



WINSLOW RESIDENTIAL HALL, INC.

EMPLOYMENT APPLICATION INSTRUCTIONS

Winslow Residential Hall, Inc. (WRHI) is seeking professional, dependable, reliable, positive, and outgoing individuals to educate and prepare our Native American students in grades 7th through 12th.

WRHI complies with the Navajo Preference in Employment Act (NPEA). WRHI gives preference in employment to qualified applicants who are enrolled members of the Navajo Nation and, in certain cases, spouses of enrolled members of the Navajo Nation.

Applicants must submit complete and accurate Applications and other required information to be considered. Applications will be rejected and Applicants will be deemed not qualified for the position if the Applicant fails to submit a complete, signed, dated and notarized original (not faxed, copied, or emailed) Application; if the Application contains false, misleading, or incomplete information; if the Application states “see résumé” (or similar comments) instead of providing complete information in the Application; or if the Applicant fails to submit all of the following information and documents:

- A completed WRHI Employment Application that is signed, dated, and notarized.
- Federal (\$45.00), State (\$15.00), and Tribal background checks (\$15.90).
- Applicants are responsible for ALL fees.
- Copy of applicant's current valid driver's license.
- Second form of identification - Preferably Social Security Card
- Copy of Certificate of Indian Blood (CIB), if any. If Applicant is claiming Navajo preference, the Applicant must submit a copy of his or her Navajo Nation CIB. If the Applicant is claiming Navajo spousal preference, the Applicant must submit a copy of his or her valid marriage certificate showing that the Applicant is married to a Navajo and proof that the Applicant has been residing within the territorial jurisdiction of the Navajo Nation for at least one continuous year preceding the Application date.
- Applicant's official high school diploma or GED and all college transcripts and degrees.
- Copies of licenses, certifications, and/or credentials required for the position.

By submitting an Application, the Applicant certifies that, before submitting the Application, he or she (1) has read and understands these Instructions and (2) has obtained, read, and understands the job description identifying the necessary qualifications and essential functions of the position for which he or she is applying.

Individuals who receive offers of employment will be subject to (1) verification of eligibility to work in the United States, (2) federal, state, and local background checks, and (3) other screenings and examinations as WRHI deems necessary and appropriate. Eligibility to work in the United States and successful completion of all background checks, screenings, examinations, and interviews are necessary qualifications for employment and, therefore, all employment and all employment offers are contingent on satisfying these qualifications.

Individuals who receive offers of employment will be responsible for the cost of federal, state, and local background checks. At the time this Application was prepared, such costs were approximately \$80.00. The individual must submit this amount to WRHI in a timely manner, and all such amounts are non-refundable.

Once submitted, Applications are the property of WRHI.

For an Application, a job description, a list of necessary qualifications for the position, additional information, or if you require reasonable accommodation during the application or interview process, please contact our office at:

600 N. Alfred Avenue
Winslow, Arizona 86047
Tel: (928) 289-4488/2379
Fax: (928) 289-2821

Winslow Residential Hall, Inc.

Employment Application

Print legibly and do not leave blank spaces

POSITION(S) APPLIED FOR:				DATE OF APPLICATION:	
PERSONAL INFORMATION					
LAST NAME		FIRST NAME	MIDDLE INITIAL	JR., II, ETC.	CONTACT TELEPHONE NUMBER
					<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT
MAILING ADDRESS		CITY	STATE	ZIP CODE	PERSONAL EMAIL ADDRESS
Driver's License Information				Social Security Number	
NUMBER		STATE ISSUED	EXPIRATION		
Are you claiming Navajo Preference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide a copy of your Navajo Nation Certificate of Indian Blood.		
Are you claiming Navajo Spousal Preference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide a copy of a valid marriage certificate showing that you are married to a Navajo and proof that you reside within the territorial jurisdiction of the Navajo Nation for at least one continuous year preceding the application date.		
Other Indian Preference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide a copy of CIB or Tribal Membership Card.		
Are you legally eligible to work in the United States of America?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
If you are under 18 years old and employment is required, can you furnish a work permit?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please explain. _____		
Will you be claiming Veteran's Preference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, additional information will be requested.		
Have you ever been employed by WRHI?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide position and dates. _____		
Do you have any relatives working at Winslow Residential Hall, Inc.?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide information.		
Name: _____		Relationship: _____	Department: _____		
When are you available to begin work? _____		What is your desired salary range? _____			
Which of the following types of employment are you seeking?		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Split -shift	<input type="checkbox"/> Overnight
WHEN YOU EXPRESSED INTEREST IN THIS POSITION, YOU OBTAINED AND REVIEWED THE POSITION DESCRIPTION THAT DESCRIBED THE NECESSARY QUALIFICATIONS AND ESSENTIAL FUNCTIONS FOR THIS POSITION.					
Do you possess the "necessary qualifications" for this position?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you able to perform the "essential functions" of the job with or without reasonable accommodation?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Do not provide information about the existence of a disability, particular accommodation, or whether an accommodation is necessary. These issues may be addressed at a later time to the extent permitted by law.		
Will you travel if the job requires it?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Will you work overtime if required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you able to meet the attendance requirements of the position?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been bonded?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain: _____		
Do you have your Covid Vaccination?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain: _____		
EMPLOYMENT HISTORY					
Employment Activities- List all of 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 state "unemployed", "attending school" or similar explanations (but do not explain reasons that are based on medical conditions, including illness, injuries, or disabilities). Do not list employment before your 18 th birthday unless to provide a minimum of 2 years employment history.					
EMPLOYER		FROM DATE (MONTH/YEAR) <input type="checkbox"/> EST		TO DATE (MONTH/YEAR) <input type="checkbox"/> EST.	
STREET ADDRESS		CITY	STATE	ZIP CODE	CONTACT PHONE NUMBER
					FAX NUMBER
NAME OF LAST SUPERVISOR		FINAL POSITION TITLE		FINAL SALARY	
DESCRIPTION OF DUTIES					

REASON FOR LEAVING						
EMPLOYER			FROM DATE (MONTH/YEAR) <input type="checkbox"/> EST.		TO DATE (MONTH/YEAR) <input type="checkbox"/> EST.	
STREET ADDRESS		CITY	STATE	ZIP CODE	CONTACT PHONE NUMBER	FAX NUMBER
NAME OF LAST SUPERVISOR			FINAL POSITION TITLE		FINAL SALARY	
DESCRIPTION OF DUTIES						

REASON FOR LEAVING						
EMPLOYER			FROM DATE (MONTH/YEAR) <input type="checkbox"/> EST.		TO DATE (MONTH/YEAR) <input type="checkbox"/> EST.	
STREET ADDRESS		CITY	STATE	ZIP CODE	CONTACT PHONE NUMBER	FAX NUMBER
NAME OF LAST SUPERVISOR			FINAL POSITION TITLE		FINAL SALARY	
DESCRIPTION OF DUTIES						

REASON FOR LEAVING						
EMPLOYER			FROM DATE (MONTH/YEAR) <input type="checkbox"/> EST.		TO DATE (MONTH/YEAR) <input type="checkbox"/> EST.	
STREET ADDRESS		CITY	STATE	ZIP CODE	CONTACT PHONE NUMBER	FAX NUMBER
NAME OF LAST SUPERVISOR			FINAL POSITION TITLE		FINAL SALARY	
DESCRIPTION OF DUTIES						

REASON FOR LEAVING					
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EDUCATIONAL BACKGROUND			
School (Include Complete Address& Phone Number)	Dates Attended	Degree/Certificate Received	Major/Minor

OTHER SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, and/or certifications that may assist you in performing the position for which you are applying?

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word _____	YEARS	<input type="checkbox"/> Internet _____	YEARS
<input type="checkbox"/> Excel _____		<input type="checkbox"/> Presentations _____	
<input type="checkbox"/> Powerpoint _____		<input type="checkbox"/> Other _____	

WORK REFERENCES- Please list three references other than relatives.

Name	Company & Address	Telephone/Email

CRIMINAL AND OTHER BACKGROUND INFORMATION

A criminal history record check is a condition of employment. As part of this Application, you are required to consent, in writing to a criminal history record check. Your Application will be checked against Federal, State, and/or Tribal\Local criminal history records. A record of arrests, criminal charges and even certain convictions does not necessarily preclude employment. However, any false or incomplete statement in this section or anywhere else in this Application may result in denial or termination of employment and prosecution for filing false information.

For purposes of answering the questions in this section, the following terms are defined below:

CONVICTED means a final judgment on a verdict or finding of guilty, a plea of guilty or a plea of nolo contendere (no contest) in any Federal, State or Tribal Court of competent jurisdiction, regardless of whether an appeal is pending or could be taken and regardless of whether the conviction was subsequently set aside or expunged. A conviction does not include a successfully completed "pocket plea" or similar arrangement where in the defendant signs a guilty plea, but the plea is not entered subject to the defendant's successful completion of specified requirements. A conviction does not include a "deferred prosecution" or similar arrangement wherein the prosecution is postponed pending the defendant's successful completion of specified requirements.

ARRESTED means being detained, held or taken into custody by a person with authority to do so for the purpose of answering to a potential criminal charge.

CHARGED means being formally accused of a crime by complaint, indictment or information.

1. Have you ever been arrested, charged or convicted of, admitted to, pled guilty to, or entered a plea of *NOLO CONTENDERE* (no contest) or such similar plea to, or are you awaiting trial for **any** crime, including but not limited to a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, crimes against persons or offenses against children (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? If yes, please explain the details in full, including dates, details of offense(s) charges, jurisdiction and disposition of case name and address of police department or court involved.

YES NO _____

2. Have you ever had any license or certification of any kind (teaching certificate or otherwise) revoked or suspended or have you in any way been sanctioned by, or are any charges or complaints now pending against you before, any licensing, certification or other regulatory agency or body, public or private? If yes, please explain in detail including dates and details.

YES NO _____

3. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teaching certification or otherwise), your current or any previous employer, or any law enforcement agency? If yes, please explain in detail including dates and details.

YES NO _____

4. In the last 5 years have you used any substances controlled under federal, state, or Navajo Nation law, including without limitation marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or illegally used prescription drugs? If yes, please explain in detail including dates and details.

YES NO

By signing this Application, you certify and swear, under the penalty of perjury, that you are not awaiting trial for and have not been arrested, charged or convicted of, admitted committing, or pled nolo contendere (no contest) or guilty to any offense under Federal, State or Tribal law (even if the matter was later dismissed, set aside, deferred, vacated or expunged) involving the following:

- A crime of violence, including without limitation murder in any degree, manslaughter, assault and battery.
- Sexual assault
- Molestation
- Sexual exploitation, including without limitation commercial sexual exploitation.
- Sexual contact
- Prostitution
- Any other sex crime, including without limitation incest or sexual abuse.
- A crime against persons, including without limitation kidnapping or murder.
- An offense committed against or involving a child or a child victim, including without limitation sexual conduct with a minor, contributing to the delinquency of a minor, child abuse, child neglect, child abuse, or exploitation of minors involving drug offenses.
- A drug felony
- Other drug offenses, including but not limited to sale, distribution, possession, use or transportation of, offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs or controlled substances.
- Driving while under the influence or driving while intoxicated.
- Burglary, theft, or robbery.
- Misappropriation of funds, fraud, forgery or other "white collar" crimes.
- Arson

If you answered YES to any of the above questions OR if you have been arrested, charged or convicted of, admitted committing, or pled no contest or guilty or are you awaiting trial for any of the crimes listed in *Question 6*, above, you must provide an explanation. For criminal matters, you must provide a description of the allegations and/or criminal charges against you, the dates of proceedings, the court where the proceedings occurred, and the current and/or final disposition of the arrest, charge, and case(s). For other matters, provide the names of the employer and/or agency at issue, the relevant dates and events, and a description of the allegations against you. Attach additional pages if necessary.

ADDITIONAL DISCLOSURES

25 CFR 12 Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), Public Law 101-630 (Codified in 25 United States Code § 3207) requires designated child care positions to have a national criminal history record check and designated law enforcement positions to have a national criminal history record check and a financial record check as a condition of employment. Depending on your position you may also be subjected to a reinvestigation as routinely as every year but at least every five years as a condition of employment.

APPLICANT STATEMENT AND CERTIFICATION

I certify, under the penalty of perjury, that all information I have provided in order to apply for employment with WRHI, including without limitation the information I provided in this Application, is true, complete and correct. I understand that if I submit any information that is false, incomplete or misrepresented in any respect: (i) my Application will be rejected; (ii) I will be deemed not qualified for the position; (iii) may be criminally prosecuted; and/or (iv) if employed, I may be dismissed from employment and not considered for future employment. By submitting this Application, I certify that, before submitting the Application, I (i) read and understood the WRHI Employment Application Instructions and (ii) obtained, reviewed, and understood the WRHI job description identifying the necessary qualifications and essential functions of the position.

I understand that this application remains current for only 90 calendar days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application. This application does not constitute an offer, agreement or contract for employment.

I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Board of Director President.

If I receive an offer of employment, I will be subject to (1) verification of eligibility to work in the United States, (2) federal, state, tribal, and local background checks, the non-refundable cost of which I am responsible for, and (3) other screenings and examinations as WRH deems necessary and appropriate. Eligibility to work in the United States and successful completion of all background checks, screenings examinations, and interviews are necessary qualifications for employment and, therefore, all employment and all employment offers are contingent on satisfying these qualifications. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. Pursuant to 42 U.S.C. § 13041(d) and 25 CFR §63.15, this Application is signed under the penalty of perjury, subject to all applicable punishments.

Signature of Applicant

Date _____

Notary

My Commission Expires



**CONSENT FOR BACKGROUND CHECK, CRIMINAL HISTORY INVESTIGATION
AND FINGERPRINT CHECK;**

AUTHORIZATION TO RELEASE INFORMATION

I, _____ [Applicant’s name], have applied for employment with Winslow Residential Hall, Inc. (“Employer”). I understand that in order for the Employer to determine my eligibility, qualifications, and suitability for employment, the Employer may conduct (1) background checks, (2) criminal history investigations, and (3) fingerprint checks through the Federal Bureau of Investigations and/or other law enforcement agencies (“Investigations”).

I understand that the Investigations will involve the release to the Employer of information about me including without limitation: my criminal history; my educational background; my employment history, performance, conduct, attendance, qualifications, evaluations, the reasons I left employment, whether I could be rehired, and reasons I could not be rehired (if applicable); and all other matters relevant to my prospective employment with the Employer (“Investigative Information”). The Investigative Information will be used to determine my eligibility for employment.

I understand my right to a summary of the criminal history record check that is obtained by the Employer and challenge its accuracy and completeness.

I authorize and give my consent for the Employer and its agents, representatives, and designees to conduct all Investigations the Employer deems necessary to determine my eligibility, qualifications, and suitability for employment and to use the Investigative Information to determine my eligibility for employment.

I authorize and give my consent for the Employer to request any Federal, State, Tribal, or local private or public agencies (“Investigative Agencies”) to conduct the Investigations and collect the Investigative Information. I authorize the Investigative Agencies to conduct the Investigations and disclose the Investigative Information and the results of the Investigations to the Employer.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most of my educational records that are maintained by educational institutions. I waive _____ / do not waive _____ (initial only one) my right to see any written reference or other information provided to the Employer by any educational institution.

I hereby authorize my prior employers, educational institutions, individuals that I have identified as references, law enforcement agencies, and other third parties (collectively “Releasing Parties”) to fully release and disclose to the Employer or its agents any and all Investigative Information, whether written or oral, in their possession or within their knowledge, regardless of the nature of the Investigative Information and how the Investigative Information might reflect on my history and prospective employment opportunities.

I hereby forever release, hold harmless, agree to defend and indemnify the Employer, Investigative Agencies and Releasing Parties, and their employees, volunteers, officers, directors, shareholders managers, members, attorneys and agents, past or present, in their official and individual capacities, from all liability, claims, costs, fees and damages, whether known or unknown, which arise from, relate to or which could relate to furnishing, obtaining and using Investigative Information, conducting the Investigations, and making decisions based upon the Investigations.

I further agree and acknowledge that successful completion of all interviews, background checks, criminal history investigations, fingerprint checks and submission of all employment-related documents is one of the qualifications for the employment position for which I am applying. A photocopy or facsimile (fax) copy of this Authorization to Release Information and Release that shows my signature shall be as valid as the original.

Dated this _____ day of _____, 20__.

Signature of Applicant _____ Date _____

Notary

My Commission Expires

SECURITY QUESTIONNAIRE

1. FULL NAME

If you have only initials in your name, use them and state (IO) If you have no middle name, enter "NMN"

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2. DATE OF BIRTH:

3. PLACE OF BIRTH:

PLACE OF BIRTH CITY, STATE, COUNTRY:

COUNTRY OF CITIZENSHIP:

4. SOCIAL SECURITY NUMBER:

5. OTHER NAMES USED:

Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nicknames(s)).

#1. NAME	MONTH/YEAR TO MONTH/YEAR
#2. NAME	MONTH/YEAR TO MONTH/YEAR

6. SEX (FEMALE OR MALE)

7. WHERE YOU HAVE LIVED:

List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for in your list. If you live or have lived on an Indian Reservation or Pueblo, please include the name of the Reservation or Pueblo.

#1 MONTH/YEAR TO MONTH/YEAR
ADDRESS (Street, City State & Zip)
Reservation Or Pueblo Name (If Applicable)
#2 MONTH/YEAR TO MONTH/YEAR
ADDRESS (Street, City State & Zip)
Reservation Or Pueblo Name (If Applicable)
#3 MONTH/YEAR TO MONTH/YEAR
ADDRESS (Street, City State & Zip)
Reservation Or Pueblo Name (If Applicable)
#4 MONTH/YEAR TO MONTH/YEAR
ADDRESS (Street, City State & Zip)
Reservation Or Pueblo Name (If Applicable)
#5 MONTH/YEAR TO MONTH/YEAR
ADDRESS (Street, City State & Zip)
Reservation Or Pueblo Name (If Applicable)

8. WHERE YOU WENT TO SCHOOL:

List the schools you have attended beginning with the most recent and working back 5 years. List all College or University degrees and the dates they were received

#1 NAME OF SCHOOL	
ADDRESS (Street, City, State, & Zip)	
Dates of Attendance (Month/Year to Month/Year)	
Degree/Diploma/Other	Month/Year Awarded
#2 NAME OF SCHOOL	
ADDRESS (Street, City, State, & Zip)	
Dates of Attendance (Month/Year to Month/Year)	
Degree/Diploma/Other	Month/Year Awarded
#3 NAME OF SCHOOL	
ADDRESS (Street, City, State, & Zip)	

Dates of Attendance (Month/Year to Month/Year)	
Degree/Diploma/Other	Month/Year Awarded
9. YOUR EMPLOYMENT ACTIVITIES	
List your employment activities, beginning with the present and working back 5 years. You should list all full-time work, part-time work, military service, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks.	
#1 EMPLOYER NAME	
ADDRESS (Street, City, State, & Zip)	
Dates of Employment (Month/Year to Month/Year)	Position Title
Supervisor's Full Name	Phone Number Email Address
REASON FOR LEAVING	
#2 EMPLOYER NAME	
ADDRESS (Street, City, State, & Zip)	
Dates of Employment (Month/Year to Month/Year)	Position Title
Supervisor's Full Name	Phone Number Email Address
REASON FOR LEAVING	
#3 EMPLOYER NAME	
ADDRESS (Street, City, State, & Zip)	
Dates of Employment (Month/Year to Month/Year)	Position Title
Supervisor's Full Name	Phone Number Email Address
REASON FOR LEAVING	
#4 EMPLOYER NAME	
ADDRESS (Street, City, State, & Zip)	
Dates of Employment (Month/Year to Month/Year)	Position Title
Supervisor's Full Name	Phone Number Email Address
REASON FOR LEAVING	
#5 EMPLOYER NAME	
ADDRESS (Street, City, State, & Zip)	
Dates of Employment (Month/Year to Month/Year)	Position Title
Supervisor's Full Name	Phone Number Email Address
REASON FOR LEAVING	
9A. EMPLOYMENT	
During the last 5 years, have you been fired from any job for any reason, did you quit after being told you would be fired, or did you leave any job by mutual agreement because of specific problems? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "yes" provide the date(s), an explanation of the problem, reason for leaving, and the employer's name.	

10. PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 5 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

#1 Name of Person	Phone Number Email Address
Dates Known (Month/Year to Month/Year)	
#2 Name of Person	Phone Number Email Address
Dates Known (Month/Year to Month/Year)	
#3 Name of Person	Phone Number Email Address
Dates Known (Month/Year to Month/Year)	

11. YOUR MILITARY HISTORY

Have you served in the military? YES NO

Branch of Service

Dates of Service (Month/Year to Month/Year)

Type of Discharge

Have you been convicted by a military court-martial in the past 5 years? YES NO

If "yes", provide the date(s), explanation of the violation, place of occurrence, and the name/address of the military authority or court involved.

12. ILLEGAL DRUGS

In the last year, have you used, possessed, supplied, or manufactured illegal drugs? YES NO

When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogens (LSD, PCP, etc.). (NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding.)

If you answered "yes" provide the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

#1 Type of Substance

Dates of Usage (Month/Year to Month/Year)

Explanation

#2 Type of Substance

Dates of Usage (Month/Year to Month/Year)

Explanation

#3 Type of Substance

Dates of Usage (Month/Year to Month/Year)

Explanation

13. INDIAN CHILD PROTECTION REQUIREMENTS – 25 CFR 63

Requires the following questions to be asked, to require the individual to sign under penalty of perjury and to notify the individual that a criminal history record check is a condition of employment and consent to such check.

Have you ever been arrested, convicted of, entered a plea of nolo contendere (no contest), or guilty to any crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution, or crimes against persons under Federal, state, or tribal law? YES NO

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

14. INDIAN CHILD PROTECTION REQUIREMENTS – SECTION 231(D) 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 ask the following:

Have you ever been arrested for or charged with a crime involving a child? YES NO

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

15. OTHER SECURITY QUESTIONS

#1 During the last 5 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses) YES NO

If "yes", provide the date(s), explanation of the violation, place of occurrence, and the name/address of the police department or court involved.

#2 Are you currently under charges for any violation of law? YES NO

If "yes", provide the date(s), explanation of the charges, place of occurrence, and the name/address of the police department or court involved.

#3 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). YES NO

If "yes", provide the type, length, amount of the delinquency or default, and steps you are taking to correct the error or repay the debt.

16. CERTIFICATION

I certify that my response to the above questions is made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records checks 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 Winslow Residential Hall, Inc. and my rights to challenge the accuracy and completeness of any information contained in the report.

Signature

Date of Signature

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date.

I Authorize *Winslow Residential Hall, Inc.* personnel security representative initiating and/or conducting my background investigation or reinvestigation to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information to include publicly available electronic 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 understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of *Winslow Residential Hall, Inc.* personnel security 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 *Winslow Residential Hall, Inc.* in connection with personnel security screening to determine suitability or fitness for employment and that it may be disclosed by *Winslow Residential Hall, Inc.* only as authorized by law.

Photocopies of this authorization with my signature are valid. This authorization is valid for two (2) years from the date signed.

Full Name

Signature

Date Signed



UNITED STATES DEPARTMENT OF THE INTERIOR
Bureau of Indian Education
1011 Indian School Rd. NW, Suite 150
Albuquerque, NM 87104

APPLICANT SCREENING QUESTIONNAIRE (ASQ)

1. Section 231(d) 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 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

2. 25 CFR 63.15(a) requires that employment applications for child care positions ask the following:

Have you been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons?

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

3. BIE requires that the following question be asked:

Are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you?

Yes; If "yes," provide a complete summary of the incident to include any disposition. Also provide the date of the incident, the offense, and the name and address of the police department, court, or other entity involved.

No

I certify that my response to the above questions 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 employment. I understand my right to obtain a copy of any criminal history report made available to the Office of Indian Education Programs and my rights to challenge the accuracy and completeness of any information contained in the report.

Full Name

Signature

Date Signed