

# Application for Employment

Chilchinbeto Community School, Inc.

P.O. Box 740 λ Kayenta, Arizona 86033

Phone (928) 697-3800 λ Fax (928) 697-3448

## PLEASE PRINT

*Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Personnel Department.*

## **PERSONAL DATA (Please type or print)**

Name: (Last, First, Middle) \_\_\_\_\_

Street Address: Street \_\_\_\_\_

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

Mailing Address: P.O. Box \_\_\_\_\_

*(if different)*

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

Phone Number(s): \_\_\_\_\_

Are you a U.S. citizen?  Yes  No If no, do you have legal authorization to work in the United States?  Yes  No

Social Security No. \_\_\_\_\_ When are you available for employment? \_\_\_\_\_

## **POSITION DESIRED**

If you are applying for a specific vacant position, please list \_\_\_\_\_

If you are applying for positions that may open in the future or you are interested in other types of positions, please check each category below in which you are interested and for which you are qualified:

Administrative List position desired or specialty and semester hours \_\_\_\_\_

Teacher or Other Certified List grade level or subject area preferences and semester hours in each \_\_\_\_\_

\_\_\_\_\_

Home Living  Secretarial/Clerical/Office Support  Food Service  Maintenance/Labor/Crafts

Other (list general category) \_\_\_\_\_

Would you accept any of the following types of employment?  Part-time  Substitute  Temporary  Night work

List the days of the week, time of year, time of day or other information regarding when you are generally available to work:

\_\_\_\_\_

Date of Application: \_\_\_\_\_

## TRAINING & SKILLS

Please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12      College: 1 2 3 4 5 6

Last High School Attended

Location

Graduation Date

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Name of Colleges, Universities,  
Trade, Business or Other Training  
Schools Attended

Location

Major or  
Field of Study

Graduation  
Date

Dates Attended

Type of  
Degree or  
semester hrs

GPA

Name of Colleges, Universities, Trade, Business or Other Training Schools Attended	Location	Major or Field of Study	Graduation Date	Dates Attended	Type of Degree or semester hrs	GPA

Describe any special training received in addition to that listed above \_\_\_\_\_

If you have any of the following skills, please check the appropriate box:

Typing      Words per minute? \_\_\_\_\_       Shorthand      Words per minute? \_\_\_\_\_

Journeyman skill level in construction or trades. List skills/trades \_\_\_\_\_

Other List any other skills you have relevant to the job you are applying for \_\_\_\_\_

## EMPLOYMENT EXPERIENCE & OTHER QUALIFICATIONS

Indicate the following areas in which you have experience and are proficient:

### COMPUTER USE (List program(s), version & years of experience)

- Word processing \_\_\_\_\_
- Spreadsheet \_\_\_\_\_
- Desktop Publishing \_\_\_\_\_
- Database \_\_\_\_\_
- Other \_\_\_\_\_

### HEAVY EQUIPMENT/MACHINERY

List type of equipment and years of experience \_\_\_\_\_

List any other special qualifications, experience or skills you may have (licenses, certificates, skills with certain tools or machines, volunteer or community service, memberships, etc.)

Do you have a Driver's License?  Yes  No  Commercial [CDL] ( a driver's license may not be necessary for employment.

**EMPLOYMENT EXPERIENCE** (List most recent experience first and indicate whether position was full-time or part-time)

1. Name of employer \_\_\_\_\_  
 Mailing address: Street or P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dates of employment: From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_ Last Salary \_\_\_\_\_  
 Immediate supervisor: Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Title of the position you held \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Brief description of duties & responsibilities \_\_\_\_\_

2. Name of employer \_\_\_\_\_  
 Mailing address: Street or P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dates of employment: From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_ Last Salary \_\_\_\_\_  
 Immediate supervisor: Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Title of the position you held \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Brief description of duties & responsibilities \_\_\_\_\_

3. Name of employer \_\_\_\_\_  
 Mailing address: Street or P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dates of employment: From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_ Last Salary \_\_\_\_\_  
 Immediate supervisor: Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Title of the position you held \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Brief description of duties & responsibilities \_\_\_\_\_

**OTHER RECENT WORK EXPERIENCE** (List most recent experience first)

Employer's Name	Location	Position/Nature of Work	Dates

Have you ever served in the U.S. military:

Dates served: \_\_\_\_\_ Branch of service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**REFERENCES & OTHER INFORMATION**

*PERSONAL REFERENCES (Give names and addresses of three references who have firsthand knowledge of your personality, character and work habits – do not include personal friends or relatives. Former employers or co-workers are preferred.)*

Name (complete)	Position, Title or Occupation	Address	Phone

**OTHER INFORMATION**

Have you ever been involuntarily terminated or asked to resign from employment?  Yes  No If yes, please give the following

Name of employer \_\_\_\_\_ Date of Termination/resignation \_\_\_\_\_

Reason for the termination or request of resignation \_\_\_\_\_

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

Are you currently employed?  Yes  No If yes, state briefly your reason for desiring a change: \_\_\_\_\_

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

Please list any languages other than English in which you are fluent: \_\_\_\_\_

Did you have a job-related accident in your last jobs?  Yes  No If yes, describe accident, injury and number of work days lost. (A "yes" answer will not necessarily prohibit you from being considered for employment with the School).

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

Are you aware of any reason you would not be able to perform the duties of the position for which you are applying with or without reasonable accommodations?

Yes  No If yes, please explain: \_\_\_\_\_

If you have ever worked for the Chilchinbeto Community School, give dates and position: \_\_\_\_\_

\_\_\_\_\_

Have you ever worked or applied for work under a different name, give name: \_\_\_\_\_

Describe any special abilities, talents, skills or experience you have ( e.g., drama, music, athletics, computers, special training, etc.):

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Please list any professional and/or civic activities in which you are involved (include offices held and honors or awards received):

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Would you be willing to coach or sponsor an extracurricular activity? (e.g., student council, athletic teams, clubs, etc.)

Yes  No If yes, in which areas do you feel qualified? \_\_\_\_\_

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**STATEMENT**

Please write a brief statement explaining why you chose to apply for a position with Chilchinbeto Community School: \_\_\_\_\_

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**APPLICANT SIGNATURE**

**READ CAREFULLY BEFORE SIGNING**

I certify that the information supplied in this application is true and correct. I hereby authorize Chilchinbeto Community School Governing Board, by and through its agents and employees, to make any investigations of my personal, professional and financial background as it deems necessary. Falsification of any part of this application shall be cause for rejection of application or dismissal.

**SIGNATURE**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

*Applicants are considered for the job based upon job-related qualifications, without regard to race, religion, color, age, national origin, sex, physical handicap or disability or other protected classifications under state and federal equal opportunity laws.*

# Conviction Report

*This section to be completed by all applicants*

Name of applicant: \_\_\_\_\_

*Because of the responsibility Chilchibeto Community School has to its school children and community, the following information is needed from all applicants and employees regarding convictions. CONVICTION means the final judgment on a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.*

*A record of conviction does not prohibit employment. However, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of dismissal if employed, and may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Chilchibeto Community School Administration Office. Please read carefully, answer every question, and sign at the bottom.*

Have you ever been convicted of a minor offense other than traffic violation(s)?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of a sex or drug-related offense?  Yes  No

*(Second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse)*

If any of the answers to the above questions is marked "Yes", please write a detailed explanation below:

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I hereby certify that the information presented on this application is true, accurate and complete. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the Chilchibeto Community School. I authorize the Chilchibeto Community School to make reference checks and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# Teacher Application Supplement

*This section to be completed only by those applying for certified teacher positions*

Name of applicant: \_\_\_\_\_

*IMPORTANT: Before final consideration for employment, the candidate must have on file in the Chilchibeto Community School Administration Office a complete set of transcripts and a placement file. It is the candidate's responsibility to see that transcripts or placement files are provided. All candidates must qualify for certification prior to employment.*

## **CERTIFICATIONS**

Type of Certification	State of Validation	Expiration Date

Type of Endorsement	State of Validation	Expiration Date

Undergraduate major: \_\_\_\_\_

Undergraduate minor: \_\_\_\_\_

Graduate degree(s) in: \_\_\_\_\_

Total graduate level semester hours earned:     Bachelor's Degree plus \_\_\_\_ hours     Master's Degree plus \_\_\_\_ hours

## **STUDENT TEACHING EXPERIENCE**

Name of School & Location	Grades or Subjects Taught	Dates	Cooperating Teacher

Name and address of college/university where your confidential placement records are on file:

Name: \_\_\_\_\_

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

## **PHILOSOPHIES**

*Please answer each of the questions given below as best you can. The space provided should be adequate, but if more space is needed, please attach additional pages.*

1. What do you want to accomplish as a teacher?

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2. How will you go about finding out about students' attitudes and feelings in your class?

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3. What qualities, skills or attributes do you employ that contribute to you being an outstanding teacher?

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4. How do you go about deciding what should be taught in your class?

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5. A parent comes to you and complains that what you are teaching his child is irrelevant to the child's needs. How would you respond?

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6. What do you think will provide you the greatest pleasure in teaching?

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7. How do you go about dealing with a student who appears apathetic or uninterested in your class?

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8. Would you rather try a variety of teaching strategies, or would you rather try to perfect the approaches which work best for you? Explain your position.

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9. Describe your classroom discipline strategies.

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10. How do you accommodate both the students that struggle academically, and those that excel rapidly?

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11. If there were absolutely no restrictions placed upon you, what would you want to do in life?

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# CONSENT AND WAIVER TO CONDUCT BACKGROUND CHECKS

I, \_\_\_\_\_, DOB \_\_\_\_/\_\_\_\_/\_\_\_\_, SSN \_\_\_\_-\_\_\_\_-\_\_\_\_,  
(Print name of potential employee)

Residing at \_\_\_\_\_, \_\_\_\_\_ have applied for employment with the  
City State

Chilchinbeto Community School, Inc. (hereinafter School). As indicated by my signature below I understand that the School will conduct a background check of me through any or all of the following.

1. Bureau of Indian Affairs;
2. The United States of America and any of its branches, agencies, or departments;
3. The State of Arizona any of its subdivisions, branches, agencies, or departments; and
4. Any private entity retained by the School to conduct such background checks.

I understand that the School will conduct these background checks to determine my criminal history (if any), and any other factors that may be relevant to my fitness for employment with the School.

As evidenced by my signature below I consent to any or all of the above entities and any or all former employers providing all requested information and hereby waive and forever surrender any objection or claim I may have or acquire relative to the background checks or those providing information pursuant to the School's request. I further agree and direct that a copy of this request shall have the same force and effect as an original.

This consent is limited to requests for background information from Chilchinbeto Community School, Inc., and its authorized agents from

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. to \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  
Month Date Year Month Date Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date