

Employment Application

**4665 W. Pecos Rd.
Laveen, Arizona 85339**



**Phone: (520) 550-4834
Fax: (520) 550-4252**

Gila Crossing Community School is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Reorganization Act of 1934 (Title 25, USC, Section 472)

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 national criminal record check will be conducted as a condition of employment.

1. Full Name				2. Today's Date		
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. Social Security number		
Name						
5. Your Telephone No.		6. Alternate Telephone No.		7. Your Email address		
()		()				
8. Place of birth			9. Position Applying For			
City	County	State				
10. 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. Include the month and year in the dates for each residence listed						
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					
Month/Year	to Month/Year	Street Address	City	State	Zip Code	
5)						

11. Residence/Employment in Tribal Community – List any Tribal communities in which you have lived or worked in the last 5 years.

Tribal Affiliation	Tribal Census number	Do you have the legal right to work in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have a driver's License? Yes No, if yes State and Number

List any relative (s) currently employed by Gila Crossing Community School.

Name	Relationship	Department or Title

12. Education – List the schools you have attended, beginning with the most recent and working back 5 years. Use item 22, if more space is needed.

Month/Year To	Month/Year	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City of School			State	Zip Code

13. Arizona Teaching Certification

Type	Approved Areas	Endorsement	Expiration date
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14. Fingerprint Clearance Card

Card Number	Issue Date	Expiration Date

15. 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." **Include the month and year in the dates for each residence listed**.

Month/Year 1) To Present	Month/Year	Employer Name	Position Title
Employer Street Address		City	State Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference	Telephone Number ()

For this employment, the last five (5) years have/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the work place, such as a violation of policy? No Yes

If yes provide the reason (s) for being warned, reprimanded, suspended or disciplined.	Date: (month/Year)
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Reason you left

Month/Year 2) To	Employer Name	Position Title		
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference	Telephone Number ()	
For this employment, the last five (5) years have\did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the work place, such as a violation of policy? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes provide the reason (s) for being warned, reprimanded, suspended or disciplined.			Date: (month/Year)	
Reason you left				
Month/Year 3) To	Employer Name	Position Title		
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference	Telephone Number ()	
For this employment, the last five (5) years have\did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the work place, such as a violation of policy? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes provide the reason (s) for being warned, reprimanded, suspended or disciplined.			Date: (month/Year)	
Reason you left				
Month\Year 4) to	Employer Name	Position Title		
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference	Telephone Number ()	
For this employment, the last five (5) years have\did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the work place, such as a violation of policy? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes provide the reason (s) for being warned, reprimanded, suspended or disciplined.			Date: (month/Year)	
Reason you left				

Month/Year 5) To	Employer Name	Position Title		
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference		Telephone Number ()
For this employment, the last five (5) years have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct in the work place, such as a violation of policy? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes provide the reason (s) for being warned, reprimanded, suspended or disciplined.			Date: (month/year)	
Reason you left				
16. References – List 6 – 3 professional, supervisory and three personal 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 To Month/Year		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()	
Home or Work Address	City		State	Zip Code
2) Name	Dates Known Month/Year To Month/Year		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()	
Home or Work Address	City		State	Zip Code
3) Name	Dates Known Month/Year To Month/Year		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night () 520	
Home or Work Address	City		State	Zip Code
4) Name	Dates Known Month/Year To Month/Year		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()	
Home or Work Address	City		State	Zip Code
5) Name	Dates Known Month/Year To Month/Year		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()	
Home or Work Address	City		State	Zip Code
6) Name	Dates Known Month/Year To Month/Year		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()	
Home or Work Address	City		State	Zip Code

17. Military History

Have you served in the United States Military? If Yes, please provide a copy of your DD224.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever received other than an honorable discharge from military? If yes please provide the circumstances, date of discharged and type of discharged below.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Month/Year	Type of discharge	Circumstances	

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.

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code §13041), section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (coded in 25 United States Code §3207) requires a national criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian Children . The following includes questions required by the above referenced citations:

18. 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 of less than \$150.00.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 23 to provide the date , explanation of violation, disposition of the arrest (s) or charge (s).place of occurrence, and the name and address of the police department or court involved.		
19. Have you been convicted by a military court-martial in the past 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.		
20. Are you now under charges for any violation of law?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.		
21. Have you ever been arrested for or charged with a crime involving a child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.		
REQUIRED BY PL 101-647		
22. 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 <input type="checkbox"/>	NO <input type="checkbox"/>
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.		
REQUIRED BY 25 CFR 63.15		

23. If you answered 'YES' for any of the above questions, explain your answer (s) below and provide court documentation for the information submitted.

Month/Year	Offense	Action Taken	Arresting Law /Military Agency Enforcement	State	Zip Code

24. 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?

YES

NO

If "YES," use item 25 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.

25. In the last 5 years, have you illegally used any controlled substance, for example, marijuana, cocaine, crack, hashish, narcotics (opium, morphine, codeine, heroin, etc.) , amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LCD,PCP, etc.) or illegally used prescription drugs.?

YES

NO

If "YES" use item 25 below to provide the date (s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of time each was used. Include any treatment or counseling received

26. Use this space to provide explanations to any of the above questions you answered "YES" on this questionnaire or for which you need more space.

Certification that My Answers are True

My statements on this questionnaire, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this questionnaire or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.

 Applicant's initials Date

I certify that my responses to the above questions are made under 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 available to the Gila Crossing Community School and my rights to challenge the accuracy and completeness of any information contained in the report.

 Applicant's Signature

 Printed Name

 Date

Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, motor vehicle records information, and national criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Gila Crossing Community School, who is conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by Gila Crossing Community School and only for the purpose of determining my suitability for employment with the **Gila Crossing Community School**

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Gila Crossing Community School whichever is sooner.

Signature (sign in black ink)	Printed Name		Date Signed
Position for Which you are being Investigated		Primary Contact Number	
Current Address	State	Zip Code	Secondary Contact Number ()

<p>SUPPORTING DOCUMENTS.</p> <p>SUBMIT COPIES OF THE FOLLOWING WITH YOUR COMEPLTED APPLICATION</p>
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For Classified position(s)

- 1. A current resume
- 2. High School diploma or GED
- 3. Current Arizona fingerprint clearance card. Front and Back (2) one for DPS and one for FBI
- 4. Immunization record
- 5. Three letters of recommendation
- 6. Any other documents required for the position and\or as specifically requested bythe School
- 7. If applicable, Paraprofessional qualifications as required by the No ChildLeft behind Act.

For Certified positions:

- 1. Copy of your Arizona Teaching Certificate
- 2. Copy of your Arizona Educator Proficiency Assessment(AEPA) results
- 3. If applicable, documentation that you meet the requirements of being a highly qualified teacher under the no child left behind act (graduate degree in your subject content area , advanced certification in your content subject or the Arizona Subject Knowledge Proficiency Exam).
- 4. Copy of your Arizona Finger print clearance card- Front and Back
- 5. Copy of documentation showing successful completion of 15 hours in Structured English Immersion (SEI) or an ESL certificate , or bilingual full endorsement (All person certified before August 31st, 2006 .
- 6. Copy of documentation showing successful completion of 45 hours in Structured English Immersion (SEI) or an ESL, or bilingual full endorsement (All person certified on or after August 31st, 2006)
- 7. A current resume
- 8. Legible copies of un-official transcripts (Official transcripts will be required at the time of hire)
- 9. Three letter of professional recommendation, including letters from teaching supervisor. If you do not have any teaching experience, letter of reference are accepted.
- 10. Immunization records
- 11. Any other documents required for the position and \ or as specifically requested bythe school