

PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.



I have read the preceding instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (identified in the instructions), denial or revocation of access, and/or removal and/or debarment for employment ☐ Yes ☐ No

#### REQUIRED DOCUMENTS:

- ☐ Completed & Signed Child Care Employment Application
- ☐ Resume'
- ☐ Letter of Interest
- ☐ Three (3) Letters of Recommendation (Current-within past 6 months)
- ☐ Unofficial Academic Transcripts (*High School/GED/College*) (NOTE: *Official transcript(s) will be required upon hire*)
- ☐ Certifications/Licenses

TO BE CONSIDERED, all required document must be attached upon submittal by the closing date of each vacancy applying.

**Notice to Applicant:** The Crime Control Act of 1990, PL 101-647 (codified in 42 United States Code § 13041) & Indian Children Protection & Family Violence Prevention Act, PL 101-630, requires that all employment applications have applicants sign a receipt of notice that a national criminal record check will be conducted as a condition of employment.

#### I. POSITION APPLYING FOR

Position  Department

How did you learn about this position? ☐ Newspaper Ad ☐ Public Posting of Vacancy ☐ Internet Posting ☐ Referral by friend/relative ☐ Other

#### II. APPLICANTS INFORMATION

Position

First Name:  Last Name:  Middle Name:  Jr, II, etc.   
Full Name

Other Names Used (Maiden name, from former marriage, alias (s), or nicknames (s). AKA names, etc.)  Provide the reason(s) for name change

Social Security Number   
Used for Identification purposes only

Place of Birth (City/State/Country):

Date of Birth

Telephone Number  Home:  Cell 1:  Cell 2:  Mess:

Email Address:   
(This will be our primary contact to notify you.)

Do you have a valid Driver's License? ☐ Yes ☐ No If No, license is: ☐ Suspended ☐ Revoked ☐ Other:

Driver's License Number  Expiration Date  State of Issue

## I. WHERE HAVE YOU LIVED:



List each CITY, STATE, and ZIP CODE (if known) where you have lived during the PAST SEVEN YEARS:

List the places where you have lived beginning with your present address and working back 7 years. Residence for the entire period must be accounted for without breaks. Indicate the physical location of your residence, and Post Office box or mailing address, if applicable. If you split your time between one or more residences during the time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years' residence history. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

### Enter Residence Information

|   |                      |                      |   |                                |                                       |  |
|---|----------------------|----------------------|---|--------------------------------|---------------------------------------|--|
| #1  | From Date (MM/YY)    | To Date (MM/YY)      | Is this Residence:                        |                                | <input type="checkbox"/> Owned by you | <input type="checkbox"/> Rented or leased by you |
|   | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Military housing | <input type="checkbox"/> Other |                                       |  |
| Street/Residential Address  |                      | City                 | State                                     | Zip Code                       | Country                               |  |
| <input type="text"/>  |                      | <input type="text"/> | <input type="text"/>                      | <input type="text"/>           | <input type="text"/>                  |  |
| Mailing Address   |                      | City                 | State                                     | Zip Code                       | Country                               |  |
| <input type="text"/>  |                      | <input type="text"/> | <input type="text"/>                      | <input type="text"/>           | <input type="text"/>                  |  |
| IS this residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |                      |   |                                |                                       |  |
| If "YES", provide location (Community, State) <input type="text"/>  |                      |                      |   |                                |                                       |  |

|   |                      |                      |   |                                |                                       |  |
|---|----------------------|----------------------|---|--------------------------------|---------------------------------------|--|
| #2  | From Date (MM/YY)    | To Date (MM/YY)      | Is this Residence:                        |                                | <input type="checkbox"/> Owned by you | <input type="checkbox"/> Rented or leased by you |
|   | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Military housing | <input type="checkbox"/> Other |                                       |  |
| Street/Residential Address  |                      | City                 | State                                     | Zip Code                       | Country                               |  |
| <input type="text"/>  |                      | <input type="text"/> | <input type="text"/>                      | <input type="text"/>           | <input type="text"/>                  |  |
| Mailing Address   |                      | City                 | State                                     | Zip Code                       | Country                               |  |
| <input type="text"/>  |                      | <input type="text"/> | <input type="text"/>                      | <input type="text"/>           | <input type="text"/>                  |  |
| IS this residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |                      |   |                                |                                       |  |
| If "YES", provide location (Community, State) <input type="text"/>  |                      |                      |   |                                |                                       |  |

|   |                      |                      |   |                                |                                       |  |
|---|----------------------|----------------------|---|--------------------------------|---------------------------------------|--|
| #3  | From Date (MM/YY)    | To Date (MM/YY)      | Is this Residence:                        |                                | <input type="checkbox"/> Owned by you | <input type="checkbox"/> Rented or leased by you |
|   | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Military housing | <input type="checkbox"/> Other |                                       |  |
| Street/Residential Address  |                      | City                 | State                                     | Zip Code                       | Country                               |  |
| <input type="text"/>  |                      | <input type="text"/> | <input type="text"/>                      | <input type="text"/>           | <input type="text"/>                  |  |
| Mailing Address   |                      | City                 | State                                     | Zip Code                       | Country                               |  |
| <input type="text"/>  |                      | <input type="text"/> | <input type="text"/>                      | <input type="text"/>           | <input type="text"/>                  |  |
| IS this residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |                      |   |                                |                                       |  |
| If "YES", provide location (Community, State) <input type="text"/>  |                      |                      |   |                                |                                       |  |

|   |                      |                      |   |                                |                                       |  |
|---|----------------------|----------------------|---|--------------------------------|---------------------------------------|--|
| #4  | From Date (MM/YY)    | To Date (MM/YY)      | Is this Residence:                        |                                | <input type="checkbox"/> Owned by you | <input type="checkbox"/> Rented or leased by you |
|   | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Military housing | <input type="checkbox"/> Other |                                       |  |
| Street/Residential Address  |                      | City                 | State                                     | Zip Code                       | Country                               |  |
| <input type="text"/>  |                      | <input type="text"/> | <input type="text"/>                      | <input type="text"/>           | <input type="text"/>                  |  |
| Mailing Address   |                      | City                 | State                                     | Zip Code                       | Country                               |  |
| <input type="text"/>  |                      | <input type="text"/> | <input type="text"/>                      | <input type="text"/>           | <input type="text"/>                  |  |
| IS this residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |                      |   |                                |                                       |  |
| If "YES", provide location (Community, State) <input type="text"/>  |                      |                      |   |                                |                                       |  |



## I. NATIVE AMERICAN PREFERENCE

In accordance with Indian Preference in Employment Act – to be eligible and qualified applicant, you must attach a copy of your Certificate of Indian Blood (CIB).

Do you claim Indian Preference? ☐ Yes ☐ No

If yes, please indicate Tribal affiliation

Tribal Census/Roll #

## I. MILITARY SERVICES (Attach your DD-214)

Branch of Service

Period of Active Duty (Month/Year)

From

To

Rank of Discharge

Date of Final Discharge

## I. EDUCATIONAL BACKGROUND

Note: Attach copy of your high school diploma or equivalent. Official transcripts are required.

| Name <b>HS/College/Univ.</b> | Schools Attended     | Street Address (include city, state, & zip code) | Online DL                | Dates From           | To                   | Credits Earned       | Major                | Minor                | Diploma or GED       | Month/Year of Degree |
|------------------------------|----------------------|--|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| #1                           | <input type="text"/> | <input type="text"/>                             | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone #                      | <input type="text"/> | <input type="text"/>                             | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ Yes ☐ No

If "YES", provide location (Community, State)

|         |                      |                      |                          |                      |                      |                      |                      |                      |                      |                      |
|---------|----------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| #2      | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone # | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ Yes ☐ No

If "YES", provide location (Community, State)

|         |                      |                      |                          |                      |                      |                      |                      |                      |                      |                      |
|---------|----------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| #3      | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone # | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ Yes ☐ No

If "YES", provide location (Community, State)

|         |                      |                      |                          |                      |                      |                      |                      |                      |                      |                      |
|---------|----------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| #4      | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone # | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ Yes ☐ No

If "YES", provide location (Community, State)

## II. OTHER VOCATIONAL OR BUSINESS SCHOOLS

| Name <b>Vocational/Business</b> | Schools Attended     | Street Address (include city, state, & zip code) | Online DL                | Dates From           | To                   | Credits Earned       | Major                | Minor                | Diploma or GED       | Month/Year of Degree |
|---------------------------------|----------------------|--|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| #1                              | <input type="text"/> | <input type="text"/>                             | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone #                         | <input type="text"/> | <input type="text"/>                             | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ Yes ☐ No

If "YES", provide location (Community, State)



| Name    | Vocational/Business Schools Attended | Online DL                | Dates From           | To                   | Credits Earned       | Major                | Minor                | Diploma or GED       | Month/Year of Degree |
|---------|--------------------------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| #2      | <input type="text"/>                 | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone # | <input type="text"/>                 | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ Yes ☐ No

If "YES", provide location (Community, State)

**SPECIAL QUALIFICATIONS AND SKILLS (License, Public Speaking, Professional Societies, Awards/Fellowships, etc.)**

**III. TYPE OF CERTIFICATE (complete if applying for teaching or administrative position)**

| CERTIFICATE                      | State | Endorsement                   | Expiration Date |
|----------------------------------|-------|-------------------------------|-----------------|
| Principal / Superintendent       |       |                               |                 |
| Elementary K-8                   |       |                               |                 |
| Special Education PreK-12        |       |                               |                 |
| Early Childhood, birth to age 8  |       |                               |                 |
| Native American Language PreK-12 |       | Language <input type="text"/> |                 |
| Guidance Counselor PreK-12       |       |                               |                 |
| Substitute Teacher               |       |                               |                 |
| SEI / Bilingual / ESL            |       |                               |                 |

☐ Pre-K ☐ K ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐ 6<sup>th</sup> ☐ 7<sup>th</sup> ☐ 8<sup>th</sup> ☐ Sped Ed ☐ Other

**I. PERSONAL REFERENCES**

Provide three people who know you well and live in the U.S. They should be good friends, peers, colleagues, roommates, associates, etc. and who are aware of your activities outside of the workplace, school, and whose combined association with you covers at least the last 5 years. DO NOT Provide anyone listed elsewhere on this form or close relatives.

**Entry #1** First Name:  Last Name:  Middle Name:

Provide Dates Known: From Date (Month/Year) ☐ Est From Date (Month/Year) ☐ Est Provide Relationship to you (Check all that apply)  
☐ Neighbor ☐ Work Associate ☐ Friend  
☐ Schoolmate ☐ Other

Provide the following contact information for this person:

Home Telephone #  Cell/Mobile phone #  Cell/Mobile phone #  Work Phone #

Email Address:  ☐ I don't know

Provide street address for this person (including apartment number)  City/State  Zip Code



**Entry #2** First Name:  Last Name:  Middle Name:

Provide Dates Known: ☐ Est From Date (Month/Year)  Est From Date (Month/Year)  Provide Relationship to you (Check all that apply)  
☐ Neighbor ☐ Work Associate ☐ Friend  
☐ Schoolmate ☐ Other

Provide the following contact information for this person:

Home Telephone #  Cell/Mobile phone #  Cell/Mobile phone #  Work Phone #

Email Address:  ☐ I don't know

Provide street address for this person (including apartment number)  City/State  Zip Code

**Entry #3** First Name:  Last Name:  Middle Name:

Provide Dates Known: ☐ Est From Date (Month/Year)  Est From Date (Month/Year)  Provide Relationship to you (Check all that apply)  
☐ Neighbor ☐ Work Associate ☐ Friend  
☐ Schoolmate ☐ Other

Provide the following contact information for this person:

Home Telephone #  Cell/Mobile phone #  Cell/Mobile phone #  Work Phone #

Email Address:  ☐ I don't know

Provide street address for this person (including apartment number)  City/State  Zip Code

**Continuation Space** - Use this space below (or separate blank sheets) to continue answers. If using a separate blank sheet(s) include your name and last four numbers of your social security number at the top of each blank sheet. Before each answer, identify the number of the question/item. To ensure clarity, maintain sequential order of questions and question format.

## I. EMPLOYMENT HISTORY (Do not indicate "See Resume." Begin with current or most recent position)

Provide the following information for your past and current employers, assignments, internships, or volunteer activities, beginning with the most recent/current employer. Make additional copies of sheet, if necessary. Employer information must be accurate and complete, such as address, phone number and dates of employment.

**MAY WE CONTACT YOUR CURRENT EMPLOYERS?** ☐ Yes ☐ No

### EXPLAIN ANY GAPS IN EMPLOYMENT:



Present or Last Employer:

Telephone:

Address:

FROM: Month

Year:

Job Title:

Salary: \$

TO: Month

Year:

Supervisor's Name & Title:

Reason for Leaving:

Duties:

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo?

☐

Yes

☐

No

If "YES", provide location (Community, State)

Present or Last Employer:

Telephone:

Address:

FROM: Month

Year:

Job Title:

Salary: \$

TO: Month

Year:

Supervisor's Name & Title:

Reason for Leaving:

Duties:

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo?

☐

Yes

☐

No

If "YES", provide location (Community, State)

Present or Last Employer:

Telephone:

Address:

FROM: Month

Year:

Job Title:

Salary: \$

TO: Month

Year:

Supervisor's Name & Title:

Reason for Leaving:

Duties:

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo?

☐

Yes

☐

No

If "YES", provide location (Community, State)



Present or Last Employer:

Telephone:

Address:

FROM: Month

Year:

Job Title:

Salary: \$

TO: Month

Year:

Supervisor's Name & Title:

Reason for Leaving:

Duties:

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ Yes ☐ No

If "YES", provide location (Community, State)

Present or Last Employer:

Telephone:

Address:

FROM: Month

Year:

Job Title:

Salary: \$

TO: Month

Year:

Supervisor's Name & Title:

Reason for Leaving:

Duties:

When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ Yes ☐ No

If "YES", provide location (Community, State)

## XI. BACKGROUND CHECK QUESTIONS

☐ Yes ☐ No

Initials \_\_\_\_\_

1. Have you previously been employed by **Theodore Roosevelt School**? If YES, When?

☐ Yes ☐ No

Initials \_\_\_\_\_

2. Do you have relatives employed at **Theodore Roosevelt School**? Or is a **School Board Member**?

(Relative: any person or persons related by consanguinity (blood) or affinity (marriage; i.e., in-laws, step and half relatives) within the third degree (uncles, aunts, nephews, nieces, great-grandparents & closer relations) & relatives. Relatives are defined as immediate family members, include spouse, parent, son or daughter, son- or daughter in-law, parent in-law, maternal & paternal grandparent, brother or sister, brother- or sister in-law, & grandchild. A parent is defined as a natural parent, stepparent, or adoptive parent. A child is defined as a natural child, adoptive child, legal guardian, foster child or stepchild. This policy also applies to individual and, their relatives and children, who are not legally related but who reside with another employee).

If YES, Whom and Relationship?

☐ Yes ☐ No

Initials \_\_\_\_\_

3. Do you have a physical condition that may limit your ability to perform the job for which you are applying? If YES, will you need reasonable accommodation to perform the essential function of the job for which you are applying?



☐ Yes ☐ No

Initials \_\_\_\_\_

4. Have you ever been denied employment, received disciplinary action involving your employment, fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from any organization.

**If "YES"**, provide the date, explanation of the problem, reason for leaving, and the employer's name, address, telephone number.

☐ Yes ☐ No

Initials \_\_\_\_\_

5. Have you been convicted of any misdemeanors in any Court involving crime on Deceit, Untruthfulness, Dishonesty, including but not limited to Extortion, Embezzlement, Bribery, Perjury, Misuse of Funds and Property Distribution of Marijuana, Narcotic or Dangerous Drugs, Contributing to the Delinquency of a Minor, Commercial Sexual Exploitation, or Child/Sexual Abuse, or Sexual Harassment, or found liable in any Civil Action regarding the misdemeanor?

**If "YES"**, provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.

☐ Yes ☐ No

Initials \_\_\_\_\_

6. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any felonious or misdemeanor offense under Federal, State, or Tribal law involving crimes of violence; sexual assault, molestation, contact or prostitution; or crimes against persons; or offenses committed against children?

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

☐ Yes ☐ No

Initials \_\_\_\_\_

7. Are you now under any charges for any violation of the law?

**If "YES"**, provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.

☐ Yes ☐ No

Initials \_\_\_\_\_

8. **During the last 7 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 felonies, firearms, or explosives violations, misdemeanors and all other offenses. All offenses where you have been found guilty, pled guilty or nolo contendere (no contest).

**If "YES"**, provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.

☐ Yes ☐ No

Initials \_\_\_\_\_

9. Have you ever been arrested for or charged with a crime involving a child?

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

☐ Yes ☐ No

Initials \_\_\_\_\_

10. Have you ever been convicted of a Felony?

**If "YES"**, provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.





☐ Yes ☐ No  
Initials \_\_\_\_\_

11. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.")  
**If "YES"**, provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.

☐ Yes ☐ No  
Initials \_\_\_\_\_

12. **During the last 7 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?  
**If "YES"**, provide the dates, charge, and an explanation of the problem, reason for leaving, and the employer's name and address.

☐ Yes ☐ No  
Initials \_\_\_\_\_

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.)  
**If "YES"**, provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

☐ Yes ☐ No  
Initials \_\_\_\_\_

14. **In the last 7 years**, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.), or illegally used prescription drugs?  
**If "YES"**, provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.

☐ Yes ☐ No  
Initials \_\_\_\_\_

15. **In the last 7 years**, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?  
**If "YES"**, provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.

**Continuation Space** - Use this space below (or separate blank sheets) to continue answers. If using a separate blank sheet(s) include your name and last four numbers of your social security number at the top of each blank sheet. Before each answer, identify the number of the question/item. To ensure clarity, maintain sequential order of questions and question format.



It is noted, with reference to this questionnaire, that neither your truthful responses nor information derived from your responses to this questionnaire will be used as evidence against you in a subsequent criminal proceeding. **After completion of this form and any attachments you have provided, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).**

## APPLICANTS CERTIFICATION

**I hereby certify** that, to the best of my knowledge and belief, all of the information on and attached to this application for employment, including any attached materials (resume, transcripts, and certifications) and all required documents, are true, correct, and made in good faith. I have carefully read the foregoing instructions to complete this form. My signature below authorizes Theodore Roosevelt School, Inc. to contact any of my prior employers for reference purposes.

**I understand** that I may be subject to a background check, and hereby authorize Theodore Roosevelt School, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of their choice. I authorize the release of this information by the appropriate agencies to the investigating service.

**I understand** that a false or fraudulent answer to any question or item on any part of this application, or any misrepresentation or omission, or information offered during any interviews, or in this application packet can be justification for refusal of employment, or if employed, may be sufficient cause for rejection of hiring or dismissal after employment offer, and/or even after I begin work. I agree to all State, Federal, and Tribal Investigations of my personal background and the contents of this application for employment.

**I certify** that my responses 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.

Signature of Applicant

Date

## QUESTIONNAIRE FOR DESIGNATED CHILD CARE POSITIONS

**Persons completing this form should begin with the questions below after carefully reading the preceding instructions.**

### Instructions for Completing This Form

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions provided by that office to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form(s) for your records.
2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with an N/A.
3. You may use abbreviations. Do not use acronyms that are not identified elsewhere on the form.
4. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
5. For telephone numbers in the U.S., ensure that the area code is included.
6. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use number (01 – 12) to indicate months. For example, June 29, 1997, should be written as 06/29/1997. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "EST" in the field.

### Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to five (5) years imprisonment, per Theodore Roosevelt School personnel policy (which include federal, Arizona state and White Mountain Apache Tribe laws and regulations) for employment requirements. In addition, hiring agencies generally fire, do not grant credentials, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

### Disclosure Information

The information you provide is for the purpose of investigating you for a designated position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of the background investigative information will be protected from unauthorized disclosure in accordance with Alamo Community School privacy procedures. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)] in addition to the **Alamo Community School** privacy procedures. You will not receive prior notice of such disclosures under routine use.



## 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, and criminal history record information.

I **further authorize** any investigator, or other duly accredited representative of the Theodore Roosevelt School through an investigative or credit agency or bureau of their choice, who is conducting my background investigation, to request 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 Theodore Roosevelt School and the investigative or credit agency or bureau of their choice. Only for the purposes of determining my suitability for employment with the Theodore Roosevelt 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 Theodore Roosevelt School, whichever is sooner.**

Signature (Black ink only)

Print Name

Date Signed

Position Title for which you are being investigated

Primary Contact Number

Current Address

State

Zip Code

Secondary Contact Number

## CONSENT TO CONDUCT BACKGROUND INVESTIGATIONS, CRIMINAL BACKGROUND CHECK AND RELEASE

I,

Print Applicant/Employee's name

have applied for employment with Theodore Roosevelt School (hereinafter "ACS") to work as

**Job Title**

I **certify that**, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand any misrepresentations, falsifications or material omissions provided by an applicant or employee in any of this information or data may result in ACS excluding the applicant from further consideration for employment, or if the applicant has been hired, may result in termination of employment.

I **certify** that I am not awaiting trial on and have never been convicted of, admitted in open court or pursuant to a plea agreement of committing any criminal offense in this state or any other jurisdiction for the following:

- |  |  |
|--|--|
| a) Sexual abuse of a minor   | b) Incest                                    |
| c) First or second-degree murder   | d) Kidnapping                                |
| e) Arson   | f) Sexual assault                            |
| g) Sexual exploitation   | h) Commercial sexual exploitation of a minor |
| i) Burglary in the first degree  | j) Burglary in the second or third degree    |
| k) Aggravated armed robbery  | l) Robbery                                   |
| m) Child abuse   | n) Sexual conduct with a minor               |
| o) Molestation of a child  | p) Voluntary manslaughter                    |
| q) Aggravated assault  | r) Assault/battery                           |
| s) Exploitation of minor involving drug/alcohol offenses   |  |
| t) Felony offense involving contributing to the delinquency of a minor   |  |
| u) Felony offense involving the possession or use of marijuana, dangerous drugs, narcotic drugs or other controlled substances |  |
| v) Misdemeanor offense involving the possession or use of marijuana, dangerous drugs or any other controlled substances        |  |
| w) A dangerous crime against children or defined by New Mexico State   |  |



I **understand** that in order for ACS to determine my eligibility, qualifications, and suitability for employment, ACS will conduct a background investigation and criminal background check. A background investigation may include asking any current or former employer or educational institution that I have attended or been employed by, about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, positions held, reasons for leaving employment, whether I could be re-hired, reasons for not re-hiring (if applicable) and similar information.

I **understand and agree** that a background investigation will include a criminal background check to determine if I have ever been convicted of, or admitted in open court or pursuant to a plea agreement, any criminal offense in a federal, state and tribal jurisdiction involving misconduct with a minor or the other offenses in listed in ACS Personnel Policy.

### **ACKNOWLEDGMENT AND AUTHORIZATION**

I **certify that my responses 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 **release, hold harmless, and agree** not to sue or file a claim of any kind against any current or former employer, educational institution or any other applicable third party or officer or employee of such employer, educational institute or third party, who, in good faith, furnishes written or oral references requested by ACS to complete its background investigation and criminal background check.

I **hereby give my consent** for any employer or educational institution to release information requested in connection with ACS' background investigation. Further, I hereby give my consent for any governmental entity, agency or private party to provide information relative to the criminal background check process.

Signature

Date

Full Name (First/Middle/Last)

Social Security Number (SSN)\*

Driver License State / Number

Date of Birth\*

*\*This information will be used for background screening purposes only and will not be used as hiring criteria.*

## **APPLICANT SCREENING QUESTIONNAIRE – INDIAN CHILDREN PROTECTION REQUIREMENTS**

### **Declaration Form for Prospective Employees in Education Program**

Signature

#### **SECTION 1**

**Federal policies now require that Tribal agencies require all prospective employees to sign a declaration prior to employment which lists:**

- All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- Convictions related to other forms of child abuse and neglect; and
- All convictions of violent felonies.

#### ***The declarations may exclude:***

- Traffic fines of \$200.00 or less;
- Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies, committed before the prospective employee's 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law;
- Any conviction the record of which has been expunged under Federal or State law; and
- Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

**NOTE:** Individuals who declare, though this form, that they have been arrested, charged with or convicted of any of the offenses listed above are NOT automatically disqualified from being hired. Head Start/Preschool agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.



## **ACKNOWLEDGMENT AND AUTHORIZATION**

**PLEASE PROVIDE YOUR SIGNATURE ON THE APPROPRIATE CATEGORY BELOW:**

**I certify that my responses 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 have *NOT* been arrested, charged and/or convicted on one or more of the three types offenses listed in SECTION 1 above:**

Signature

Date

**OR**

**I have been arrested, charged and/or convicted on one or more of the three types offenses listed in SECTION 1 above:**

If you have been arrested, charged and/or convicted on one or more of the three types of offenses listed in SECTION 1 above, please attach information listing the offense(s); the date(s) of the arrest, charge, and/or conviction; the law enforcement agency involved; the outcome of the court proceedings and other relevant information.

Signature

Date

## **APPLICANT SCREENING QUESTIONNAIRE – INDIAN CHILDREN PROTECTION REQUIREMENTS**

### **SUPPLEMENTAL QUESTIONNAIRE**

Full Name (Please print)

Social Security Number:

Position Title

Today's Date:

### **Notification Requirements**

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that applicants of employment of Federal child care positions 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 § 3207), requires a criminal history records check as a condition of employment for positions in the Alamo Navajo Community School and 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 responses 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.** Pursuant to Alamo Community School Policy Section 2.18, Alamo Community School provides all applicants the right to review and challenge his/her criminal history record if they deem the information has been inaccurately reported. I understand applicant may not be given a copy of the record. The record is for Alamo Community School use only. I understand my right to obtain a copy of any criminal history report made available to the Alamo Community School and my rights to challenge the accuracy and completeness of any information contained in the report by contacting the DPS Criminal Record Unit at 602-223-2222 and/or the FBI at 304-625-5590.

Signature

Date



## **APPLICANT SCREENING QUESTIONNAIRE – INDIAN CHILDREN PROTECTION REQUIREMENTS**

### **FBI Background Check - PRIVACY ACT STATEMENT**

#### **(APPLICANT'S COPY)**

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

### **Applicant Notification and Record Challenge**

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>

**Please send all documentation to:**

**DNez@trswarriors.com**

**LBen@trswarriors.com**