

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.

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:

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.

^{*}Incomplete applications will not be accepted. NO EXCEPTIONS.

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 the application and/or interview proces	employment is available to all	persons, Those a	applicants requiring reasonab	le accommodation to Inc.
Position(s) applied for:		ource Department	Date of Application:	
Name LAST SHE	ST AMBLE			
Address	A STATE ASSESSMENT		1	
Street/P.O. Box	City	***	State	Zip Code
	_ Cellular/Other <u># ()</u>			
Referral Source (How did you hear ab If you are under 18 and it is require	out us?)		- Annar - Anna	П Уес П М
If you are under 18 and it is require	ed, can you furnish a work	permit?		П ІСВ П ІМ
If no , please explain: Have you ever been employed here	hofore? If was provide date	and positions	z).	□ Yes □ No
Is this application a request for reempl	owment following an extended to	military leave of a	bsence from this company?	□ Yes □ No
If "Ves", additional information ma	v be requested.			
Are you legally eligible for employn	nent in this country?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· U Yes U No
Date available for work	// What is your	desired salary r	ange?	\$
Type of employment desired? □	Full-Time □ Part-Time □	Split Shift □	Overnight Shift Open	
When you expressed interest in th	is position, you were provide	ed with a Positi	on Description that descrip	oed the essential
functions of this position. Please r to perform the "essential functions	of the ich for which you a	ons before answ re applying (wit)	h or without reasonable ac	commodation)?
This question is not designed to el	icit information about an at	oolicant's disabi	lity. Please do not provide	information about
the existence of a disability, partic	ular accommodation, or wh	ether accommo	dation is necessary. These	issues may be
addressed at a later stage to the ex	rtent permitted by law.			□ Yes □ No
Valid Driver's license number (req	uired for all applicants):			State
Answering "Yes" to either part of the	ne following question does r	ot constitute a	n automatic bar to employ	ment, Factors such
as date of the offense, seriousness	and nature of the violation	, rehabilitation	and position applied for wi	n be taken into
account. Employment History – Starting wi		on overtide the	following information	
	Telephone #	er, provide me i	Month Ye	ear Month Year
Employer	felephone #		Dates Employed: /	TO /
Street Address.	City Stat	te	Compensation (S	
DE OOK MAAR SEE			☐ Hourly ☐ Salary \$	per
Starting job title/Final job title	May we contact	for reference?	Compensation (
1	□ Yes □ No If	not, why not?	☐ Hourly ☐ Salary \$	per
7 1417 (6	1 1 1	1 1777 3:3	léarra	
Immediate supervisor and title (f	or most recent position held	Why did yo	u leave!	
Summarize the type of work perf	ormed and job responsibilit	ies.	· · ·	1
paintaine die sype et weize pen				
Employer	Telephone #			ear Month Year
			Dates Employed: /	TO /
Street Address	City Stat	te	Compensation (S ☐ Hourly ☐ Salary \$	per
Cutting in title /Time alieb title	May we contact	for reference?	Compensation (
Starting job title/Final job title	□ Yes □ No If		☐ Hourly ☐ Salary \$	per
		1100, 1111, 1100		•
Immediate supervisor and title (f	or most recent position held	l) Why did yo	u leave?	
Summarize the type of work perf	ormed and job responsibilit	ies.		
	Telephone #		Month Y	ear Month Year
Employer	relephone #		Dates Employed: /	TO /
Street Address	City Sta	te	Compensation (S	
SHOOL MAN COS			☐ Hourly ☐ Salary \$	per
Starting job title/Final job title	May we contact	for reference?	Compensation	(ENDING)
	□ Yes □ No If		☐ Hourly ☐ Salary \$	per
	· hardware.			
Immediate supervisor and title (f	or most recent position held	d) Why did yo	ou leave?	
	7 7 7 17	· ·		
Summarize the type of work per	ormed and job responsibilit	ies.		

furnmarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying? formputer Skills (Check appropriate boxes. Include software titles and years of experience.) Word Processing Years: Semantic School (Include Styles Skills) Years: Semantic School (Include City & Skills) Years: Other Years: Ye									
furnmarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying? formputer Skills (Check appropriate boxes. Include software titles and years of experience.) Word Processing Years: Semantic School (Include Styles Skills) Years: Semantic School (Include City & Skills) Years: Other Years: Ye	 S Semilopethicsicors								
Display of the processing and the properties boxes. Include software titles and years of experience. Word Processing Years: De-mail Years: Termail Years	Summarize any special trainin	g, skills, licenses, an	d/or certific	cates that ma	ay assist you :	in perfori	ning the p	osition for	
Word Processing Years E-mail Years	which you are applying?							 -	
Presentation Pres	Computer Skills (Check appro	opriate boxes. Includ	e software ti	itles and yea	rs of experien	ice.j		· · · · · · · · · · · · · · · · · · ·	
Presentation Pres			Years:	🗆 E-mail					
School (Include City & State)	☐ Spreadsheet		Years:	_ 🛘 Interne	t				
School [Include City & State]	LI LI COCILIALIOII		Years:	_ 🛘 Other _				Years:	
School (Include City & State)	वितिष्टाविकासी हिस्सिक्कामार्च	and the second							
School (Include City & State)			the following	miormation.	Compl	eted	GPA	Major/Minor	
School (Include City & State)	School lineiu	ide City & State						3 .	
School [include City & State]					☐ Degree		-		
School (Include City & State) Completed Con							-		
School (include City & State) Completed Diploma GED Destitionaries Destitionarie	School (Inch	ide City & State)		Years		eted	GPA	Major/Minor	
School [Include City & State]	. School (meic	ide City & States							
School (Include City & State) School (Include City & State) Years Completed Diploma GBD Diploma					Degree		-		
School (Include City & State) Years Completed GED G				ļ			-		
Set names and telephone numbers of five business/work references who are not related to you and are not previous supervisors. If not politically that all information personal references who are not related to you. NAME TITLE Relationship to you Telephone E-mail Political	School finely	rde City & State)		Years	Compl		GPA	Major/Minor	
Certification Comparison	Derior (mae	ide Oily & Olalo,		Completed		⊐ GED			
Is names and telephone numbers of five business/work references who are not related to you and are not previous supervisors. If not pplicable, list five school or personal references who are not related to you. Relationship to You Relationship to You Relationship to You Tolephone Demail Journal Status Mark Relationship to You Relationship to You Tolephone Demail Journal Status Mark Leverity 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 form 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, feature of poly waive any and all ights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defanatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for turnishing such information about me. I understand that this employer does not unlawfully discriminate in employment on any basis prohibited by application is used for our posses of limiting or eliminating any applicant from consideration for employment on any basis prohibited by application. This application does not constitute an agreement or contact for employment for any specified period or definite duration. 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 contact for employment for any specified period or definite duration. I understand that the supervisor or representative of the e					Degree		-		
Ist names and telephone numbers of five business/work references who are not related to you and are not previous supervisors. If not populate, list five school or personal references who are not related to you. Relationship to You. Telephone P-mail For Yours				İ					
Ist names and telephone numbers of five business/work references who are not related to you and are not previous supervisors. It not pupils to be a supervisor of the provided provided by the provided provided by the provided provided by the provided by t	ໃໝ່ ວ່າ ວວະເພດລະ								
NAME TITLE Relationship to You Telephone E-mail Jof Years known 1. 2. 3. 4. 5. Jupilicant Stationant 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 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 of job interview. I hereby waive any and inglate and calonian I may be regarding the employer, its representative, employees or esceking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employent process and all other persons, corporations or organizations for turnishing such information about me. I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for turnishing such information 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. I understand that his 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. I understand that no supervisor or representative of the employer is an employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application. I understand that no supervisor or representative of the employer is measured to the purpose of the purpose	List names and telephone number	s of five business/work	references w	ho are not rel	ated to you and	l are not p	revious sup	pervisors. If not	
1. () () () () () () () () () (applicable, list five school or perso	onal references who are	not related to	o you.	J				
1		TO T			Pelephone		E-mail		
2					Control of the Contro			RHOWIL	
4. 4. 5. 1. Applicant Stationant 1. Expressly authorize, without reservation, the employer, its representative, employers agents to contact and obtain information and treferences (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 ights 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 irruishing 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 dederal 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 method and in the properties of the employer and still wish to be considered for employment, it will be necessary for method and in the properties of the propose of interest of the supplication of the supplication 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 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 inmigration laws require me to co	1.			L	J				
4. 4. 5. 1. Applicant Statament 1. Expressly authorize, without reservation, the employer, its representative, employers agents to contact and obtain information and treferences (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 lights 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 turnishing 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 dederal 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 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 applicatio	2.			()				
5. (g) Jugiteuri Stationumi 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 higher with the employer 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 immishing 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 edetal 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 like				ſ)				
gyptismit Statement 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, resume or job interview. I hereby waive any and all ights 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 immishing such information about me. I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for outpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or deferral 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 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 r)				
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 turnishing 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 ederal 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. 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 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 applicable federal, religion,	4.		For the state of	l	J. Santa Santa				
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 and to therwise 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 rumishing 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 electral 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 pu	5.			[J				
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 and to therwise 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 rumishing 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 electral 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 pu	Annifermi Signament								
I expressly authorize, without reservation, the employers, its representative, employees or agents to contact and obtain information and 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 ights 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 turnishing 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 ederal 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 implies and 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 1-9 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 lim	I cortify that all information I have	e provided in order to a	pply for and s	secure work w	ith this employ	er is true,	complete a	nd correct.	
inherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and and ights 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 irrishing 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 rederal 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 or all 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. The Company takes all complaints of hara	Leverecty sutherize wit	hout reservation, the er	mplover, its re	epresentative.	employees or a	gents to co	intact and	optam mormanom	
rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using fruithing and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for intrinshing 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 it is applicated 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 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 for employment, or	from all references (personal and	l professional), employ	ers, public a	igencies, licen	sing authoritie	s and edi	r I berebu	or nue suonninsu	
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 rederal 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 or all 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 wil	otherwise verify the accuracy of a	all information provided	n by me in in	dovees or repu	, resume or joi recentatives for	r seeking.	gathering :	and using truthful	
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 ederal 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 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 sufficien	rights and claims I may have regarded	aroing the employer, its	the employm	ent process a	nd all other per	rsons, con	orations o	r organizations for	
Tunderstand 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 ederal 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 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	furnishing such information about	t me.							
ideral 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 roal 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 under applicable federal, 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	Lunderstand that this er	mplover does not unlaw	vfully discrim	inate in emplo	yment and no	question o	on this app	lication is used for	
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 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 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 cons	purpose of limiting or eliminating	any applicant from co	nsideration fo	or employmen	t on any basis	prohibited	l by applica	ible local, state, or	
This application does not 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.	federal law						•		
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.	I understand that this a	pplication remains cur	rent for only	30 days. At th	e conclusion of	that time	e, 11 1 mave 1	tion meand mont die	
understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied or all 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	employer and still wish to be cons	sidered for employment	, it will be ned	rest for emplo	nument for any	specified	neriod or o	lefinite duration, I	
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	Inis application does in	representative of the er	nolover is aut	thorized to ma	ke anv assurar	nces to the	contrary a	nd that no implied	
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	oral or written agreements contra	ary to the foregoing exp	ress languag	e are valid ur	lless they are i	n writing a	and signed	by the employer's	
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	Board of Director President								
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	I also understand that it	f I am hired, I will be r	equired to pro	ovide proof of	identity and le	gal author	rization to	work in the United	
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	States and that federal immigration	on laws require me to c	omplete an I-	9 Form in this	regard.		47-311	tion is used for	
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	This Company does not tolerate	e unlawful discriminat	tion in its en	nployment pr	actices. No qu	estion on	tnis appii Fbic or bo	tol Deen el molles.	
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	the purpose of limiting or exclu	iding an applicant iro	m considera	itton for emp	ny other prote	ected stat	us under :	policable federal.	
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	religion, national origin, geneti	e miormation, citizen er Urerrice does not to	isiup, age, w Jerate haras	sment hased	on sex, race, c	olor, relig	ion, natio	al origin, genetic	
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	information citizenship are di	is ability, or any other	protected st	atus. The Co	mpany takes a	11 compla	ints of har	assment seriously	
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	and all complaints will be inves	tidated promptly and	thoroughly.						
(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	T dawatand that any information n	roulded by me that is for	and to be false	e, incomplete o	r misrepresente	d in any re	spect, will b	e sufficient cause to	
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	(i) eliminate me from further consid	leration for employment,	or (ii) may re	sult in my imm	ediate discharge	e from the	employer's	service, whenever it	
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	is discovered.	DO NOT SIGN INTIL VOL	HAVE BEAD	THE AROVE AF	PLICANT STATE	EMENT.			
Pursuant to 42 U.D.S. \S 1304 (d) and 25 CFR \S 63.15, this Application is signed under the penalty of perjury, subject to all	I certify that I have read fully	understand and acc	ept all term	s of the fore	going Applica	nt Staten	ient.		
	Purcuant to 42 II D.S. 8 1204	(d) and 25 CFR & 63	.15, this An	plication is s	signed under	the penal	ty of perju	iry, subject to all	
applicable punishments	applicable punishments.	(4) 4114 25 0111 9 00	-,			•			
	application parasimonia.								
Signature of Applicant	Signature of Applicant				Date				

	DDITIONAL 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 to	the circumstances (i.e., when and where)?
<u>B</u>	ACKGROUND INFORMATION	
Fo	or purposes of answering the questions in this section, the following terms are	e defined below:
or	ONVICTED means a final judgment on a verdict of finding of guilty, a plea or deral, State, or Tribal Court of competent jurisdiction, regardless of whether the conviction was subsequently set aside or expunged. A conviction of similar arrangement where in the defendant signs a guilty plea, but the player of specified requirements. A conviction does not include a "defendant of specified pending the defendant's successful completion of specified.	an appeal is pending or could be taken and regardless of does not include a successfully completed "pocket plea" lea is not entered subject to the defendant's successful erred prosecution" or similar arrangement wherein the
A po	RRESTED means being detained, held or taken into custody by a person wotential criminal charge.	rith authority to do so for the purpose of answering to a
C	HARGED means being formally accused of a crime by complaint, indictmen	nt or information.
1.	Have you ever been arrested, charged or convicted of, admitted to, pled g similar plea to, or are you awaiting trial for any crime, including but no assault, sexual molestation, sexual exploitation, sexual contact or prostit traffic violations not involving any allegation of drug or alcohol impairments.	of limited to a crime involving a child, violence, sexual ution, or crimes against persons (excluding only minor
2.	Have you ever been dismissed, fired, or terminated from any job, or resignances against you or an investigation of your behavior or conduct was later resolved through means such as a settlement or separation agreement	pending? You must answer YES even if the matter was
3.	Have you ever had any license or certification of any kind (teaching certificany way been sanctioned by or are any charges or complaints now pendin regulatory agency or body, public or private?	icate or otherwise) revoked or suspended, or have you in a gagainst you before any licensing, certification or other PYES P NO
4.	Are you now being investigated for any alleged misconduct or other allegor other regulatory body (teaching certification or otherwise) or by your content of the content of	ged grounds for discipline by any licensing, certification urrent or any previous employer? YES NO
	1 XVEG to some of the others or along averlain Voy may attach add	itional sheets of paper if necessary. For criminal matters, description of the allegations against you and the current

convicted	of, admitted committing, or pled no conte	e penalty of perjury, that you have not been arrested, charged or est or guilty or are you awaiting trial for any offense under Federal,
State or T following:	ribal law (even if the matter was later d	ismissed, set aside, deferred, vacated or expunged) involving the
Sexua	l assault	on murder in any degree, assault and battery
Moles	tation l exploitation	
	l contact	
Prosti		
	ther sex crime	and a little and a set I will have
Offen: w:	ithout limitation contributing to the deling	involving a child victim or a crime involving a child, including quency of a minor, child abuse and child neglect.
Other tra	g felony drug offenses, including but not limited to ansport, or distribute or conspiracy to sell, ontrolled substances.	o sale, distribution, possession, use or transportation of, offer to sell, transport or distribute marijuana or dangerous or narcotic drugs or
	ng while under the influence or driving wh	nile intoxicated
Burgla	ary, theft, or robbery	
Misap	propriation of funds, fraud, forgery or oth	ner "white collar" crimes.
If you hav trial for ar	e been arrested, charged or convicted of, a ny of the crimes listed above, you must an	idmitted committing, or pled no contest or guilty or are you awaiting aswer "YES" to Question #1, above, and provide an explanation.
false or incon	aplete statement in this section or anywh and prosecution for filing false informati	onvictions does not necessarily preclude employment. However, any here else in this Application may result in denial or termination of on. Your application will be checked against Tribal, State and/or
UNDER OATH THE QUESTIC TRUTH.	HAND PENALTY OF PERJURY, I SWEAR ONS IN THIS APPLICATION AND ALL O	R THAT I HAVE FULLY AND TRUTHFULLY ANSWERED ALL OF F THE INFORMATION PROVIDED IN THIS APPLICATION IS THE
Applio	cant's Signature	Date
	Notary	My Commission Expires



CONSENT FOR BACKGROUND INVESTIGATION AND FINGERPRINT CHECK

(WRHI). I understand that in order for WRHI to deemployment, WRHI will conduct a background investig	ed for employment with the Winslow Residential Hall, Inc termine my eligibility, qualifications and suitability for gation, including a criminal history fingerprint check from the background investigation will be used solely for
I hereby give my consent for WRHI and its agents, reinvestigation, including a criminal history fingerprint cany Federal, State, Tribal, or local private or public agagency to conduct the investigation and disclose the relation and disclose the relatio	l, its employees, volunteers, Board of Directors, past o
	ell as any Federal, State, Tribal, or local private or public, whether known or unknown, which relate to or which d investigation.
Applicants Signature	Date
Notary	My Commission Expires

Questionnaire Continuation												
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Se	ecurity Numb	er						
						l						
			L									
II III												
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 ille	questions pertain to the illegal use of drugs or controlled substance activity in accordance with federal laws, even though permissible											
under state laws.						ļ						
40 lutte le 4 Ferrare ha	was was illa wally upod ony drugo	or controlled cubetone	o2 Hea of a	drug or controlled	YES	NO						
10, III (IIO Idat o vodio, iluvo vod illogali) doba diti diago di setti sila a sila sila sila sila sila sila s												
substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any												
drug or controlled substance	Ces.		t t fc: -1.	!	VEC	NO						
19. In the last 5 years, ha	ive you been involved in the illeg	gal purchase, manufac	cture, traπick	ing, production,	YES	NO						
transfer, shipping, receivin	g, or sale of any drug or controll	ed substance?										
If you roomanded "Vee" to 1	the above questions in this secti	on provide the datale) the tune o	f drug or controlled su	ibstance ai	nd the						
ii you responded ites to t	our involvement. Examples inc	un, provide ine daic(s	,, are type o	rich etc / controlled ac	rack cocair	ie.						
number of times used or ye	our myoryement. Examples inc	nuut. 1110 (IIIdiijudiid amahataminaa aasad	, woou, nasi orvetal mat	h acetaevi danraeea	nte /harhiti	ırates						
narcotics (opium, morphine	e, codeine, heroin); stimulants (a	amphetamnes, speed	, uryolai IIIUl o longolai II	ii, cusiasyj, ucpicssa iot): inhalanta /taliia:	n amul ni	trate)						
	rs); hallucinogenics (LSD, PCP,	mushrooms), ketamin	e (special K	, jet), ilinalants (toluel	ic, ailiyi iii	a.c),						
steroids (clear, juice) or of	ner.											
Month/Year Month/Year	Controlled Substance Used			Number of Times	Jsed/Involve	ment						
То												
☐ Est.												
Month/Year Month/Year	Controlled Substance Used			Number of Times	Jsed/Involve	ment						
То												
☐ Est.												
20. In the last 5 years, ha	ave you intentionally engaged in	the misuse of prescrip	otion drugs,	regardless of	YES	NO						
	vere prescribed for you or some					\bigcirc						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
Month/Year Month/Year	lf you responded "Yes" to the above qu	estion in this section, provi	de the prescrip	tion drug that you misused	1							
То												
☐ Est.												
Provide the reason(s) for and ci	rcumstances of the misuse of the presc	cription drug										
						1/-\						
Continuation Space - U	lse this space below (or separat	e blank sheets) to con	tinue answe	rs. It using a separat	e plank sn	eet(s)						
include your name and las	st four numbers of your social se	ecurity number at the to	op of each b	lank sheet. Before e	acn answe	er,						
identify the number of the	question/item. To ensure clarity	y, maintain sequential	order of que	istions and question f	ormat.							
,												

	ANNUAL											

400	A.V	Questionnaire Continua	ation	
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, <u>and then</u> sign and date the following certification and the attached release(s).

	Certification							
and belief and are made in that a knowing and willfut 1001 and or falsifying information employment prospects, c my removal and debarma	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. 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 understand my right to obtain a copy of any national criminal history report made available to the							
•	to obtain a copy of any national cri and/or Personnel Security Consultants, l mation contained in the report.	ninal history report made available to the nc., and my rights to challenge the accuracy and						
Signature	Printed Name	Signature Date (mm/dd/yyyy)						
Enter your Social Security	Number before going to the next page							

Questionnaire Continuation Last Name First Name Middle Name Jr., II, etc. Last 4 - Social Security Number								
Last Name	First Name		Middle Name	Last 4 - Social Security Number				
44 . D	Dun delegie	una manula vida a liis	our you wall and the	o in the II C	Thou should	d ha good friends neers		
11. Personal References	- Provide thi	ee people who kno	ow you well and live	t outside of t	nney snoun ha warkalace	a pe good illelids, peels,		
colleagues, roommates, ass combined association with y	iou covers o	, and who are awa	pare Do not provide	le anvone lic	sted elsewhe	re on this form or close		
	ou covers a	1 10 a 51 11 11 1 a 51 5 y	eara. Do not provid	io arryone lis	NOU GIOGWIIC	TO SEE WHO ISSUED OF GLOOD		
relatives.						1-10		
Entry #1		First Name				Middle Name		
Last Name		1 Hot Name						
Provide dates known.					Check all that ap			
From Date (Month/Year)	st. To Date	e (Month/Year) 🛚		Work A	ssociate 🔲	Friend		
			☐ Schoolma	te Other_		- Comment of the Comm		
Provide the following contact infor			•					
Home Telephone Number	Day 🔘	Cell/Mobile Telephone	e Number	Day 🔘	Work/Alternati	· <u>·</u>		
()	Night 🔘	()		Night 🔘	()	Night O		
Provide e-mail address for this pe	rson.							
						☐ I don't know		
Provide street address for this pe	rson (including	apartment number). Ir	nclude city, state, and z	p code.				
Entry #2						- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-		
Entry #2 Last Name		First Name				Middle Name		
			D		Thools all that	 		
Provide dates known.	1 T. D.	- (Manth ()/)		onship to you (0 Work /	Check all that ap	pply) Friend		
From Date (Month/Year)	st. 10 Dat	e (Month/Year) 🗀]Est. │	D-11111-111	associate L_	rnend		
Decide the fallenter	motion for thi-	norcon						
Provide the following contact info			N1 I	Day 🔿	1010 who 1011 1	ive Day 🔘		
Home Telephone Number	Day O	Cell/Mobile Telephon	ie inumper	Day O	Work/Alternat	Night C		
()	Night 🔘	()	A MANAGEMENT AND A MANA	Night 🔘	[()	TAIGHT (
Provide e-mail address for this pe	erson.					1.1.01		
						☐ I don't know		
Provide street address for this pe	rson (including	apartment number). In	nclude city, state, and z	ip code.				
Entry #3								
Last Name		First Name		-1/21/200		Middle Name		
Durylda dataa kaasuus		<u> </u>	Drovido rolofi	anshin to you f	Check all that a	nnlv)		
Provide dates known.	Ect To D	ate (Month/Year)			k Associate			
From Date (Month/Year)	Est. To Da	ate (MORRINTEAL)	School	II	-	1 Friend		
Provide the following contact info	rmation for this	nerson	📙 😏	L-1				
	Day 🔘		oo Numbor	Day 🔘	Work/Alterna	tive Day (
Home Telephone Number	_	Cell/Mobile Telephor	IS MULTING!	Night (AAOLVIVIGIIIG	Night (
()	Night O	[()		raight (ragar (
Provide e-mail address for this p	erson.					☐ I don't know		
	//) !!		halida altt-tt	un anda		☐ 1 doll f know		
Provide street address for this pe	erson (including	apartment number). I	nclude city, state, and a	ah coae.				

			Questi	ionnaire Continu	latior							
Last Name		First Name		Middle Name		Jr., II, etc.	Last 4 - Social Secu	ity Numb	er			
								75000				
expunged, of Federal Con	or otherwise : ntrolled Subs	stricken from the court tances Act for which th	record or the court issu	ne charge was dis ued an expungem	miss ent o	ed. You ne order under	ecord in your case has be ed not report convictions the authority of 21 U.S.C	under	ine			
12. In the I	U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or aboard. 12. In the last 5 years have you been arrested by any police officer, sheriff, marshal or any other type of law YES NO											
enforcemer	enforcement official including tribal law enforcement officials?											
all qualifying	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).											
14. In the I	ast 5 years h	nave you been or are y	ou currently	y on probation or	parol	e?		YES	NO			
15. Are you	u currently or	n trial or awaiting a trial	on crimina	I charges?				YES	NO O			
If you have information		Yes" to any of the abov	e question	s in this section, e	explai	in your ansv	wer(s) below providing all	reques				
Question #	Month/Year	Offense	Acti	ion Taken		Arresting Lav	w Enforcement /Military Agenc	<u>y</u>	State			
						•						
you believe dismissed. order unde	the record in You need no the authorit	n your case has been s of report convictions ur	sealed, exp nder the Fe 18 U.S.C. 3	unged, or otherwi deral Controlled S 607. Be sure to i	se st Subst ncluc	ricken from ances Act f le all incide	has EVER occurred rega the court record or the clor which the court issued nts whether occurring in a committed against	narge w I n expu	ngement or abroad.			
17. Have y felonious of violence	ffense, or an ; sexual assa	ult, molestation, explo	emeanor off itation, con	enses under Fed	eral, :	state, or trik	oal law involving crimes	YES	S NO			
QUESTION	REQUIRED BY	25 United States Col	DE § 3207.				wer(s) below providing a	ll reaue	 sted			
information		res to any or the abo	ve questioi	13 111 11113 30011011,	олріа							
Question #	Month/Year	Offense	Ac	tion Taken		Arresting La	w Enforcement /Military Agend	су	State			
			:									
					THE STATE OF THE S	•						

		Quest	ionnaire (Continuatio	on				
Last Name First	Name		Middle Na	me	Jr., II, etc.	Las	st 4 - Social S	ecurity Numb	er
									ĺ
			1						*****
Employment Activities - Contin	ued								

Entry #4 – Select your employment active Employer Name:	/ity.								
Employer Name.									
Active Military		Other Fed	eral Employm	ent		Self-employm			
Federal ContractorNational Guard/Reserve		State Gove	emment mment Emplo	yment		O Other	GHL		
	I Est To D	ate (Month/Year		☐ Est	Select the e	mployment stat	lus:		
- Tom Date (Month Fear)		ato (months roat	,		C Full-tim	ne 🔘 Pa	rt-time		
Provide your assigned duty station during	ng this period.	(City and State)		Provide you	r most recent	position title.			
,	•								
Street Address				City			State	Zip code	
Street Address				Oity					
				A16 1 =	laulaua Ali	Jh a v			
Telephone Number				Alternate Le	lephone Num	nber			
Provide the name of your supe	ervisor.				***************************************		1		
Last Name		First Name				1	Position Title		
Provide the following contact information	n for this perso	n.							
Home Telephone Number	Day 🔘	Cell/Mobile Tel	ephone Nun	nber	Day 🔘	Work/Alternati	ve		Day 🔘
()	Night O	()			Night 🔘	()			Night 🔘
Provide e-mail address for this person.								□ I do	n't know
Provide e-mail address for this person.									
Provide street address for this person (i	ncluding apart	ment number). I	nclude city,	state, and zip	code.				
For this employment, in the last 7 years	s did you receiv	ve a written warn	ing, been of	ficially reprima	anded, suspei	nded or disciplir	ned for misco	nduct in the	
workplace, such as a violation of policy	or were you th	e subject of an Ir	nternal Affair	s inquiry or ac	dministrative i	nvestigation bas	sed on allega	tions?	O No
					I I I I I I I I I I I I I I I I I I I				
If Yes, provide the reason(s) for being v	varned, reprim	anded, suspende	ed, disciplin	ed or reviewed	ı under inquir	y or investigation	M.	Date: (Mor	itti/ real)
For this employment have any of the fo	lowing happen	ed to you in the	last 7 years	? Fired, quit	after being to	ild you would be	e fired, left by	mutual agree	ment
including charges or allegations of misc	onduct, left by	mutual agreeme	nt following	notice of unsa	itistactory per	tormance.		O Yes	O No
Cale at your type of incident:				Reason:		District Control of the Control of t	Employme	nt Departure I	Date:
Select your type of incident:		Provide the rea	ason fired.	1 Nousoni			(Month/Yea	1	☐ Est.
○ Fired							(INIOINII) I O	A1)	
	.l.d.la.a. fiya.d	Provide the rea	ason.				(Month/Yea	ar)	☐ Est.
Quit after being told you wou	lia be ilrea.						`		
Left by mutual agreement fo	llowing	Provide the ch	arges or alle	gations.			(Month/Yea	ar)	☐ Est.
charges or allegations of mis	sconduct.								
If no longer employed, provide the spec	cific reason you	ı left the employi	ment activity	<i>r</i> :					
Is the employment location with	in an Indian	Reservation.	Village, C	ommunity,	Rancheria	or Pueblo?		O Yes	O No
			<u> </u>			***************************************			
If yes, list:Community, State									

	190. 100. 100. 100. 100. 100. 100. 100.	Questi	ionnaire (Continuation	on				
Last Name F	First Name	7	Middle Na				st 4 - Social Security Number		
					Ĺ		s		
Employment Activities - Co	ntinued.		****						
Entry #5 – Select your employment	activity.								
Employer Name:			•					•	
Active Military		Other Fede		ent		Self-employn		4101.74	
Federal Contractor National Guard/Reserve		State Gove		vment		O Unemployme O Other	ent		
<u> </u>	☐ Est To Da	ate (Month/Year		☐ Est	Select the	employment statu			
From Date (Month/Year)	1000	ato (Montan i oai	,		O Full-tir	ne 🔘 Par	t-time		•
Provide your assigned duty station of	during this period.	(City and State)		Provide you	r most recent	t position title.			
Street Address				City			State	Zip code	
Telephone Number				Alternate Te	elephone Nur	nber			ĺ
Provide the name of your s	unervisor			I	,				
Last Name	aperviour	First Name			3000	F	Position Title		
,									
Provide the following contact inform	nation for this perso	n.							
Home Telephone Number	Day 🔘	Cell/Mobile Tel	ephone Nur	nber	Day 🔘	Work/Alternativ	ve		Day O
()	Night 🔘	()		Materi	Night 🔘	()		-1. .	Night O
Provide e-mail address for this pers	son.							LJ I doi	n't know
Provide street address for this pers	on (including aparti	ment number).	Include city,	state, and zip	code.				
1 TOVICE STREET AND POST	ou (moramid abana	,	· ·						
For this employment, in the last 7 y	ears did you receiv	e a written warr	ning, been o	fficially reprim	anded, suspe	ended or disciplin	ed for misco	nduct in the	
workplace, such as a violation of po	olicy or were you the	e subject of an li	nternal Affai	rs inquiry or a	dministrative	investigation bas	sed on allega	tions? O Yes	O No
If Yes, provide the reason(s) for be	ing warned reprim	andad auenand	od disciplin	ad or reviewe	d under inqui	ry or investigatio	n.	Date: (Mor	
If Yes, provide the reason(s) for be	ing warned, repons	anded, suspend	ea, aisoipiiri	ed of teviewe	a anaor mga	ry or invocagano	•••		•
For this employment have any of the	a fallowing honnon	ad to you in the	last 7 years	2 Fired qui	t after heing f	old vou would be	e fired. left by	mutual agree	ment
including charges or allegations of	misconduct, left by	mutual agreeme	ent following	notice of uns	atisfactory pe	rformance.		O Yes	O No
							Fmnloumo		
Select your type of incident:		Provide the rea	ason fired.	Reason:	n.m		(Month/Ye	nt Departure I	Est.
		1 toliac (no ro	doon mode				(Monutified	ai)	
	would be fired	Provide the re	ason.				(Month/Ye	ar)	☐ Est.
Quit after being told you	would be lifed.	•							
C Left by mutual agreemer	nt following	Provide the ch	narges or all	egations.			(Month/Ye	ar)	☐ Est.
charges or allegations of	specific reason vol	l Lileft the employ	ment activit	y:			<u>L</u>		
It the foliate emblosed broater me	opoomo roudon you			•					
Is the employment location v	within an Indian	Reservation	Villane (Community	Rancheria	or Pueblo?		O Yes	O No
	willing an inuian	, coor valion,	Villago, C	:					
If yes, list:Community, \$	State								-

		Questi	ionnaire Cor	ntinuatio	on				
Last Name	First Name		Middle Name Jr., II, etc.		Last 4 - Social Security Nur		ecurity Numb	er	
							-		
Employment Activities - C	ontinued.								
Entry #2 – Select your employmer	nt activity.								
Employer Name:	, , , , , , , , , , , , , , , , , , ,								
	•								
Active Military			eral Employment			Self-employ			
Federal Contractor National Guard/Reserve			State Government Non-government Employment Other						Ì
	☐ Est To	Date (Month/Year	Calcot the employment status:						
From Date (Month/Year)		Date (MOHILI) I ear	,		O Full-tin	ne 🔘 Pa	rt-time		:
Provide your assigned duty station	n durina this period.	(City and State)	Pr	rovide your	most recent	position title.			
Trondo Jour doorgrou day etam-	······································	,	·	•					
Ohn at Address		· · · · · · · · · · · · · · · · · · ·	Ci	itv			State	Zip code	
Street Address			0,	ity					
					1 1	-b			
Telephone Number			Al	Iternate Te	lephone Nun	nber			
Provide the name of your	supervisor.	- W. W. W. C.					1		
Last Name	<u> </u>	First Name					Position Title		
		1							
Provide the following contact infor	rmation for this pers	son.					1		
Home Telephone Number	Day O	1	ephone Number	r	Day 🔘	Work/Alternat	ive		Day 🔘
/ \	Night 🔘	()	·		Night 🔘	()			Night 🔘
Provide e-mail address for this pe	roon							☐ I doı	n't know
Provide e-mail address for this pe	315011.								
Provide street address for this pe	rson (including apa	rtment number). I	Include city, stat	te, and zip	code.				
For this employment, in the last 7	7 years did you rece	eive a written warn	ning, been officia	ally reprima	anded, suspe	nded or discipli	ned for miscor	nduct in the	
workplace, such as a violation of	policy or were you t	he subject of an Ir	nternal Affairs in	nquiry or ac	dministrative i	investigation ba	sed on allegat	tions? (C) Yes	O No
			1 11 1 11 11 11 11		lday loon th	nu on investigation		Date: (Mor	
If Yes, provide the reason(s) for b	peing warned, reprir	nanded, suspende	ed, disciplined o	or reviewed	ı unaer inquii	y or investigation	Jii.	Date. (Wor	illii i Gai j
For this employment have any of	the following happe	ened to you in the	last 7 years?	Fired, quit	after being to	old you would b formance	e fired, left by	_	_
including charges or allegations of	of misconduct, left b	y mutuai agreeme	an following not	ice oi uilsa	msiactory per	iomanoo.		Yes Yes	O No
Select your type of incident:			l R	leason:			Employmer	nt Departure	Date:
		Provide the rea					(Month/Yea		☐ Est.
Fired							,	,	
Quit after being told you	u would be fired	Provide the rea	ason.				(Month/Yea	ar)	☐ Est.
Quit after being told you	u would be lifed								
Left by mutual agreeme							ar)	☐ Est.	
charges or allegations		1.00							
If no longer employed, provide the	ne specific reason y	ou lett the employ	ment activity:						
Is the employment location	n within an India	n Reservation,	Village, Com	nmunity,	Rancheria	or Pueblo?		O Yes	O No
If yes, list:					_				
Community	, State								

		Quest	ionnaire C	ontinuation	on				
Last Name	First Name			iddle Name Jr., II, etc.		Last	Last 4 - Social Security Number		
Fundament Activities (Continued								
Employment Activities - C									
Entry #3 – Select your employme Employer Name:	nt activity.								
Employer Name.									
Active Military		Other Fed	leral Employme	ent		O Self-employn			
Federal Contractor		State Gov	ernment			Other	nt		
National Guard/Reserve			rnment Employ	Est	Select the	Other Other otati	ıs:		
From Date (Month/Year)	∐ Est To Da	ate (Month/Year	r)	∐ ESt	O Full-tir	· · · _			
Provide your assigned duty station	n during this period. ((City and State)	-	Provide you	r most recen	position title.			
1 Tovide your assigned duty state	in daming and persons ((,	İ	•					
				City			State	Zip code	
Street Address				Oity	•		•••	'	
				Alternate Telephone Number					
Telephone Number				Alternate 1	elepnone ivur	noer			
Provide the name of your	supervisor.					Tr	osition Title		
Last Name		First Name					OSILION THE)	
									*
Provide the following contact info	ormation for this perso	n.				1			D O
Home Telephone Number	Day 🔘	Cell/Mobile Tel	lephone Num	ber	Day 🔘	Work/Alternati	/e		Day O
()	Night 🔘	()			Night 🔘	()			Night O
Provide e-mail address for this p	erson.							☐ I do	n't know
Provide street address for this po	erson (including apartr	ment number).	Include city,	state, and zip	code.				
						1 1 1 11	ad fou miles	andust in the	
For this employment, in the last workplace, such as a violation of	7 years did you receiv	e a written warr	ning, been of Internal Affair	ficially reprim	ianded, suspe idministrative	ended or discipiir investigation bas	ed for misc ed on alled	onouct in the ations?	
workplace, such as a violation of	policy or were you use	a subject of all i	Illelliai Aliali	s inquiry or o	idiiiiiiiiidiidii40	mroonganon was		Yes	O No
If Yes, provide the reason(s) for	heing warned renrima	anded suspend	led, discipline	ed or reviewe	d under inqui	ry or investigation	n.	Date: (Mor	nth/Year)
I Yes, provide the reason(s) for	being warned, reprint	andou, odopona	iouj alooipiire		2	,			•
For this employment have any o	f the following honnon	ad to you in the	lact 7 years	2 Fired au	t after being t	old vou would be	fired, left b	u v mutual agree	ement
For this employment have any o including charges or allegations	of misconduct, left by	mutual agreeme	ent following	notice of uns	atisfactory pe	rformance.		(C) Yes	O No
moduling offerigor of anogue-		· ·							
Select your type of incident:				Reason:		•	Employm	ent Departure	
○ Fired		Provide the re	eason fired.				(Month/Ye	ear)	☐ Est.
		Duarda - Ha					(1. 0.5		☐ Est.
Quit after being told yo	ou would be fired.	Provide the re	asun.				(Month/Y	ear)	L. L.St.
		Provide the ch	harges or alle	gations			(Month N	oar)	Est.
Charges or allegations	ent tollowing of misconduct	Provide the charges or allegations. (Month/Year)					<u> </u>		
If no longer employed, provide t	he specific reason vol	u left the emplov	yment activity	<i></i>					
It ito torigor ortipioyous provido (p								
									1.0. 1.00
		D	\/!!! C	amminite:	Danobaria	or Pughlo?		Yes	O No
Is the employment location	n within an Indian	reservation,	, village, C	oramunity,	Nanonena	ו טו ו מפאוט ו			
If yes, list:	0								
Community	y, State								

Questionnaire Continuation								
Last Name	First Name		Middle Name	Jr., II, etc.	La	st 4 - Social Security Num	ber	
9. Where You Went to Sc	hool - Do n	ot list education be	fore your 18th birthda	v. unless to p	rovide a ı	ninimum of two years	of	
education history.	noor bon	ot not oddoddion bo	toro your to white) , -		•		
Have you received a degre	e or diploma	in the last 5 years	?					
•								
Yes	eed to next	question)		·		Mary 1945		
If yes, provide the following	dates of att	endance and reque	ested information.					
#1 - Provide dates of attendance						La dan adalah adarah saha		
From Date (Month/Year)	☐ Est	To Date (Month/Year) □Est	_		te description of your scho O Vocational/Technical		
				O High Scho		Online/Distance Scho		
				College/U	niversity	Online/Distance Scho	100	
Provide the name of the school.							Ì	
Provide the street address of the			provide the address where	e the records are	maintained	1,		
Street Address (Include city, stat					Telephone	No.	ļ	
					()			
					\ /			
Did you receive a degree/o	liploma?	Yes (No 1	f yes, provide type of	degree(s)/dip	oloma(s)	received and date(s)	awarded.	
Choose one:		Major/Focus:				Date awarded (Month/Year)	☐ Est	
	nce Only					(WOTHITT GAL)		
Diploma Other (E	explain)							
#2 - Provide dates of attendance		T D / (A) - 11 A/	r) DEst	Select the mo	st appropria	te description of your scho	ool.	
From Date (Month/Year)	☐ Est	To Date (Month/Year	r) Liest	O High Sch		O Vocational/Technical		
				O College/L		Online/Distance Sch	ool	
Provide the name of the school.								
İ					111	.t		
Provide the street address of the	school. For O	nline/Distance school,	provide the address wher	e the records ar	e maintaine Telephone	a. No.		
Street Address (Include city, sta	e, and zip code	;)			rolophork	, , , , , ,		
		•			()			
Dil.	م محدداتال	` / ` !	lf	f dograa/a\/d	nloma(a)	received and date(s)	awarded	
Did you receive a degree/		· `	ır yes, provide type o	i degree(s)/di	pioma(s)	Date awarded	1	
Choose one:	ince Only	Major/Focus:				(Month/Year)	☐ Est	
	Explain)							
	• ' 1				· · · · · · · · · · · · · · · · · · ·			
#3 - Provide dates of attendance),							
From Date (Month/Year)	□ Est	To Date (Month/Yea	ır) 🗆 Est	1		ate description of your sch		
1 Total Date (Mottal) Today		, o zato (memiri	·· /	O High Sch		O Vocational/Technica		
				College/	Jniversity	Online/Distance Sch	1001	
Provide the name of the school.								
Provide the street address of the	echool For C	Inline/Dietance echool	provide the address when	re the records a	e maintaine	ed.		
Street Address (Include city, sta	te, and zip cod	e)	provide the address who	1000140 41	Telephon	e No.		
2,000, 12,1000 (1,1000 01) 410	,	•			, ,			
					()			
Did you receive a degree/	diploma?	Yes () No	If ves, provide type o	f degree(s)/d	iploma(s)	received and date(s)	awarded.	
Choose one:		Major/Focus:		J. () -		Date awarded	☐ Est	
O Degree O Attend	ance Only					(Month/Year)		
	Explain)							

Last Name	First Name		Middle Name Jr., II,		Jr., II, etc	tc. Last 4 - Soci		ecurity Numb	er	
10. Employment Activities period must be accounted for not list employment before the Entry #1 – Select your employment Employer Name:	or without breaks your 18th birthday	s. For periods	of unempl	oyment, list	t dates and	i "unempioye	u or aller	5 years. Th nding schoo	e 5-year I." Do	
Active Military Federal Contractor National Guard/Reserve		Other Federal Employr State Government Non-government Empl			loyment O Unemployme			ent		
From Date (Month/Year)	☐ Est To I	Date (Month/Year	ate (Month/Year)			employment stat me O Pa				
Provide your assigned duty statio	n during this period.	(City and State)		Provide you	r most recen	t position title.				
Street Address				City		all	State	Zip code		
Telephone Number		Alternate Telephone Number								
Provide the name of your	supervisor.									
Last Name	La						Position Title	sition little		
Provide the following contact info	rmation for this pers	on.								
Home Telephone Number	Day 🔘	Cell/Mobile Tel	ephone Nur	mber	Day O	Work/Alternat	ive		Day 🔘 Night 🔘	
()	Night 🔘	()			Night 🔘	[()		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Provide e-mail address for this p	erson.							⊥ 1 do	n't know	
Provide street address for this pe	erson (including apa	tment number).	Include city,	state, and zip	code.		•			
For this employment, in the last workplace, such as a violation of	policy or were you t	he subject of an li	nternal Aπal	rs inquiry or a	ommstrative	investigation ba	sed on anego	Yes Yes	O No	
If Yes, provide the reason(s) for	being warned, reprir	nanded, suspend	ed, disciplin	ed or reviewe	d under inqu	iry or investigati	on.	Date: (Mor	nth/Year)	
For this employment have any of including charges or allegations	f the following happe of misconduct, left b	ned to you in the y mutual agreeme	last 7 years ent following	s? Fired, qui notice of uns	t after being atisfactory pe	told you would b erformance.	e fired, left b	y mutual agree	ement	
Select your type of incident:		Reason:					Employme	ent Departure	Date:	
O Fired		Provide the re	ason fired.				(Month/Ye	ear)	☐ Est.	
Quit after being told yo	u would be fired	Provide the re	Provide the reason.			(Month/Ye	ear)	☐ Est.		
O Left by mutual agreem charges or allegations	of misconduct.	Provide the ch					(Month/Ye	ear)	☐ Est.	
If no longer employed, provide the	he specific reason y	ou left the employ	ment activit	y:						
Is the employment location	n within an Indiai	n Reservation,	Village, C	Community,	Rancheria	a or Pueblo?		O Yes	O No	
If yes, list:Community	, State									
Community	, out								-	

Questionnaire Continuation

Middle Name

Jr., II, etc.

Last 4 - Social Security Number

Questionnaire for Designated Child Care Positions

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

NO

I have read the prinformation on the instruction employment.	is form, I a	m subject to	the pena	alties fo	r inaccur	ate or false s	epresent, or falsif tatement (identific arment from	У			
1. Full Name									f. 11 - L-		
Last Name			First Name				Middle Name		Jr., II, etc		
2. Other Names Us	sed – Maider	name, from	a former m	arriage, a	ılias(s), or	nickname(s). I	f you have responde	d 'Yes" to	having		
used other names, p	provide your	other name(s) used and	the reaso	on why the	name change	j.				
Have you used any othe	r names?							YE	S NO		
Name				Provide	the reason(s) why the name ch	anged				
				Dusylda	the recent) why the name ch	angod				
Name				Provide	ine reason(s) willy the name of	angeu				
3. Date of Birth			-14-2-2-2-2-7		4. Social Security Number						
Month 00	Day 00	0	Year 0000								
5. Driver's License	No.		6.	Place of	Birth						
No.:		State Issued:	City				County		State		
7 Your Contact In	formation -	Provide vour	contact info	ormation.	Email ad	dresses may be	e used as a contact r	nethod and	d to		
identify subjects in r		, , , , , , , , , , , , , , , , , , , ,									
Personal/Home Email A	ddress				Work/Alte	rnative Email Addr	ress				
1											
Home Telephone Numb	er	Day 🔘	Cell/Mobile	Telephone	Number	Day 🔿	Work/Alternative		Day 🔘		
Tionic Tolophone Runs	OI .	Night O				Night (Night 🔘		
			L				1				
8. Where You Hav	re Lived – Li	st the places	where you	have live	d beginnin	g with your pre	sent address and wo	rking back	5 years.		
Residence for the e	ntire period r	must be acco	unted for w	ithout bre	aks. Indid	cate the physica	al location of your res	sidence, no	it a Post		
Office box. If you s	plit vour time	between one	or more re	esidences	during th	e time period, y	ou must list all reside	ences. Do	not list		
residence before yo	our 18th birtho	day unless to	provide a n	ninimum (of 2 years	residence histo	ry. You are not requ	ured to list	temporary		

City

Is this residence:

Owned by you
Military Housing

Rented or leased by you

Zip code

Yes No

Other State

locations of less than 90 days that did not serve as your permanent or mailing address.

Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?

To Date (Month/Year)

Enter Residence Information -

From Date (Month/Year)

Street Address

If yes, list:

#1 - Provide dates of your present residence.

Community, State

□Est.

		Questic	onnaire Continua	tion			
Last Name	First Name		Middle Name	Jr., II, etc. Last 4 - Social Security Number			
Where You Have Lived -	- Continued						
#2 - Provide dates of residence.				Is this residence			
From Date (Month/Year)	∏Est	To Date (Month/Year)	∏Est	Owned by you Military Housing Other			leased by you
Street Address			City		,,,	State	Zip code
Is the residence within an	Indian Rese	rvation, Village, Com	munity, Rancheria	a or Pueblo?			Yes No
If ves. list:							
Communit	y, State						
#3 - Provide dates of residence	١.			1-01	001		
From Date (Month/Year)	∏Est	To Date (Month/Year)	∏Est	Is this resident O Owned by O Military H	y you	Rented or	leased by you
Street Address			City			State	Zip code
Is the residence within ar	Indian Dago	motion Villago Con	nmunity Rancheri	a or Pueblo?			Yes No
•	i indian Rese	i valion, village, coi	illidinty, Nationell	a of Fuoblos			
If yes, list:Communi	ty, State						
#4 - Provide dates of residence	e. Est	To Date (Month/Year)	Is this resider			
From Date (Month/Year)	ПES	10 Date (Month) Lear) 🗀 🖂 🖂	O Owned b		Rented o	r leased by you
Street Address			City			State	Zip code
Is the residence within a	n Indian Rese	ervation, Village, Co	 mmunity, Rancher	ia or Pueblo?			Yes No
If yes list.							
Commun	ity, State						
#5 - Provide dates of residence	e.			Is this reside			
From Date (Month/Year)	∏Est	To Date (Month/Yea	r)	O Owned	by you	Rented of Other	or leased by you
Street Address			City			State	Zip code
Is the residence within a	n Indian Res	ervation Village, Co	mmunitv. Ranchei	ria or Pueblo?			O Yes O No
	ii iiididii 100		7				
If yes, list:Commur	ity, State						

Pre-Employment/Investigation Disclosure Notice

PLEASE READ CAREFULLY BEFORE SIGNING

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

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.

Carefully read this author	mization to release into	mation at	iout you, thorrough and date it					
Authorize any investigator, special agent, or other duly accredited representative of the agency conducting my background vestigation, reinvestigation, or as part of ongoing evaluation for eligibility for a designated child care position, to obtain any formation relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, onsumer reporting agencies, or other sources of information. This information may include, but is not limited to current and historic cademic, residential, achievement, performance, attendance, disciplinary, employment, motor vehicle records, national riminal history record information and publicly available social media information. I authorize the and and represented Security Consultants, Inc., who is conducting my investigation, reinvestigation for the purpose of making a etermination of suitability.								
Understand that, for these purposes, publicly available social media information includes any electronic social media information hat 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, more may be needed, and I may be contacted for s			er sources of information, se	parate specific releases				
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 of the investigator, special agent, or other of the contrary.	other sources of inforr luly accredited represe	nation per ntative au	taining to me to release suc thorized above regardless of	ch information upon request any previous agreement to				
I Understand that the information relea and/suitability for employment with the Photocopies of this authorization with my signosition with	or Personnel Security	Consultar	its, Inc., only for the purpos	e of determining my				
Signature (sign in black ink) Full name (Type or print legibly) Date (mm/dd/yyyy)								
Other names used		and a company of the						
Caro namo aco								
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?