\_  
Degree Received Yes \_\_\_ No \_\_\_  
Date Degree Received \_\_\_\_\_

List last name(s) if different than above at time of college attendance: \_\_\_\_\_

Type of Professional License/Certification. \_\_\_\_\_ State \_\_\_\_\_ Date Received. \_\_\_\_\_  
License/Certification # \_\_\_\_\_  
Location where License/Certification was received. \_\_\_\_\_

**EMPLOYMENT HISTORY (list most recent first) (include military service)**

May we contact Present Employment? Yes No

\_\_\_\_\_ Phone (area code and extension) \_\_\_\_\_  
Company Name  
Full address (city, state, zip) \_\_\_\_\_ First and Last Name of Supervisor \_\_\_\_\_  
Dates of Employment (include month and year) \_\_\_\_\_ Supervisors Title \_\_\_\_\_  
Departing Wage/Salary: \_\_\_\_\_ Position Held by Applicant \_\_\_\_\_  
Reason for leaving:  
Describe Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name

Phone (area code and extension)

Full address (city, state, zip)

First and Last Name of Supervisor

Dates of Employment (include month and year)

Supervisors Title

Departing Wage/Salary:

Position Held by Applicant

Reason for leaving

Describe Duties:

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Company Name

Phone (area code and extension)

Full address (city, state, zip)

First and Last Name of Supervisor

Dates of Employment (include month and year)

Supervisors Title

Departing Wage/Salary:

Position Held by Applicant

Reason for leaving

Describe Duties:

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Company Name

Phone (area code and extension)

Full address (city, state, zip)

First and Last Name of Supervisor

Dates of Employment (include month and year)

Supervisors Title

Departing Wage/Salary:

Position Held by Applicant

Reason for leaving

Describe Duties:

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REFERENCES

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
Name Home Phone# Business Phone#  
\_\_\_\_\_ Years Known \_\_\_\_\_ Socially \_\_\_\_\_ Professionally \_\_\_\_\_  
Address  
\_\_\_\_\_ Title \_\_\_\_\_  
Business Address

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
Name Home Phone# Business Phone#  
\_\_\_\_\_ Years Known \_\_\_\_\_ Socially \_\_\_\_\_ Professionally \_\_\_\_\_  
Address  
\_\_\_\_\_ Title \_\_\_\_\_  
Business Address

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
Name Home Phone# Business Phone#  
\_\_\_\_\_ Years Known \_\_\_\_\_ Socially \_\_\_\_\_ Professionally \_\_\_\_\_  
Address  
\_\_\_\_\_ Title \_\_\_\_\_  
Business Address

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
Name Home Phone# Business Phone#  
\_\_\_\_\_ Years Known \_\_\_\_\_ Socially \_\_\_\_\_ Professionally \_\_\_\_\_  
Address  
\_\_\_\_\_ Title \_\_\_\_\_  
Business Address

Please describe special technical and/or other skills, abilities and qualifications or other work experience which further qualify you for the position for which you are applying:

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Please describe why you want to work at Second Mesa Day School:

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SIGNATURE. CERTIFICATION RELEASE

I certify that answers given herein are true and complete to the best of my knowledge and I hereby authorize designated SMDS staff to conduct follow-up consultation regarding my previous employment and other information as may be necessary in arriving at an employment decision. I authorize a criminal record background check I also understand that if employed, I may be subject to drug testing. I hereby release the SMDS Board of Education and their designated staff from all liability for other employers or individuals' responses to inquiries in connection with this application for employment In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DOCUMENT SUBMITTAL REQUIREMENT – TEACHER/CERTIFIED: Arizona State Certification  
Arizona Fingerprint Card  
Degree  
Unofficial Transcripts

DOCUMENT SUBMITTAL REQUIREMENT – CLASSIFIED: High School Diploma  
Degree (s)  
Licenses  
Certifications  
Training Document(s)

SUPPLEMENTAL DATA (Please Print Clearly)

Name \_\_\_\_\_  
 Last Name, First Name, Middle Name (as listed on Social Security Card)

Date of Birth \_\_\_\_\_

Social Security Number. \_\_\_\_\_

Maiden Name or Other Names Used \_\_\_\_\_  
 (Please list the year when each name changed.)

Mother's Maiden Name (For applicants who are living or have lived In Puerto Rico or Mexico): \_\_\_\_\_

Applicant Phone (Home & Cell) Numbers \_\_\_\_\_ Applicant email address \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

HOME ADDRESS FOR PAST 10 YEARS (Use additional page if needed)

Street Address	City, State	Zip code	County	From (MM/YR)	To (MM/YR)

DISCLOSURE STATEMENT

Disclosure

In connection with an evaluation of your qualifications for employment, promotion, reassignment, or retention as an employee, volunteer or contractor with Second Mesa Day School ("SMD"), SMD may obtain a "consumer report" and an "investigative consumer report" pertaining to you. A "consumer report" consists of any written, oral, or other communication of information by a consumer reporting agency bearing on a person's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. An "investigative consumer report" is a consumer report or portion thereof in which information on a person's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the person reported on, or through personal interviews with others with whom he/she is acquainted or who may have knowledge concerning such items of information.

SMD will be utilizing Corporate Investigations, Inc. ("CII") (2275 Swallow Hill Road, Suite 500, Pittsburgh, Pa 15220, 1-800-600-0244, <http://ciilink.com>) a consumer reporting agency, to conduct an investigation into your background and to prepare a consumer report and/or investigative consumer report pertaining to you. In conducting its investigation, CU may contact your neighbors, friends, associates, or other people who may have knowledge of your personal, employment, or educational background. CII may obtain information concerning, among other things, your character, general reputation, personal characteristics, mode of living, diplomas, degrees, licenses, transcripts, credit history, driving record, employment eligibility (E-Verify), employment history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, bankruptcy information, and worker's compensation history.

You have the right to obtain additional disclosures concerning the nature and scope of the investigation that SMD has requested. You also have the right to request a written summary of your rights pursuant to Section 609(c) of the Fair Credit Reporting Act. If you would like to obtain additional disclosures concerning the nature or scope of the investigation that SMD has requested, or if you would like to obtain a written summary of your rights, please submit a written request to SMD. CII's Privacy Statement may be viewed at <http://ciilink.com>.

Acknowledgment

I hereby acknowledge that I have received and read this Disclosure Statement

Sign Name \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

AUTHORIZATION AND RELEASE

Second Mesa Day School ("SMD") has informed me that SMD may obtain a "consumer report" or "investigative consumer report" pertaining to me, in connection with the evaluation of my qualifications for employment, promotion, reassignment, or retention as an employee, volunteer or contractor of SMD's. SMD has also informed me of the following: (1) that a "consumer report" consists of any written, oral, or other communication of information by a consumer reporting agency bearing on a person's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living; (2) that an "investigative consumer report" is a consumer report or portion thereof in which information on a person's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the person reported on, or through personal interviews with others with whom he/she is acquainted or who may have knowledge concerning such items of information; (3) that SMD will be utilizing Corporate Investigations, Inc. ("CII") (2275 Swallow Hill Road, Suite 500, Pittsburgh, Pa 15220, 1-800-600-0244, <http://ciilink.com>, a consumer reporting agency, to assist in conducting an investigative consumer report pertaining to me; (4) that, in conducting their investigation, SMD and CII may contact my neighbors, friends, associates, and other people who may have knowledge of my personal, employment, or educational background; and (5) that SMD and CII may obtain information concerning, among other things, my character, general reputation, personal characteristics, mode of living, diplomas, degrees, licenses, transcripts, credit history, driving record, employment eligibility (E-Verify), employment history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, bankruptcy information, and worker's compensation history.

I hereby authorize SMD to procure, and CII to prepare, a consumer report and/or investigative consumer report pertaining to me. I further authorize SMD and CII to conduct an investigation into my personal, employment, and educational background for purposes of the preparation of such reports.

I further authorize SMD and CII, in conducting their investigation, to contact my neighbors, friends, associates, and other people who may have knowledge of my personal, employment, or educational background, and for SMD and CII to obtain information concerning, among other things, my character, general reputation, personal characteristics, mode of living, diplomas, degrees, licenses, transcripts, credit history, driving record, employment eligibility (E-Verify), worker's compensation history, employment history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, bankruptcy information, and worker's compensation history. I further authorize CII to provide SMD with the information that CII obtains pursuant to its investigation.

In authorizing this investigation, I will voluntarily provide the supplemental data requested on the attached Supplemental Data Form, to ensure that any records which are located which may refer to a person with a name that is identical or similar to mine are properly determined as referring to, or not referring to, me. I understand that I do not have to provide the supplemental data, and that if I do it will be used only in connection with this investigation. Additionally, I certify that I, the undersigned applicant, have personally completed the Supplemental Data Form and any supporting documents required to conduct my background check.

I hereby release SMD, CII, and any persons providing information to SMD or CII from any and all liability that may arise in connection with the above-described background investigation.

If I am hired as an employee or retained as a volunteer or contractor, this authorization will remain on file and shall serve as an ongoing authorization for SMD to obtain consumer reports and investigative consumer reports at any time during my employment or contractual or volunteer relationship with SMD.

I further agree that copies of this Authorization and Release that show my signature are as valid as the original Authorization and Release that I have signed.

Before signing this Authorization and Release, I have had the opportunity to review this document with anyone of my choosing, including an attorney.

Print Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Sign Name \_\_\_\_\_ Date \_\_\_\_\_





corporate investigations, inc.

STATE SPECIFIC NOTICES

If you live or work in any of the states listed below, please note the following:

CALIFORNIA: Applicants residing in California acknowledge receipt of the Notice Regarding Background Investigation Pursuant to California Law. If requested by the Employer, California applicants also acknowledge that the Employer will obtain a consumer credit report from TransUnion through CII and have been advised regarding the specific basis for which the consumer credit report is required.

Additionally, under Section 1786.22 of the California Civil Code, you may view the file maintained on you by Corporate Investigations, Inc. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication Services, by appearing at Corporate Investigations, Inc. in person or by mail. You may also receive a summary of the file by telephone. CII is required to have personnel available to explain your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

MAINE: Upon request you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You will be provided a copy of your rights under the Maine Fair Credit Reporting Act.

MASSACHUSETTS: If you contact the Employer's Human Resources department, you have the right to know whether the Employer ordered an investigative consumer report about you. You also have the right to ask the CRA for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the CRA for a complete and accurate disclosure of the nature and scope of any consumer report the Employer ordered about you. The CRA must provide you with this disclosure within five (5) business days after its receipt of your request or the report was requested by the Employer, whichever date is later.

NEW YORK: Applicants seeking employment in the state of New York acknowledge receipt of a copy of article 23-A of New York Correction law.

You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the CRA identified below.

Corporate Investigations, Inc.
2275 Swallow Hill Road, Building 500
Pittsburgh, PA 15220 Telephone: 800-600-0244 Facsimile: 800-891-1399
http://ciilink.com

WASHINGTON STATE: if you submit a written request to the Employer's Human Resources department, you have the right to a complete and accurate disclosure of the nature and scope of any investigative consumer report the Employer ordered about you. You are entitled to this disclosure within five business days after the date your request is received or the Employer ordered the report, whichever is later. You also have the right to request a written summary of your rights under the Washington Fair Credit Reporting Act.

California, Massachusetts, Minnesota, New Jersey and Oklahoma Residents only: Please check this box if you would like to receive a copy of a consumer report or investigative consumer report at no charge whenever you have a right to receive such a copy, if one is obtained by the Employer. The report will be provided to you within three (3) business days after the report is provided to the Employer.

I hereby acknowledge that I have received and read the additional state specific notices:

Print Name

Sign Name

Date

0672015

# BACKGROUND INFORMATION

Please Read Carefully and Thoroughly

Your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit: (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16<sup>th</sup> birthday, (3) any violation of law committed before your 18<sup>th</sup> birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth corrections act or similar State law, and (5) any conviction whose record was expunged under federal or State law.

Section 231 of the Crime control Act of 1990, Public law 101-647, require that employment application for Federal childcare positions have applicants sign a receipt of notice that a criminal records check will be conducted.

1. Have you ever been arrested for or charged with a crime involving a child? YES NO

If "Yes", use the Additional Space section at the end of this application to provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence and the name and address of the police department.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, requires a criminal record check for positions with regular contact with, or control over Indian Children.

2. Have you ever: (1) Been arrested for or charged with a crime involving a child, and/or (2) been found guilty or, or entered a plea of nolo contendere or guilty of any offense under Federal, State, or tribal law Involving crimes of violence; sexual assault, molestation, exploitation, contract or prostitution, or crimes against persons? YES NO

If "Yes\*", use the Additional Space section at the end of this application to provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.

3. During the last 10 years have you been arrested, convicted, been imprisoned, been on probation, or been on parole? (Include felonies, firearms, or explosives violations, misdemeanors, and all other offenses.) YES NO

If Yes, use the Additional Space section at the end of this application to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

4. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO"). YES NO

If "Yes", use the additional space section at the end of this application to provide date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

5. Are you under charges for any violation of law? YES NO

If "Yes", use the additional space section at the end of this application to provide date, explanation of the violation, place of occurrence, the name and address of police department/court involved.

6. During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job mutual agreement because of specific problems, or were you debarred from Federal, State, or Tribal employment by such respective Agency and/or Tribe?      YES    NO

If "Yes", use the Additional space section at the end of this application to provide the date, an explanation of the problem and reason for leaving and the employer's name and address.

ADDITIONAL SPACE (Use Separate Sheet for additional information, if necessary)

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I, \_\_\_\_\_, certify that my response to these questions are made under  
(Print Full Name)

Federal penalty of perjury, which is punishable by fines or imprisonment, and that I have received notice that a criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any information contained in the report.

\_\_\_\_\_  
Signature of Employee/Applicant

\_\_\_\_\_  
Date



**Local law enforcement  
Inquiry check**



**REQUESTED UNDER P.L 101-630, 'THE INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION ACT' AND P.L. 101-647 'CRIME CONTROL ACT OF 1990, CHILD CARE WORKER EMPLOYEE BACKGROUND CHECKS'**

**FROM: SECOND MESA DAY SCHOOL  
PO BOX 98  
SECOND MESA, ARIZONA 86043**

**TO:  
DATE:**

*The person identified below is employed or is being considered for employment or a volunteer, to a position whose duties and responsibilities allow them regular contact with or control over Indian children. To comply with these laws, please search your files and report results on this form within 10 days from date above. The information you provide; including your identity will be disclosed to the person identifies below if he or she should request*

**PLEASE PRINT CLEARLY:**

<b>FIRST NAME:</b>	<b>MIDDLE:</b>	<b>LAST NAME:</b>
<b>DATE OF BIRTH:</b>	<b>SOCIAL SECURITY#:</b>	
<b>MAIDEN NAME:</b>		

*Do your records show that the person identified above has ever been arrested or convicted of an offense against the law, or forfeited collateral, or is now under charges for any offense against the law? (exclude traffic violations for which a fine of \$1 00 or less was imposed, any offense committed before 18th birthday which was finally adjudicated in a juvenile court or any conviction record of which has been expunged under Federal or State laws) ( )YES ( )NO*

*If your answer is "YES" please list each charge below or attach report to this form:*

DATE	AGE GIVEN	OFFENSE	DISPOSITION

**PLEASE RETURN THE REQUESTED INFORMATION TO THE ABOVE ADDRESS. PLEASE REPLY PROMPTLY.**

\_\_\_\_\_  
**SIGNATURE OF OFFICIAL**                      **TITLE**                      **DATE**