



SECOND MESA DAY SCHOOL GOVERNING BOARD
PO BOX 98
SECOND MESA, ARIZONA 86043
PHONE: 928.737.2571
FAX: 928.737.2565



P.L. 100-297 GRANT SCHOOL

APPLICATION FOR 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.

1. Position Applying for: _____ **2. Date:** _____

3. Name: _____ **4. Social Security #:** _____

5. Address: _____

6. Home Phone No.: _____ **Cell No.:** _____ **Work No.:** _____

7. Are you known to schools or references by another name? () YES () NO
If yes, by what name: _____

8. How did you learn of this position? _____

9. If employed, when will you be available for work? _____

10. Are you a member of an Indian Tribe? () YES () NO

11. Have you ever been convicted of a felony or released from prison within the last seven years?
() YES () NO If yes, include date (s): _____

12. Have you ever been convicted of Child Abuse/Molestation within the last three years?
() YES () NO If yes, include date (s): _____

13. Have you been convicted of a misdemeanor within the last three years?
() YES () NO If yes, include date (s): _____

14. List trade, professional or community organizations of which you are a member, including offices held.

EMPLOYMENT EXPERIENCE

Please complete the following information for each job that you have held, starting with your present job or most recent job. Include military service assignment and volunteer activities. It is very important that you complete all information requested in order for the Second Mesa Day School Governing Board of Education to be able to properly assess your job experience.

Name of Employer _____ **Supervisor** _____
Address _____ **Phone #:** _____
Job Title _____ **Salary: Start:** _____ **Final:** _____
From (Date) _____ **To (Date)** _____ **Reason for leaving** _____
Describe Duties: _____

Name of Employer _____ **Supervisor** _____
Address _____ **Phone #:** _____
Job Title _____ **Salary: Start:** _____ **Final:** _____
From (Date) _____ **To (Date)** _____ **Reason for leaving** _____
Describe Duties: _____

Name of Employer _____ **Supervisor** _____
Address _____ **Phone #:** _____
Job Title _____ **Salary: Start:** _____ **Final:** _____
From (Date) _____ **To (Date)** _____ **Reason for leaving** _____
Describe Duties: _____

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:

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

SIGNATURE, CERTIFICATION, RELEASE

I certify that answers given herein are true and complete to the best of my knowledge and 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: _____

APPLICATION SUBMITTAL:

Submit completed application form with all necessary documentation:

**Arizona State Certification
Official Transcripts
Proof of Indian Preference
Etc.**

AUTHORIZATION AND RELEASE

Second Mesa Day School ("the Employer") has informed me that the Employer 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 or contractor of the Employer's. The Employer 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 the Employer will be utilizing Corporate Investigations, Inc. ("CII"), a consumer reporting agency, to assist in conducting an investigative consumer report pertaining to me; (4) that, in conducting their investigation, the Employer 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 the Employer 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 history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, and bankruptcy information.

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

I further authorize the Employer 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 the Employer 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 history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, and bankruptcy information. I further authorize CII to provide the Employer 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.

I hereby release the Employer, CII, and any persons providing information to the Employer 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 contractor, this authorization will remain on file and shall serve as an ongoing authorization for the Employer to obtain consumer reports and investigative consumer reports at any time during my employment or contractual relationship with the employer.

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

DISCLOSURE STATEMENT

Disclosure

In connection with an evaluation of your qualifications for employment, promotion, reassignment, or retention as an employee or contractor with **Second Mesa Day School** ("the Employer"), the Employer 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.

The Employer will be utilizing Corporate Investigations, Inc. ("CII"), 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, CII 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 history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, and bankruptcy information.

You have the right to obtain additional disclosures concerning the nature and scope of the investigation that the Employer 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 the Employer has requested, or if you would like to obtain a written summary of your rights, please submit a written request to the Employer.

Acknowledgment

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

Sign Name

Print Name

Date

SUPPLEMENTAL DATA
(Please Print Clearly)

Name _____
Last, First, MI _____ Date of Birth _____ Social Security No. _____
Maiden Name or Other Names Used _____
(list year when each name changed)

Have you ever been convicted of a crime? Yes ___ No ___
If Yes, Felony ___ or Misdemeanor ___. List Date: _____ City/County: _____ State _____

If Yes, Disposition of Case _____

Drivers License No. _____ State _____

Have you ever been convicted of other than minor traffic violations? _____ If yes, give date and explain.

HOME ADDRESSES FOR PAST 7 YEARS (Use additional page if needed)

- _____ Mo ___ Yr ___ to Mo ___ Yr ___
Present Street Address, City, State, Zip
- _____ Mo ___ Yr ___ to Mo ___ Yr ___
Street Address, City, State, Zip
- _____ Mo ___ Yr ___ to Mo ___ Yr ___
Street Address, City, State, Zip
- _____ Mo ___ Yr ___ to Mo ___ Yr ___
Street Address, City, State, Zip
- _____ Mo ___ Yr ___ to Mo ___ Yr ___
Street Address, City, State, Zip

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 Diploma Received: Yes ___ No ___
- _____ Mo ___ Yr ___ to Mo ___ Yr ___
Name of College
Street Address, City, State, Zip Degree Received: Yes ___ No ___
Degree/Major _____ Date Degree Received _____

List last name(s) if different than above at time of high school/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 Number _____
Company Name _____ area code and extension
Full address (city, state, zip) _____ First and Last Name of Supervisor _____
Dates of Employment (include month and year) _____ Supervisors Title _____
Reason for leaving _____ Position Held by Applicant _____

_____ Phone Number _____
Company Name _____ area code and extension
Full address (city, state, zip) _____ First and Last Name of Supervisor _____
Dates of Employment (include month and year) _____ Supervisors Title _____
Reason for leaving _____ Position Held by Applicant _____

_____ Phone Number _____
Company Name _____ area code and extension
Full address (city, state, zip) _____ First and Last Name of Supervisor _____
Dates of Employment (include month and year) _____ Supervisors Title _____
Reason for leaving _____ Position Held by Applicant _____

_____ Phone Number _____
Company Name _____ area code and extension
Full address (city, state, zip) _____ First and Last Name of Supervisor _____
Dates of Employment (include month and year) _____ Supervisors Title _____
Reason for leaving _____ Position Held by Applicant _____

_____ Phone Number _____
Company Name _____ area code and extension

_____ First and Last Name of Supervisor
 Full address (city, state, zip) _____

_____ Supervisors Title
 Dates of Employment (include month and year) _____

_____ Position Held by Applicant
 Reason for leaving _____

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 _____



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:

FIRST NAME: _____ **MIDDLE:** _____ **LAST NAME:** _____
DATE OF BIRTH: _____ **SOCIAL SECURITY#:** _____
MAIDEN NAME: _____

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 \$100 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