

RAMAH NAVAJO SCHOOL BOARD, INC. HUMAN RESOURCE P.O. Box 10 Pine Hill, New Mexico 87357 Phone: (505) 775-3256 Fax: (505) 775-3799

EMPLOYMENT APPLICATION

NOTICE TO APPLICANT: Please submit the following documents with your application (where applicable).

Diploma or GED

- Veterans Preference (DD214)
- **College Transcripts**
- Degree or Certificates
- State Driver's License
- Professional Licensure
- Tribal Document (CIB, Census, etc.) Reference Letters
- Resume (Optional)

• "See Resume" responses on the application are not acceptable.

Application must be filled out completely otherwise will be returned and not considered.

- Any false or misleading response will result in disgualification.
- Applications and accompanying documents will not be duplicated or returned and will remain the property of RNSB. • (Applicants are encouraged to make and keep copies, if preferred for their own records)
- An application must be completed for each position applied for RNSB will not transfer an application to another vacant position.

Name of Position applying for												
1. Full Name									2. Date	of Birth		
Last Name			First Name			Middle Name		Jr., II., etc.	Month	Day	Year	
3. Other Na	mes Used – Maide	from a former marriage, alias(s), or nickname(s).			4. Social Security Number							
Name												
5. Place of Birth								6. Telephone No.				
City			State Cour		Count	ntry						
	g Indian Preferenc	9			8. Driver's License					-1		
Name of Tribe	:		Do	you Speak Navajo:		Number		State Issued		Expiration Date:		
			Do	you Write Navajo:								
Census No.			00	you write Navajo.								
9. If Claimin	g Veteran Preferen	ce	<u> </u>		I							
Branch:	g reterair referen		1	Dates Served:		Pos	sition:					
10. Residence – List where you have lived, beginning with the most recent and working back 5 years. All periods in the												
				d for in your list.						_		
Month/Year	Month/Year	Street Ac	dress	& Mailing Address			Ci	ty	State	Z	ip Code	
1)	To Present											
Month/Year	Month/Year	Street Ac	dress	& Mailing Address			Ci	tv	State	Z	ip Code	
	_							- J				
2)	То											
Month/Year	Month/Year	Street Address & Mailing Address					Ci	ty	State	Z	ip Code	
3)	То											
Month/Year	Month/Year	Street Address & Mailing Address					Ci	City State Zip			ip Code	
4)	То			Ū								
4) Month/Year	Month/Year	Street Ac	Idraee	& Mailing Address			Ci	tv/	State	7	ip Code	
		Succi AL	101699	a maining Address				Ly .	Siale			
5)	То											
12. Residence on an Indian Reservation – List any Indian Reservations in which you have lived or worked in the last 5 years.												

years. Name and Location of School	Attended GED/Diploma/Degree			Major/Minor			
High School:	(MI	M/YY)	Rece	eived			
····g·· - ···							
College/University:							
College/University:	_						
College/Oniversity.	_						
Technical/Vocational/Business School:	_						
Certificate / License	License/Certifica	ation Number:	Level:		Expiration Date	State Issued	
Our Stanley I Linguage					Evaluation Data	Otata la sua d	
Certificate / License	License/Certifica	nse/Certification Number:			Expiration Date	State Issued	
14. Employment – List your employment a accounted for without b							
Employer Name and Mailing Addre	ss	Dates of En	ployment		Position Title		
		(MM/DD/ From	<u>YYYY)</u> To				
			DDECENT				
			PRESENT				
		Immediate Su	pervisor :				
Telephone Number :		Telephone Nu	imher:				
Reason you left :		Telephone Number: Other Employer Reference :					
Description of job duties:				•			
Employer Name and Mailing Addre	20	Datas of F	moloumont		Dopition Titl	-	
Employer Name and Mailing Addre	35	(MM/DI	mployment		Position Titl	e	
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Employer Name and Mailing Addre	35	(MM/DI From	Ο/ΥΥΥΥ) Το		Position Titl	e	
Employer Name and Mailing Addre	35	(MM/DI	Ο/ΥΥΥΥ) Το		Position Titl	e	
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		(MM/DD/YYY From	r) To				
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Telephone Number :	То	lephone Number					
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Description of job duties							
Employer Name and Mailing Address		Dates of Employ		Position Title			
		(MM/DD/YYY From	Y) To				
		TIOM	10				
	Imr	mediate Supervis	sor:				
Telephone Number :		lephone Number					
Reason you left:		ner Employer Re					
-	Ou		lerence.				
Description of job duties							
15. Personal References – List 3 people who know you v	well. The	ev should be aoo	d friends, peers	, roommates, etc	and who have		
known you for the least 5 yea		.,		,	.,		
Do NOT list relatives or anyone		listed elsewher	o also on this s	annlication			
Name Dates Known Telephone Number							
		Dates	Known		none Number		
					none Number		
Name		Dates	Known		one Number		
Name	City	Dates	Known	Teleph			
Name		Dates Month/Year	Known	State	Zip Code		
Name Home or Work Address		Dates Month/Year	Known Month/Year	State			
Name Home or Work Address		Dates Dates	Known Month/Year Known	State	Zip Code		
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17. 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.										
a. In the last 5 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on									YES	NO
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).										
b. Have you been convicted by a military court-martial in the past 5 years?								YES	NO	
c. Are you now under charges for any violation of law?								YES	NO	
d. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you									YES	NO
would be fired, or did you leave any job by mutual agreement because of specific problems?										
e. Have you ever been arrested for or charged with a crime involving a child?								YES	NO	
									YES	NO
violence; sex	f. 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 Sate, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses									
	gainst children [:] t 5 vears have		egally used any	controlled	substance, for exan	nple. marijua	na. cocaine.	crack	YES	NO
cocaine, has	hish, narcotics	opiu	m, morphine, co	deine, heroi	n, etc.), amphetami	nes, depress	sants (barbitu	ırates,		
-	-		-		P, etc.), or illegally urchase, manufactu				YES	NO
transfer, ship	pping, receiving	, or sa	ale of any narco		ant, stimulant, hallu					
intended pro	fit or that of an					-				
Question #	If you answ Month/Year	red	YES, for any of Offense	the above	questions in this s					State
Question #	wonth/real	Offense Court Arresting Law Enforcement /M Disposition Agency					hintar y	Sidle		
Question #	Month/Yea	r to	Month Year		Specify Reason Employer's Nam					ress
	<u> </u>	to	/							
		to /								
Question #	Month/Yea		Month Year	r Controlled Substance /Prescription Drug Used Number				er of Times Used		
	/	to								
	/	to	1							
					hat my Answer					
My statements on this application, 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 application 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 initial 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 Ramah Navajo School Board, Inc. and my rights to challenge the accuracy and completeness of any information contained in the report										
Applic	Applicant's Signature Printed Name Date									