



LITTLE SINGER COMMUNITY SCHOOL

P.O. Box AQ * Winslow, Arizona 86047 * Phone: (928) 686-6108 * Fax: (928) 686-6207

Today's Date: _____

APPLICATION FOR EMPLOYMENT

P	Last Name:		First:	Middle:
	Street Address			Home Telephone
E	City, State, Zip			Business Telephone
	Have you ever applied for employment with us?			Social Security
R	Position Desired:			Pay Expected
	Apart from absence for religious observance, are you available for full time work? Yes: No:			
S	Will you work overtime if asked?		Yes: No:	
	Are you legally eligible for employment in the United States?		When will you be available to start?	
O	Other Special Training or skills (languages, machine operation, etc.)			
	How did you learn of our organization?			

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	Course of study	Years Completed	Graduated	Degree OR Diploma
	COLLEGE					
	HIGH SCHOOL					
	ELEM.					
	OTHER					

Pursuant to A.R.S. S15-183 (F) resume information of all employees who provide instruction to pupil will be made available to parents and guardians of Little Singer Community School students.

Membership in Professional or Civic Organization
(Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT HISTORY	Please give accurate, complete full time part time employment record. Start with present or recent employer.
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1	Company Name _____	Telephone: () _____
	Address _____	Employed (State, Month and Year) _____
	Name of Supervisor _____	From: _____ To: _____
	State Job Title and Describe Your Work _____	Hourly Rate: _____
	Reason for Leaving: _____	Biweekly _____
	_____	Annual _____
2	Company Name _____	Telephone: () _____
	Address _____	Employed (State, Month and Year) _____
	Name of Supervisor _____	From: _____ To: _____
	State Job Title and Describe Your Work _____	Hourly Rate: _____
	Reason for Leaving: _____	Biweekly _____
	_____	Annual _____
3	Company Name _____	Telephone: () _____
	Address _____	Employed (State, Month and Year) _____
	Name of Supervisor _____	From: _____ To: _____
	State Job Title and Describe Your Work _____	Hourly Rate: _____
	Reason for Leaving: _____	Biweekly _____
	_____	Annual _____
4	Company Name _____	Telephone: () _____
	Address _____	Employed (State, Month and Year) _____
	Name of Supervisor _____	From: _____ To: _____
	State Job Title and Describe Your Work _____	Hourly Rate: _____
	Reason for Leaving: _____	Biweekly _____
	_____	Annual _____

5	Company Name _____	Telephone: () _____
	Address _____	Employed (State, Month and Year) _____
	Name of Supervisor _____	From: _____ To: _____
	State Job Title and Describe Your Work _____	Hourly Rate: _____
	Reason for Leaving: _____	Biweekly _____
		Annual _____

We may contact the employers listed above unless you indicate those you do not want us to contact	Do not Contract:
	Employer(s) _____ Reason: _____

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED SERVICES	Branch of Service _____
	Describe your duties and any special training. _____	Period of Active Duty: _____
		FROM: _____ TO: _____
		Rank at Discharge: _____
		Date of Final Discharge: _____

ALL APPLICANTS MUST PROVIDE ALL TRANSCRIPTS AND CERTIFICATIONS TO THE PERONNEL OFFICE BEFORE THE SCHOOL BOARD REVIEWS THIS APPLICATION

S I G N A T U R E	<p>I hereby delcare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any mis-statement or omission of fact on this application shall be considered cause for dismissal. I authorize you to obtain an Investigative consumer report containing information obtained through personal interview with my neighbors, friends and acquaintances. This report, if obtained may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detained information about the nature and scope of any such investigation.</p>
	<p>_____</p> <p>Date _____ Signature _____</p>

R E F E R E N C E C H E C K	EMPLOYER	PERSON CONTACTED	RESULT
	1		
	2		
	3		
	4		
	5		

T E S T R E S U L T S	TEST ADMINISTERED	RAW SCORE / RATING	ANALYSIS AND COMMENTS

I N T E R V I E W R E S U L T S	INTERVIEWER NAME AND COMMENTS

APPLICANT SCREENING QUESTIONNAIRE

Indian Children Protection Requirements

Name: _____

Social Security: _____

(Please Print)

Job Title: _____

Announcement Number: _____

Notification Requirements

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code S 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 address 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 S 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 address of the police department or court involved.)

NO

I certify that my response to 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 available to the Office of Indian Education Programs and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature

Date

Information contained in this questionnaire is for official use only.

Questionnaire/Application for a Child Care Position

Notice to Applicant: The Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 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.

1. Full Name				2. Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
3. Other Names Used - Maiden name, from a former marriage, alias(s), or nickname(s).				4. Mother's Maiden Name		
Name						
5. Social Security Number				6. Driver's License Number		
7. Your Telephone No.		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	State	Zip code	
1)	To Present					
Month/Year	Month/Year	Street Address	City	State	Zip code	
2)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
3)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
4)	To					
10. Residence on an Indian Reservation - List any Indian Reservation, Village, or Community in which you have lived or worked in the last 5 years.						
11. Education - List the schools you have attended, beginning with the most recent and working back 5 years. Use item 23, if more space is needed.						
Month/Year	Month/Year	Name of School	Degree/Diploma/Other		Month/Year Awarded	
	To					
Street Address and City of School				State	Zip Code	
12. 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.						
Month/Year	Month/Year	Employer Name	Position Title			
1)	To Present					
Employer Street Address			City	State	Zip Code	
Supervisor's Name		Telephone number	Other Employer Reference		Telephone Number	
		()			()	
Reason you left						

Information contained in this questionnaire is for official use only.

Application continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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Employment Continued

Month/Year	Month/Year	Employer Name	Position Title
2)	To		
Employer Street Address		City	State Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference	Telephone Number ()
Reason you left			

Month/Year	Month/Year	Employer Name	Position Title
3)	To		
Employer Street Address		City	State Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference	Telephone Number ()
Reason you left			

Month/Year	Month/Year	Employer Name	Position Title
4)	To		
Employer Street Address		City	State Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference	Telephone Number ()
Reason you left			

Month/Year	Month/Year	Employer Name	Position Title
5)	To		
Employer Street Address		City	State Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference	Telephone Number ()
Reason you left			

Information contained in this questionnaire is for official use only.

Application continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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13. Personal References - List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Try not to list relatives or anyone who is listed elsewhere else on this application.

1) Name	Dates Known Month/Year Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()
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Home or Work Address	City	State	Zip Code
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2) Name	Dates Known Month/Year Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()
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Home or Work Address	City	State	Zip Code
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3) Name	Dates Known Month/Year Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()
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Home or Work Address	City	State	Zip Code
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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.

14. Have you ever 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.) You must answer "Yes" even if the matter was later dismissed, deferred, vacated or expunged.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If "YES", use item 23 to provide the date, explanation of violation, final disposition, place of occurrence, and the name and address of the police department or court involved.

15. Have you been convicted by a military court-martial?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If "YES", use item 23 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

16. Are you now under charges or awaiting trial for any violation of law?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If "YES", use item 23 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.

17. Have you ever been fired from any job for any reason, did you quit after being told that you would be fired, have you resigned at the request of your employer or while employment charges or an investigation into your conduct was pending, or did you leave any job by mutual agreement because of specific problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If "YES", use item 23 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.

18. Have you ever been arrested for or charged with a crime involving a child, a sex crime or a drug felony? You must answer "Yes" even if the matter was later dismissed, deferred, vacated or expunged.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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REQUIRED BY PL 101647

If "YES", use item 23 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.