



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

The following must be included with a completed, signed, dated, and notarized WRHI Employment Application. Incomplete or unsigned Applications, Applications that are not accompanied by the following documents, and Applications that state “See Résumé” (or similar comments) may be deemed non-responsive and may be disregarded.

- Completed WRHI Employment Application, that is signed, dated, and **notarized**
- Three Letters of Recommendations, dated within 6 months of the Application date
- **Federal (\$45.00), State (\$10.79), and Tribal Background checks (\$15.75)**
  - **Applicants are responsible for ALL fees**
- Official High School Diploma/GED and/or Degree/College Transcripts
- Copy of VALID/CURRENT Driver’s License
- Certificate of Indian Blood (Navajo Preference in Employment Act is applicable)
- Copy of License, Certifications, and/or Credentials required for the position

For an application or more information, please contact our office at:

600 N. Alfred Avenue  
Winslow, Arizona 86047  
Tel: (928) 289-4488/2379  
Website: <http://www.wrhinc.org>

**Incomplete applications will not be considered. NO EXCEPTIONS.**

WRHI complies with the Navajo Preference Indian 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.

All documents attached must be completed, do not leave blank pages or omit information. Explain any gaps in employment while utilizing each section for employment history. One application is for applicant file(s) and the secondary application is for background check information.

# APPLICATION FOR EMPLOYMENT

WINSLOW RESIDENTIAL HALL, INC.  
600 N. Alfred Avenue  
Winslow, AZ 86047  
(928) 289-2379/4488

**Please Print & Do not leave blank spaces or  
Write in "Employment History" - "see résumé."**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resource Department at Winslow Residential Hall, Inc.

Position(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name LAST FIRST MIDDLE \_\_\_\_\_

Address \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Cellular/Other # (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Referral Source (How did you hear about us?) \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? .....  Yes  No

If **no**, please explain: \_\_\_\_\_

Have you ever been employed here before? If **yes**, provide dates and position(s): \_\_\_\_\_  Yes  No

Is this application a request for reemployment following an extended military leave of absence from this company?  Yes  No

If "Yes", additional information may be requested.

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work ..... \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? ..... \$ \_\_\_\_\_

Type of employment desired?  Full-Time  Part-Time  Split Shift  Overnight Shift  Open

When you expressed interest in this position, you were provided with a Position Description that described the essential functions of this position. Please review those essential functions before answering the following questions: Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

**This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.**  Yes  No

Valid Driver's license number (required for all applicants): \_\_\_\_\_ State \_\_\_\_\_

**Answering "Yes" to either part of the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.**

## Employment History - Starting with your most recent employer, provide the following information.

Employer	Telephone # ( )	Month Year Dates Employed: / TO /	Month Year
Street Address	City State	Compensation (STARTING) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Starting job title/Final job title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not?	Compensation (ENDING) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Immediate supervisor and title (for most recent position held)	Why did you leave?		
Summarize the type of work performed and job responsibilities.			
Employer	Telephone # ( )	Month Year Dates Employed: / TO /	Month Year
Street Address	City State	Compensation (STARTING) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Starting job title/Final job title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not?	Compensation (ENDING) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Immediate supervisor and title (for most recent position held)	Why did you leave?		
Summarize the type of work performed and job responsibilities.			
Employer	Telephone # ( )	Month Year Dates Employed: / TO /	Month Year
Street Address	City State	Compensation (STARTING) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Starting job title/Final job title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not?	Compensation (ENDING) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Immediate supervisor and title (for most recent position held)	Why did you leave?		
Summarize the type of work performed and job responsibilities.			

**Skills and Qualifications**

Summarize any special training, skills, licenses, and/or certificates 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.)

- Word Processing \_\_\_\_\_ Years: \_\_\_\_  E-mail \_\_\_\_\_ Years: \_\_\_\_  
 Spreadsheet \_\_\_\_\_ Years: \_\_\_\_  Internet \_\_\_\_\_ Years: \_\_\_\_  
 Presentation \_\_\_\_\_ Years: \_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_

**Educational Background**

Starting with your most recent school attended, provide the following information.

School (Include City & State)	Years Completed	Completed <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	GPA	Major/Minor
School (Include City & State)	Years Completed	Completed <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	GPA	Major/Minor
School (Include City & State)	Years Completed	Completed <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	GPA	Major/Minor

**References**

List names and telephone numbers of five business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list five school or personal references who are not related to you.

NAME	TITLE	Relationship to You	Telephone	E-mail	#of Years known
1.			( )		
2.			( )		
3.			( )		
4.			( )		
5.			( )		

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 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 agreement or contract for employment for any specified period or definite duration. 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.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Pursuant to 42 U.D.S. § 1304 (d) and 25 CFR § 63.15, this Application is signed under the penalty of perjury, subject to all applicable punishments.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL INFORMATION:**

- 1. Do you have any relatives in the Department for which you are applying?  YES  NO
- 2. Will you travel if the job requires it?  YES  NO
- 3. Will you work overtime if required?  YES  NO
- 4. Are you able to meet the attendance requirements of the position?  YES  NO
- 5. Have you ever been bonded?  YES  NO
- 6. If you answered YES to question 5, for how much? \_\_\_\_\_, and the circumstances (i.e., when and where)?

**BACKGROUND INFORMATION**

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

**CONVICTED** means a final judgment on a verdict of 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 *NO CONTENDERE* 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, or crimes against persons (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)?  YES  NO
- 2. Have you ever been dismissed, fired, or terminated from any job, or resigned at the request of your employer, or resigned while charges against you or an investigation of your behavior or conduct was pending? You must answer YES even if the matter was later resolved through means such as a settlement or separation agreement, regardless of its term.  YES  NO
- 3. 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?  YES  NO
- 4. 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) or by your current or any previous employer?  YES  NO

If you answered YES to any of the above, please explain. You may attach additional sheets of paper if necessary. For criminal matters, provide the dates of proceedings, the court where the proceedings occurred, a description of the allegations against you and the current and/or final disposition of the 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.

---

---

---

5. By signing below, you certify and swear, under the penalty of perjury, that you have not been arrested, charged or convicted of, admitted committing, or pled no contest or guilty or are you awaiting trial for 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, assault and battery

Sexual assault

Molestation

Sexual exploitation

Sexual contact

Prostitution

Any other sex crime

A crime against persons, including without limitation kidnapping and robbery,

Offenses committed against children, offenses involving a child victim or a crime involving a child, including without limitation contributing to the delinquency of a minor, child abuse and child neglect.

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.

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 above, you must answer “YES” to Question #1, above, and provide an explanation.

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. Your application will be checked against Tribal, State and/or Federal records.

UNDER OATH AND PENALTY OF PERJURY, I SWEAR THAT I HAVE FULLY AND TRUTHFULLY ANSWERED ALL OF THE QUESTIONS IN THIS APPLICATION AND ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS THE TRUTH.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
My Commission Expires

Information contained in this questionnaire is for official use only.

**Questionnaire/Application for a Child Care Position**

**Notice to Applicant:** The Crime Control Act of 1990, Public Law 101-647 [codified in 42 United States Code § 13041], requires that employment applications for child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment.

<b>1. Full Name</b>				<b>2. Date of Birth</b>		
Last Name	First Name	Middle Name	Jr, II, etc.	Month 00	Day 00	Year 0000
<b>3. Other Names Used</b> – Maiden name, from a former marriage, alias(s), or nickname(s).				<b>4. Mother's Maiden Name</b>		
Name						
<b>5. Social Security Number</b>				<b>6. Driver's License Number</b>		
<b>7. Your Telephone No.</b>		<b>8. Place of Birth</b>				
{ }		City	County		State	
<b>9. Residence</b> – List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list.						
Month/Year	Month/Year	Street Address	City	State	Zip Code	
1)	To PRESENT					
Month/Year	Month/Year	Street Address	City	State	Zip Code	
2)	To					
Month/Year	Month/Year	Street Address	City	State	Zip Code	
3)	To					
Month/Year	Month/Year	Street Address	City	State	Zip Code	
4)	To					
Month/Year	Month/Year	Street Address	City	State	Zip Code	
5)	To					
<b>10. Residence on an Indian Reservation</b> – List any Indian Reservation, Village, or Community in which you have <u>lived</u> or <u>worked</u> in the last 5 years.						
<b>11. Education</b> – List the schools you have attended, beginning with the most recent and working back 5 years. Use item 23, if more space is needed.						
Month/Year	Month/Year	Name of School	Degree/Diploma/Other		Month/Year Awarded	
1)	To PRESENT					
Street Address and City of School				State	Zip Code	
<b>12. Employment</b> – List 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						
Month/Year	Month/Year	Employer Name	Position Title			
1)	To PRESENT					
Employer Street Address			City	State	Zip Code	
Supervisor's Name		Telephone Number { }	Other Employer Reference		Telephone Number { }	
Reason you left						

INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS FOR OFFICIAL USE ONLY.

Please explain any gaps of employment.

APPLICATION CONTINUATION				
Last Name	First Name	Middle Initial	Jr, II, Etc.	Social Security number
<b>Employment Continued -</b>				
Month/Year 2)            To	Month/Year	Employer Name	Position Title	
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone Number {    }	Other Employer Reference	Telephone Number {    }	
Reason you left				

Month/Year 3)            To	Month/Year	Employer Name	Position Title	
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone Number {    }	Other Employer Reference	Telephone Number {    }	
Reason you left				

Month/Year 4)            To	Month/Year	Employer Name	Position Title	
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone Number {    }	Other Employer Reference	Telephone Number {    }	
Reason you left				

Month/Year 5)            To	Month/Year	Employer Name	Position Title	
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone Number {    }	Other Employer Reference	Telephone Number {    }	
Reason you left				

INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS FOR OFFICIAL USE ONLY.

**APPLICATION CONTINUATION**

Last Name	First Name	Middle Initial	Jr, II, Etc.	Social Security number	
<b>13. Personal References</b> – List five (5) people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least 5 years. <b>Do not to list relatives or anyone who is listed elsewhere on this application.</b>					
1) Name		Dates Known Month/Year    Month/Year TO		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night (    )	
Home or Work Address		City		State	Zip Code
2) Name		Dates Known Month/Year    Month/Year TO		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night (    )	
Home or Work Address		City		State	Zip Code
3) Name		Dates Known Month/Year    Month/Year TO		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night (    )	
Home or Work Address		City		State	Zip Code
4) Name		Dates Known Month/Year Month/Year TO		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night (    )	
Home or Work Address		City		State	Zip Code
5) Name		Dates Known Month/Year Month/Year TO		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night (    )	
Home or Work Address		City		State	Zip Code
<b>Background Information</b> – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.					
14. Have you <b>ever</b> 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 <i>nolo contendere</i> (no contest). (Leave out traffic fines of less than \$150.00.) You must answer “Yes” even if the matter was later dismissed, deferred, vacated or expunged. If “YES”, use item 23 to provide <b>the date</b> , explanation of violation, final disposition, place of occurrence, and the name and address of the police department or court involved.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Have you been convicted by a military court-martial? If “YES”, use item 23 to provide <b>the date</b> , explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Are you now under charges or awaiting trial for any violation of law? If “YES”, use item 23 to provide <b>the date</b> , explanation of violation, final disposition, place of occurrence, and the name and address of the police department or court involved.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. Have you <b>ever</b> been fired from any job for any reason, did you quit after being told that you would be fired, have you resigned at the request of your employer or while employment charges or an investigation into your conduct was pending, or did you leave any job by mutual agreement because of specific problems? If “YES”, use item 23 to provide <b>the date</b> , an explanation of the problem, reason for leaving, and the employer’s name and address.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. Have you <b>ever</b> been arrested for or charged with a crime involving a child, a sex crime or a drug felony? You must answer “Yes” even if the matter was later dismissed, deferred, vacated or expunged. <p align="center"><b>REQUIRED BY PUBLIC LAW 101-647</b></p> If “YES”, use item 23 to provide <b>the date</b> , explanation of violation, final disposition, place of occurrence, and the name and address of the police department or court involved.				YES <input type="checkbox"/>	NO <input type="checkbox"/>



INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS FOR OFFICIAL USE ONLY.

APPLICATION CONTINUATION					
Last Name	First Name	Middle Initial	Jr, II, Etc.	Social Security number	
19. Have you <b>ever</b> had a license or certificate of any kind revoked or suspended, have you been sanctioned, penalized or investigate by any licensing, certifying, or regulating agency, or is any charge, investigation, disciplinary action or complaint now pending against you by virtue of any license or certificate?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 23 to provide the name, address, and telephone number of the licensing, certifying or regulating agency, a statement of the accusations against you, the date of any proceedings, and the final disposition of the matter(s).					
20. Have you <b>ever</b> been found guilty of, or entered a plea of <i>nolo contendere</i> (no contest) or guilty to, any felony or 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? <b>REQUIRED BY PUBLIC LAW 101-630</b>				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 23 to provide <b>the date</b> , explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.					
21. In the last 5 years have you <b>illegally</b> used any controlled substance; for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or <b>illegally</b> used prescription drugs?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 23 to provide <b>the date(s)</b> 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 needed.					
22. In the last 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 <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 23 to 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.					
23. Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.					
CERTIFICATION THAT MY ANSWERS ARE TRUE					
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, incomplete or fraudulent answer to any question or item on any part of this application or its attachment may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.					
_____ Initial      Date					
I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a summary of any criminal history report made available to the <b>Winslow Residential Hall, Inc.</b> and <b>Personnel Security Consultants, Inc.</b> , and my rights to challenge the accuracy and completeness of any information contained in the report.					
_____ Applicant's Signature		_____ Printed Name		_____ Date	

INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS FOR OFFICIAL USE ONLY.

### Authorization for Release of Information

I authorize and consent to any investigator, or other duly accredited representative of the Winslow Residential Hall, Inc., who is 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, whether or not specifically requested.

I further authorize and consent to any investigator, or other duly accredited representative of the Winslow Residential Hall, Inc. 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 and consent to 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 by Winslow Residential Hall, Inc. and only for the purpose of determining my suitability for employment with the Winslow Residential Hall, Inc.

**I forever release, fully discharge, and agree to indemnify, defend and hold harmless** the Winslow Residential Hall, Inc. and their respective officers, employees, Board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and criminal history checks and using and relying on any information obtained there from. Additionally, **I forever release, fully discharge, and agree to indemnify, defend and hold harmless** any current or former employer or educational institution, and any officer, employee, volunteer, representative or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to furnishing such information.

Copies or facsimiles 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 Winslow Residential Hall, Inc., whichever is sooner.

Signature (sign in black ink)	Printed Name		Date Signed
Position for Which you are being Investigated			Primary Contact Number
Current Address	State	Zip Code	Secondary Contact Number { }



WINSLOW RESIDENTIAL HALL, INC.  
600 N. ALFRED AVENUE, WINSLOW, AZ 86047  
TELEPHONE: (928) 289-4488, 2379 FAX: (928) 289-2821

### **ADDITIONAL QUESTIONS**

1. Please state briefly how and what you can contribute to a progressive educational system serving a diverse, growing area.
2. What are the aspects of your education and experience that you think would be particularly appropriate for this position such as past leadership roles, community activities, honors, etc.
3. List your three (3) most important professional accomplishments in the past five years.
4. What are your plans for professional growth?
5. What is your philosophy of education?
6. At the end of your first year of employment at WRHI, how will you determine whether or not you have been successful?



WINSLOW RESIDENTIAL HALL, INC.  
600 N. ALFRED AVENUE, WINSLOW, AZ 86047  
TELEPHONE: (928) 289-4488, 2379 FAX: (928) 289-2821



## Navajo Police Department Information Management Section (IMS) Window Rock District

### OFFICE HOURS

Effective January 19, 2017

**Navajo Nation Background checks will ONLY BE PROCESSED**

**Monday – Wednesday – Friday**

**8:00 AM to 12:00 PM**

**THE ONLY TIME WE WILL TAKE THE 1<sup>ST</sup> 25 PEOPLE IS WHEN IMS IS SHORT STAFF (1-2 EMPLOYEES), please call in advance before making arrangements to travel to Winslow Rock, AZ.**

No same day service, after the 25<sup>th</sup> person, NO EXCEPTIONS.

\$15.90 Flat rate, NO CASH OR PERSONAL CHECKS. **Money order in the appropriate amount.**

Make money order payable to: The Navajo Nation

Criminal and/or Traffic History Check requests after the 26<sup>th</sup> person, will be processed in the order it is received and mailed to applicant. Must provide self-stamped envelope.

WRHI requires a ten (10) year background check.

For questions, call the Window Rock Office – IMS (928) 871-7621.