



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

Instructions to apply

Submit all required documents by the closing date:

1. WRHI Employment Application
2. Valid Driver's License
3. Certificate of Indian Blood
4. License, Certifications, and/or Credentials (If applicable)
5. Official High School Diploma/GED, College Degree, and/or Transcripts
6. Three Letters of Recommendations, dated within 6 months of Application date.

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

If selected for a position, an extensive background check will be completed before employment begins at the cost of the applicant.

1. Federal Background Check \$45.00
2. State Background Check \$18.93
3. Tribal Background Check \$15.90

Questions? Please contact:

Winslow Residential Hall, Inc.

Attn: Human Resources

600 N. Alfred Avenue

Winslow, Arizona. 86047

www.wrhinc.org

Phone: (928) 289-4488 Fax: (928)289-2821

WRHI gives preference to qualified applicants who are enrolled members of the Navajo Nation, followed by other state and federally recognized Indian tribal members, and thereafter any and all non-Indian applicants as set forth in the provisions of the Indian Self-Determine Act (P.L. 93-638), and the Navajo Preference in Employment Act (Title 15, Chapter 7 of the Navajo Tribal Code). All positions that allow an applicant or employee regular contact with or control over Indian children are subject to a background investigation and determination of suitability for employment.

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 /
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 /
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 /
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 Applications

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



CONSENT FOR BACKGROUND INVESTIGATION AND FINGERPRINT CHECK

I, _____, have applied for employment with the Winslow Residential Hall, Inc. (WRHI). I understand that in order for WRHI to determine my eligibility, qualifications and suitability for employment, WRHI will conduct a background investigation, including a criminal history fingerprint check from the Federal Bureau of Investigation. The results of the background investigation will be used solely for employment purposes.

I hereby give my consent for WRHI and its agents, representatives, and designees to conduct a background investigation, including a criminal history fingerprint check. I further give my consent for WRHI to request that any Federal, State, Tribal, or local private or public agency to conduct such investigation and I authorize such agency to conduct the investigation and disclose the results of the investigation to WRHI.

I hereby release, hold harmless, and indemnify WRHI, its employees, volunteers, Board of Directors, past or present, in their official and individual capacities, as well as any Federal, State, Tribal, or local private or public agency, from any liability, claims, costs and damages, whether known or unknown, which relate to or which could relate to conducting and reviewing a background investigation.

Applicants Signature

Date

Notary

My Commission Expires

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Illegal Use of Drugs and Drug Activity – We note, with reference to this section, that neither your truthful responses or information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the . The following questions pertain to the illegal use of drugs or controlled substance activity in accordance with federal laws, even though permissible under state laws.

18. In the last 5 years , have you illegally used any drugs or controlled substance? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substances.	YES <input type="radio"/>	NO <input type="radio"/>
19. In the last 5 years , have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any drug or controlled substance?	YES <input type="radio"/>	NO <input type="radio"/>

If you responded "Yes" to the above questions in this section, provide the date(s), the type of drug or controlled substance and the number of times used or your involvement. Examples include: THC (marijuana, weed, hashish, etc.); cocaine; crack cocaine; narcotics (opium, morphine, codeine, heroin); stimulants (amphetamines, speed, crystal meth, ecstasy); depressants (barbiturates, methaqualone, tranquilizers); hallucinogenics (LSD, PCP, mushrooms); ketamine (special K, jet); inhalants (toluene, amyl nitrate); steroids (clear, juice) or other.

Month/Year To	Month/Year To	Controlled Substance Used	Number of Times Used/Involvement
		<input type="checkbox"/> Est.	
Month/Year To	Month/Year To	Controlled Substance Used	Number of Times Used/Involvement
		<input type="checkbox"/> Est.	
20. In the last 5 years , have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?			YES <input type="radio"/>
			NO <input type="radio"/>
Month/Year To	Month/Year To	If you responded "Yes" to the above question in this section, provide the prescription drug that you misused	
		<input type="checkbox"/> Est.	
Provide the reason(s) for and circumstances of the misuse of the prescription drug			

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.

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

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).

Certification		
<p>My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001 and internal policies. I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my eligibility for a designated child care position, employment prospects, credentialing, or job status, up to and including denial or revocation of my credentials, or my removal and debarment from employment with</p> <p>I understand my right to obtain a copy of any national criminal history report made available to the and/or Personnel Security Consultants, Inc., and my rights to challenge the accuracy and completeness of any information contained in the report.</p>		
Signature	Printed Name	Signature Date (mm/dd/yyyy)

Enter your Social Security Number before going to the next page	→	
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Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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11. 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

Last Name	First Name	Middle Name
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Provide dates known.

From Date (Month/Year) ☐ Est. To 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 Number ()	Day <input type="radio"/> Night <input type="radio"/>	Cell/Mobile Telephone Number ()	Day <input type="radio"/> Night <input type="radio"/>	Work/Alternative ()	Day <input type="radio"/> Night <input type="radio"/>
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Provide e-mail address for this person.

☐ I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

Entry #2

Last Name	First Name	Middle Name
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Provide dates known.

From Date (Month/Year) ☐ Est. To 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 Number ()	Day <input type="radio"/> Night <input type="radio"/>	Cell/Mobile Telephone Number ()	Day <input type="radio"/> Night <input type="radio"/>	Work/Alternative ()	Day <input type="radio"/> Night <input type="radio"/>
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Provide e-mail address for this person.

☐ I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

Entry #3

Last Name	First Name	Middle Name
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Provide dates known.

From Date (Month/Year) ☐ Est. To 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 Number ()	Day <input type="radio"/> Night <input type="radio"/>	Cell/Mobile Telephone Number ()	Day <input type="radio"/> Night <input type="radio"/>	Work/Alternative ()	Day <input type="radio"/> Night <input type="radio"/>
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Provide e-mail address for this person.

☐ I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Police Record - For this section, report information regardless of whether you believe the record in your case has been sealed, expunged, or otherwise stricken from the court record or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

12. In the last 5 years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official including tribal law enforcement officials?	YES <input type="radio"/>	NO <input type="radio"/>
13. In the last 5 years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any federal, state, local, military, tribal, or non-U.S. court, even if previously listed on this form).	YES <input type="radio"/>	NO <input type="radio"/>
14. In the last 5 years have you been or are you currently on probation or parole?	YES <input type="radio"/>	NO <input type="radio"/>
15. Are you currently on trial or awaiting a trial on criminal charges?	YES <input type="radio"/>	NO <input type="radio"/>

If you have responded "Yes" to any of the above questions in this section, explain your answer(s) below providing all requested information.

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State

Police Record - For this section, each question is asking to respond if any of the following has **EVER** occurred regardless of whether you believe the record in your case has been sealed, expunged, or otherwise stricken from the court record or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

16. Have you EVER been arrested for or charged with a crime involving a child or offenses committed against children?	YES <input type="radio"/>	NO <input type="radio"/>
17. 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; or crimes against persons? QUESTION REQUIRED BY 25 UNITED STATES CODE § 3207.	YES <input type="radio"/>	NO <input type="radio"/>

If you have responded "Yes" to any of the above questions in this section, explain your answer(s) below providing all requested information.

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Employment Activities - Continued.

Entry #4 – Select your employment activity.

Employer Name:

<input type="radio"/> Active Military <input type="radio"/> Federal Contractor <input type="radio"/> National Guard/Reserve	<input type="radio"/> Other Federal Employment <input type="radio"/> State Government <input type="radio"/> Non-government Employment	<input type="radio"/> Self-employment <input type="radio"/> Unemployment <input type="radio"/> Other
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From Date (Month/Year)	<input type="checkbox"/> Est	To Date (Month/Year)	<input type="checkbox"/> Est	Select the employment status: <input type="radio"/> Full-time <input type="radio"/> Part-time
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Provide your assigned duty station during this period. (City and State)

Provide your most recent position title.

Street Address

City

State

Zip code

Telephone Number

Alternate Telephone Number

Provide the name of your supervisor.

Last Name	First Name	Position Title
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Provide the following contact information for this person.

Home Telephone Number	Day <input type="radio"/>	Cell/Mobile Telephone Number	Day <input type="radio"/>	Work/Alternative	Day <input type="radio"/>
()	Night <input type="radio"/>	()	Night <input type="radio"/>	()	Night <input type="radio"/>

Provide e-mail address for this person. ☐ I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

For this employment, in the last 7 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? ☐ Yes ☐ No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation. Date: (Month/Year)

For this employment have any of the following happened to you in the last 7 years? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. ☐ Yes ☐ No

Select your type of incident:	Reason:	Employment Departure Date:
<input type="radio"/> Fired	Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.
<input type="radio"/> Quit after being told you would be fired.	Provide the reason.	(Month/Year) <input type="checkbox"/> Est.
<input type="radio"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ Yes ☐ No

If yes, list: _____
 Community, State

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

Employment Activities - Continued.				
Entry #5 – Select your employment activity.				
Employer Name:				
<input type="radio"/> Active Military <input type="radio"/> Federal Contractor <input type="radio"/> National Guard/Reserve		<input type="radio"/> Other Federal Employment <input type="radio"/> State Government <input type="radio"/> Non-government Employment		<input type="radio"/> Self-employment <input type="radio"/> Unemployment <input type="radio"/> Other
From Date (Month/Year)	<input type="checkbox"/> Est	To Date (Month/Year)	<input type="checkbox"/> Est	Select the employment status: <input type="radio"/> Full-time <input type="radio"/> Part-time
Provide your assigned duty station during this period. (City and State)			Provide your most recent position title.	
Street Address		City	State	Zip code
Telephone Number		Alternate Telephone Number		
Provide the name of your supervisor.				
Last Name		First Name		Position Title
Provide the following contact information for this person.				
Home Telephone Number ()	Day <input type="radio"/> Night <input type="radio"/>	Cell/Mobile Telephone Number ()	Day <input type="radio"/> Night <input type="radio"/>	Work/Alternative () Day <input type="radio"/> Night <input type="radio"/>
Provide e-mail address for this person.				<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.				
For this employment, in the last 7 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? <input type="radio"/> Yes <input type="radio"/> No				
If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.				Date: (Month/Year)
For this employment have any of the following happened to you in the last 7 years? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. <input type="radio"/> Yes <input type="radio"/> No				
Select your type of incident:		Reason:	Employment Departure Date:	
<input type="radio"/> Fired		Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.	
<input type="radio"/> Quit after being told you would be fired.		Provide the reason.	(Month/Year) <input type="checkbox"/> Est.	
<input type="radio"/> Left by mutual agreement following charges or allegations of misconduct.		Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.	
If no longer employed, provide the specific reason you left the employment activity:				

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?	<input type="radio"/> Yes <input type="radio"/> No
If yes, list: _____ Community, State	

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Employment Activities - Continued.

Entry #2 - Select your employment activity.

Employer Name:

- | | | |
|---|---|--|
| <input type="radio"/> Active Military
<input type="radio"/> Federal Contractor
<input type="radio"/> National Guard/Reserve | <input type="radio"/> Other Federal Employment
<input type="radio"/> State Government
<input type="radio"/> Non-government Employment | <input type="radio"/> Self-employment
<input type="radio"/> Unemployment
<input type="radio"/> Other |
|---|---|--|

From Date (Month/Year)	<input type="checkbox"/> Est	To Date (Month/Year)	<input type="checkbox"/> Est	Select the employment status:
				<input type="radio"/> Full-time <input type="radio"/> Part-time

Provide your assigned duty station during this period. (City and State)

Provide your most recent position title.

Street Address

City

State

Zip code

Telephone Number

Alternate Telephone Number

Provide the name of your supervisor.

Last Name

First Name

Position Title

Provide the following contact information for this person.

Home Telephone Number	Day <input type="radio"/>	Cell/Mobile Telephone Number	Day <input type="radio"/>	Work/Alternative	Day <input type="radio"/>
()	Night <input type="radio"/>	()	Night <input type="radio"/>	()	Night <input type="radio"/>

Provide e-mail address for this person.

☐ I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

For this employment, in the last 7 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations?

☐ Yes ☐ No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.

Date: (Month/Year)

For this employment have any of the following happened to you in the last 7 years? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.

☐ Yes ☐ No

Select your type of incident:	Reason:	Employment Departure Date:
<input type="radio"/> Fired	Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.
<input type="radio"/> Quit after being told you would be fired.	Provide the reason.	(Month/Year) <input type="checkbox"/> Est.
<input type="radio"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?	<input type="radio"/> Yes <input type="radio"/> No
If yes, list: _____ <div style="text-align: center;">Community, State</div>	

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

Employment Activities - Continued.				
Entry #3 - Select your employment activity.				
Employer Name:				
<input type="radio"/> Active Military <input type="radio"/> Federal Contractor <input type="radio"/> National Guard/Reserve		<input type="radio"/> Other Federal Employment <input type="radio"/> State Government <input type="radio"/> Non-government Employment		<input type="radio"/> Self-employment <input type="radio"/> Unemployment <input type="radio"/> Other
From Date (Month/Year)	<input type="checkbox"/> Est	To Date (Month/Year)	<input type="checkbox"/> Est	Select the employment status: <input type="radio"/> Full-time <input type="radio"/> Part-time
Provide your assigned duty station during this period. (City and State)			Provide your most recent position title.	
Street Address		City	State	Zip code
Telephone Number		Alternate Telephone Number		
Provide the name of your supervisor.				
Last Name		First Name		Position Title
Provide the following contact information for this person.				
Home Telephone Number ()	Day <input type="radio"/> Night <input type="radio"/>	Cell/Mobile Telephone Number ()	Day <input type="radio"/> Night <input type="radio"/>	Work/Alternative () Day <input type="radio"/> Night <input type="radio"/>
Provide e-mail address for this person.				<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.				
For this employment, in the last 7 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? <input type="radio"/> Yes <input type="radio"/> No				
If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.				Date: (Month/Year)
For this employment have any of the following happened to you in the last 7 years? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. <input type="radio"/> Yes <input type="radio"/> No				
Select your type of incident:		Reason:	Employment Departure Date:	
<input type="radio"/> Fired		Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.	
<input type="radio"/> Quit after being told you would be fired.		Provide the reason.	(Month/Year) <input type="checkbox"/> Est.	
<input type="radio"/> Left by mutual agreement following charges or allegations of misconduct.		Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.	
If no longer employed, provide the specific reason you left the employment activity:				

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?	<input type="radio"/> Yes <input type="radio"/> No
If yes, list: _____ Community, State	

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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9. Where You Went to School – Do not list education before your 18th birthday, unless to provide a minimum of two years of education history.

Have you received a degree or diploma in the last **5 years**?

☒ Yes ☐ No (if no, proceed to next question)

If yes, provide the following dates of attendance and requested information.

#1 - Provide dates of attendance.

From Date (Month/Year)	<input type="checkbox"/> Est	To Date (Month/Year)	<input type="checkbox"/> Est	Select the most appropriate description of your school.
				<input type="radio"/> High School <input type="radio"/> Vocational/Technical/Trade <input type="radio"/> College/University <input type="radio"/> Online/Distance School

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No.
	()

Did you receive a degree/diploma? ☐ Yes ☐ No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one:	Major/Focus:	Date awarded (Month/Year)	<input type="checkbox"/> Est
<input type="radio"/> Degree <input type="radio"/> Attendance Only <input type="radio"/> Diploma <input type="radio"/> Other (Explain)			

#2 - Provide dates of attendance.

From Date (Month/Year)	<input type="checkbox"/> Est	To Date (Month/Year)	<input type="checkbox"/> Est	Select the most appropriate description of your school.
				<input type="radio"/> High School <input type="radio"/> Vocational/Technical/Trade <input type="radio"/> College/University <input type="radio"/> Online/Distance School

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No.
	()

Did you receive a degree/diploma? ☐ Yes ☐ No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one:	Major/Focus:	Date awarded (Month/Year)	<input type="checkbox"/> Est
<input type="radio"/> Degree <input type="radio"/> Attendance Only <input type="radio"/> Diploma <input type="radio"/> Other (Explain)			

#3 - Provide dates of attendance.

From Date (Month/Year)	<input type="checkbox"/> Est	To Date (Month/Year)	<input type="checkbox"/> Est	Select the most appropriate description of your school.
				<input type="radio"/> High School <input type="radio"/> Vocational/Technical/Trade <input type="radio"/> College/University <input type="radio"/> Online/Distance School

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No.
	()

Did you receive a degree/diploma? ☐ Yes ☐ No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one:	Major/Focus:	Date awarded (Month/Year)	<input type="checkbox"/> Est
<input type="radio"/> Degree <input type="radio"/> Attendance Only <input type="radio"/> Diploma <input type="radio"/> Other (Explain)			

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

10. 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 "unemployed" or "attending school." Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

Entry #1 - Select your employment activity.

Employer Name:

<input type="radio"/> Active Military <input type="radio"/> Federal Contractor <input type="radio"/> National Guard/Reserve	<input type="radio"/> Other Federal Employment <input type="radio"/> State Government <input type="radio"/> Non-government Employment	<input type="radio"/> Self-employment <input type="radio"/> Unemployment <input type="radio"/> Other
From Date (Month/Year) <input type="checkbox"/> Est	To Date (Month/Year) <input type="checkbox"/> Est	Select the employment status: <input type="radio"/> Full-time <input type="radio"/> Part-time

Provide your assigned duty station during this period. (City and State)	Provide your most recent position title.		
Street Address	City	State	Zip code
Telephone Number	Alternate Telephone Number		

Provide the name of your supervisor.

Last Name	First Name	Position Title
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Provide the following contact information for this person.

Home Telephone Number () Day <input type="radio"/> Night <input type="radio"/>	Cell/Mobile Telephone Number () Day <input type="radio"/> Night <input type="radio"/>	Work/Alternative () Day <input type="radio"/> Night <input type="radio"/>
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Provide e-mail address for this person.

☐ I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

For this employment, in the last 7 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? ☐ Yes ☐ No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation. Date: (Month/Year)

For this employment have any of the following happened to you in the last 7 years? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. ☐ Yes ☐ No

Select your type of incident:	Reason:	Employment Departure Date:
<input type="radio"/> Fired	Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.
<input type="radio"/> Quit after being told you would be fired.	Provide the reason.	(Month/Year) <input type="checkbox"/> Est.
<input type="radio"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ Yes ☐ No

If yes, list: _____
Community, State

Questionnaire for Designated Child Care Positions

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 from employment.

YES NO
☒ ☐

1. Full Name					
Last Name		First Name		Middle Name	Jr., II, etc
2. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s). If you have responded 'Yes' to having used other names, provide your other name(s) used and the reason why the name changed.					
Have you used any other names?					YES NO <input type="radio"/> <input type="radio"/>
Name		Provide the reason(s) why the name changed			
Name		Provide the reason(s) why the name changed			
3. Date of Birth				4. Social Security Number	
Month 00	Day 00	Year 0000			
5. Driver's License No.			6. Place of Birth		
No.:	State Issued:	City	County	State	
7. Your Contact Information - Provide your contact information. Email addresses may be used as a contact method and to identify subjects in records.					
Personal/Home Email Address			Work/Alternative Email Address		
Home Telephone Number	Day <input type="radio"/> Night <input type="radio"/>	Cell/Mobile Telephone Number	Day <input type="radio"/> Night <input type="radio"/>	Work/Alternative	Day <input type="radio"/> Night <input type="radio"/>

8. Where You Have Lived – List the places where you have lived beginning with your present address and working back 5 years. Residence for the entire period must be accounted for without breaks. Indicate the physical location of your residence, not a Post Office box. 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 18 th 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 - Provide dates of your present residence.					
From Date (Month/Year) <input type="checkbox"/> Est.		To Date (Month/Year)		Is this residence: <input type="radio"/> Owned by you <input type="radio"/> Rented or leased by you <input type="radio"/> Military Housing <input type="radio"/> Other	
Street Address		City		State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					<input type="radio"/> Yes <input type="radio"/> No
If yes, list: _____ <div style="text-align: center;">Community, State</div>					

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Where You Have Lived – Continued

#2 - Provide dates of residence.

From Date (Month/Year)	<input type="checkbox"/> Est	To Date (Month/Year)	<input type="checkbox"/> Est	Is this residence:	
				<input type="radio"/> Owned by you	<input type="radio"/> Rented or leased by you
				<input type="radio"/> Military Housing	<input type="radio"/> Other
Street Address			City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					<input type="radio"/> Yes <input type="radio"/> No
If yes, list: _____ Community, State					

#3 - Provide dates of residence.

From Date (Month/Year)	<input type="checkbox"/> Est	To Date (Month/Year)	<input type="checkbox"/> Est	Is this residence:	
				<input type="radio"/> Owned by you	<input type="radio"/> Rented or leased by you
				<input type="radio"/> Military Housing	<input type="radio"/> Other
Street Address			City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					<input type="radio"/> Yes <input type="radio"/> No
If yes, list: _____ Community, State					

#4 - Provide dates of residence.

From Date (Month/Year)	<input type="checkbox"/> Est	To Date (Month/Year)	<input type="checkbox"/> Est	Is this residence:	
				<input type="radio"/> Owned by you	<input type="radio"/> Rented or leased by you
				<input type="radio"/> Military Housing	<input type="radio"/> Other
Street Address			City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					<input type="radio"/> Yes <input type="radio"/> No
If yes, list: _____ Community, State					

#5 - Provide dates of residence.

From Date (Month/Year)	<input type="checkbox"/> Est	To Date (Month/Year)	<input type="checkbox"/> Est	Is this residence:	
				<input type="radio"/> Owned by you	<input type="radio"/> Rented or leased by you
				<input type="radio"/> Military Housing	<input type="radio"/> Other
Street Address			City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					<input type="radio"/> Yes <input type="radio"/> No
If yes, list: _____ Community, State					

Pre-Employment/Investigation Disclosure Notice

PLEASE READ CAREFULLY BEFORE SIGNING

In connection with the possible employment, access, and/or authorization considered between:

Applicant/Employee Name

and _____, the _____ may obtain information about you from outside sources to include Consumer Reporting Agency(s) (CRA). Thus, you may be the subject of "consumer reports" and "investigative reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your supervisors, former supervisors, neighbors, friends, or associates. Reports may also contain public records (including national criminal records), driving history information, consumer credit, employment and education verifications, worker's compensation (if applicable), etc. These reports may be obtained at any time after receipt of your authorization. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report. You have the right to dispute information that you believe is inaccurate or incomplete. Attached is a copy of the Summary of Consumer Rights under the Fair Credit Reporting Act.

Additional notice: 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 subject to a reinvestigation as routinely as every year but at least every five years as a condition of employment.

APPLICANT / EMPLOYEE / VOLUNTEER:
Signature: _____ Date: _____
Printed Name: _____

Questionnaire for Designated Child Care Positions

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

's internal policies and it is noted that 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. 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 's 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 's privacy procedures. You will not receive prior notice of such disclosures under routine use.

Authorization for Release of Information

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

I **Authorize** any investigator, special agent, or other duly accredited representative of the agency conducting my background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a designated child care position, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, consumer reporting agencies, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, motor vehicle records, national criminal history record information and publicly available social media information. I authorize the _____ and/or Personnel Security Consultants, Inc., who is conducting my investigation, reinvestigation for the purpose of making a determination of suitability.

I **Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessed on-line to the public, is available to the public by subscription or purchase, or is lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I **Understand** that, for former employers, motor vehicle departments, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I **Authorize** any investigator, special agent, or other duly accredited representative of the _____ and/or Personnel Security Consultants, Inc., who is conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a designated position and/or 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** the custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I **Understand** that the information released by record custodians and sources of information is for official use by the _____ and/or Personnel Security Consultants, Inc., only for the purpose of determining my suitability for employment with the _____.

Photocopies of this authorization with my signature are valid. The authorization shall remain in effect so long as I occupy a position with _____.

Signature (sign in black ink)	Full name (Type or print legibly)		Date (mm/dd/yyyy)
Other names used			
Current street address and city	State	Zip Code	Telephone 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?