MANY FARMS COMMUNITY SCHOOL, INC.
Dá'ák'eh Halání Diné Bi'ólta'
Post Office Box #70, Many Farms, AZ 86538
PH: (928) 781-6221 FAX: (928) 781-6376

For Office Use Only:

_____ Date Application Received

_____ Application Received By

CERTIFIED AND ADMINISTRTIVE EMPLOYMENT APPLICATION

Please complete entire application in full. Do not use "refer to resume" or equivalent statement. A Criminal History Check is a Condition of Employment. Answer all questions completely. This application is part of the review procedure; incomplete information will affect the evaluation of your application.

Date of Application: _____

Position(s) applying for: a) _____ b) _____ c) _____

PERSONAL DATA

_____ _____/_____/_____ _____
First Middle Last Date of Birth Social Security No.

Address: _____
P.O. Box # or Street City State Zip Code

Phone: _____ Message Phone: _____ Email: _____

In case of an emergency contact: _____ Relation: _____

Address: _____ Phone No.: _____

Navajo Preference in Employment Act: In accordance with the Navajo Preference in Employment Act; it is the policy of Many Farms Community School, Inc., in all employment decisions, to give preference first to qualified Navajo persons and qualifying spouses and secondly to qualified Indians of a federally recognized tribe.

Equal Opportunity Employer: Many Farms Community School, Inc. does not discriminate on the basis of age, race, color, religion, gender, material status, handicap/disability, or national origin.

Veterans Preference: Veterans requesting preference relative to employment with Many Farms Community School must indicate they are requesting the preference in their employment application and attach a copy of their DD214 discharge papers at the time of submitting their employment application.

All complete applications will be kept in an active file for one year from date of signature or until confirmation has been received that you have been employed and have a signed contract on file.

IF YOU DO NOT POSSESS AN ARIZONA CERTIFICATION PLEASE CONTACT:
Arizona Department of Education – Certification Unit
Phoenix Office: 1535 W. Jefferson, Phoenix, AZ 85007 Telephone No.: (602) 542-4367
Tucson Office: 400 W. Congress Street #118, Tucson, AZ 85701 Telephone No.: (520) 628-6326
www.ade.az.gov/certification

What Languages other than English, are you fluent with (read & write)? _____

Are you legally eligible to work in the United States of America? ☐ Yes ☐ No Are you a Veteran? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No License Number: _____ Issuing State: _____

Are you a former MFCS employee? _____ If yes, indicate when & what position you held _____

What certification(s) do you hold?

Certificate	State	Date Issued	Expiration

What endorsement(s) do you hold?

Endorsement	State	Date Issued	Expiration

Do you have an Arizona Department of Public Safety fingerprint clearance card? ☐ Yes ☐ No

IVP#: _____ Expiration: _____ If no, date applied: _____

EDUCATION AND PROFESSIONAL TRAINING

Please list in chronological order all educational institutions attended. Transcripts must be provided for each institution listed. The information should be accurate as it is used to assist in determining your qualifications for employment.

Degree GPA	Name of Institution	Location City & State	Semester Hours	Graduation Year	Major	Minor
	Undergraduate					
	Graduate					

PROFESSIONAL EXPERIENCE

SUBSTITUTE TEACHING			
School/Address	Principal/Supervisor	Phone No.	School Year

STUDENT TEACHING					
Sch. Yr Fall/Spring	Grade Level	Subject	Name of Mentor Teacher	School/Address	Hours Earned
Name of College/University			Name of Supervisor	Contact Number	

Must list all employment (the past 5 years) in chronological order with most recent first. If there are gaps in employment, please explain. Certified adjudicators will contact your employers for reference check. ***(Don't put "see resume")***

TEACHING EXPERIENCE					
Dates Employed	**Employer's Name** (Include Address)	**Phone**	**Supervisor's Name**	**Reason for Leaving**	**Position & Salary**
From: _____ To: _____					$
From: _____ To: _____					$
From: _____ To: _____					$
From: _____ To: _____					$
From: _____ To: _____					$

ADMINISTRATIVE OR SUPERVISORY EXPERIENCE					
Dates Employed	**Employer's Name** (Include Address)	**Phone**	**Supervisor's Name**	**Reason for Leaving**	**Position & Salary**
From: _____ To: _____					$
From: _____ To: _____					$
From: _____ To: _____					$
From: _____ To: _____					$

From: _____ To: _____					
					$

Please explain any gaps in employment of over 30 days _____

_____

Have you ever been dismissed or non-renewed from a previous employer? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been asked to resign from a previous employer? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever resigned from a position rather than face disciplinary action and/or non-renewal? ☐ Yes ☐ No

If yes, please explain: _____

List any relative(s) currently employed with Many Farms Community School, Inc.

NAME	Relationship	Department

REFERENCES

Give names and complete addresses of five references that have known you for at least (5) five years and are familiar with your personality, character and work ethics. ***(Do not list relatives)***

Name	Yrs. Known	Official Position	Work Phone	Other Phone

CRIMINAL ACTIVITY REPORT

The following questions relate to Local (Navajo Nation), City, State, and Federal Law Enforcement Agencies.

For purposes of this form, the term "conviction" means the final judgment on a verdict or a finding of guilty, plea of guilty or a plea of nolo contendere in any court of competent jurisdiction in a criminal case, including, but not limited to city, state, county, tribal, or federal courts. For purposes of this form you must answer "yes" to the questions even if an appeal is pending or could be taken and even if the conviction was subsequently dismissed, set aside, deferred, vacated or expunged.

Name: _____ Social Security No.: _____
First Middle Last

List any former name(s): _____

1. 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☐ No ☐

2. 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 ☐ No

3. In the past 5 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? ☐ Yes ☐ No

4. In the past 5 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? ☐ Yes ☐ No

5. Are you awaiting trial for any crime or offense excluding minor traffic violations not involving any allegations of drugs or alcohol impairment? ☐ Yes ☐ No

6. Have you been convicted by a military court-martial in the past 5 years? ☐ Yes ☐ No

7. Are you now under charges for any violation of the law? ☐ Yes ☐ No

8. Have you ever been arrested for or charged with a crime involving a child? ☐ Yes ☐ No

9. Have you ever been convicted of, admitted committing a sex or drug related offense? ☐ Yes ☐ No

For all questions, provide all required information in detail in the space below if need to you may use a separate sheet of paper.

<table>
<tr><td colspan="2">1. Type of Charge/Conviction</td><td>Date of Charge</td><td>Date of Court Conviction</td></tr>
<tr><td>City</td><td>State</td><td>Amount of fine</td><td>Length of jail term</td></tr>
<tr><td colspan="2">Factual details or other remarks</td><td colspan="2">Length and terms of court outcome(s) (Probation, Parole, etc.)</td></tr>
</table>

2. Type of Charge/Conviction		Date of Charge	Date of Court Conviction
City	State	Amount of fine	Length of jail term
Factual details or other remarks		Length and terms of court outcome(s) (Probation, Parole, etc.)	
3. Type of Charge/Conviction		Date of Charge	Date of Court Conviction
City	State	Amount of fine	Length of jail term
Factual details or other remarks		Length and terms of court outcome(s) (Probation, Parole, etc.)	

Use this space to provide explanations to any questions you may have answered "Yes" on this questionnaire.

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 ground for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.

I certify that my responses to this entire employment application is 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 my employment. I understand my right to obtain a copy of any criminal history report made available to Many Farms Community School, Inc. and my rights to challenge the accuracy and completeness of any information contained in such report.

Signature of Applicant: _____ Date: _____

Applicant Screening Questionnaire
Indian Children Protection Requirements

Name: _____ Social Security Number: _____

NOTIFICATION OF REQUIREMENTS

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for federal child care positions have applicants 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?

[ ] No

[ ] Yes

If "yes" please 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 arresting police department or court involved.

_____

_____

_____

_____

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 Department of Interior that involves regular contact with or control over Indian children. Further, it is required to ask the following:

Have you ever been arrested, 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 another person; or offenses committed against children.

[ ] No

[ ] Yes

If "yes" please 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 arresting police department or court involved.

_____

_____

_____

_____

I certify that my response 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 understand my right to obtain a copy of any criminal history report made available to Many Farms Community School, Inc. and my rights to challenge the accuracy and completeness of nay information contained in the report.

Original Applicants Signature: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

I _____, hereby authorize Many Farms Community School, Inc. or any representative thereof to perform a complete background investigation and to prepare a consumer report, including, but limited to obtaining a consumer report and information as to my character, general reputation, credit standing, personnel characteristics, and mode of living. This report may involve personal interviews with sources such as neighbors, friends, associates, past employers, and educational institutions. Public records may be used in this report, such as civil and criminal records, driving record, liens, judgments, and bankruptcies that are deemed to have a bearing on my job performance. In using a consumer report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates, a copy of the report and a description in writing of the rights of the consumer under this title, as described by the Federal Trade Commission section 609 (c) (3) and the name, address, and phone number of the agency that provided the consumer report (Reliant, 4405 E. Baseline, Phoenix, AZ 85042 phone 602-438-8880).

"PLEASE PRINT CLEARLY"

First Name | Middle Name | Last Name

Current Mailing Address | City | State | Zip Code

List all previous names and the number of years those names were used | Date of Birth

Social Security Number | Driver's License Number | Expiration Date | State

List below all cities and state(s) of residence, and corresponding years for the past 10 years or your 18th birthday, whichever comes first.

City	State	Last name used	Yr. from	To
City	State	Last name used	Yr. from	To
City	State	Last name used	Yr. from	To
City	State	Last name used	Yr. from	To

I certify that the information I provided is true under penalty of perjury, subject to all applicable punishments, pursuant to 42 U.S.C. §13041 (d).

Print full name | Signature | Date