



LEUPP SCHOOLS INC.
HC 61 Box D
Winslow, AZ 86047
928-686-6211
928-686-6216 fax

Leupp Schools, Inc. Governing Board:
Robert Gorman, President
Vernice Wagner, Vice-President
Rena Edwards, Secretary
Calvin J. Wilson, Member
Emma Yazzie, Principal

Dear Applicant:

CERTIFIED APPLICATION

Thank you for your interest in employment with Leupp Schools, Inc. Attached is the employment application; please complete and submit **ALL** documents listed below.

1. Completed LSI Employment Application
2. Current Résumé
3. Letter of Interest
4. Three (3) Letters of Recommendation, **CURRENT**
5. \$35.00 Money Order payable to: Personnel Security Consultants for Federal FBI Background Check (*NOTE: required only upon selection*)
6. Current Navajo Nation Background Check (10 years) (*NOTE: must be within the past 3 months; it can be obtained at the Window Rock Police Department in Window Rock, AZ; requires a \$15.75 money order payable to Navajo Nation*). **Requester must read in print, Leupp Schools, Inc.**
7. AZ DPS Fingerprint Clearance Card
8. Arizona Motor Vehicle Report (5 years)
9. Certificate of Indian Blood (CIB)
10. Copy of University/College Degree, High School Diploma or GED Certificate
11. Unofficial College and/or University transcripts (*NOTE: official transcripts will be required only upon selection*)
12. First Aid & CPR Certificate

Upon receiving your application, the Human Resources office will assess and review your packet to ensure you meet the minimum qualifications for the position you are applying to. The Human Resources office will be in contact to schedule an interview if you meet the qualifications.

Again, thank you for your interest in employment with Leupp Schools, Inc. If you have any questions, please contact the Human Resources office at (928) 686-6017.

Regards,

LSI Human Resources



HC 61 Post Office Box D
Winslow, Arizona 86047
 PH: (928) 686-6017 FAX: (928) 686-6216

For Office Use Only:	
_____	Date Application Received
_____	Application Received By

CERTIFIED AND ADMINISTRATIVE EMPLOYMENT APPLICATION

Please complete entire application in full. Do not use “refer to résumé” or equivalent statement. Answer all questions completely. This application is part of the review procedure; incomplete information will affect the evaluation of your application.

Date of Application: _____

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

PERSONAL DATA

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

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

Phone: _____ Message Phone: _____ Email: _____

In case of an emergency contact: _____ Relation: _____

Address: _____ Phone No.: _____

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

Are you a citizen of the United States of America? Yes No

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

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

INDIAN PREFERENCE

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

Tribal Affiliation: _____ Tribal Enrollment Number: _____

IF YOU DO NOT POSSESS AN ARIZONA CERTIFICATION PLEASE CONTACT:

Arizona Department of Education – Certification Unit
 Phoenix Office: 1535 W. Jefferson, Phoenix, AZ 85007 Telephone No.: (602) 542-4367
 Tucson Office: 400 W. Congress Street #118, Tucson, AZ 85701 Telephone No.: (520) 628-6326
www.ade.az.gov/certification

MILITARY PREFERENCE

Are you a Veteran? Yes No

Veterans Preference: Veterans requesting preference relative to employment with Leupp Schools, Inc. must indicate they are requesting the preference in their employment application and attach a copy of their DD214 discharge papers at the time of submitting their employment application.

Branch: _____ From: _____ To: _____ Type of Discharge: _____

What certification(s) do you hold?

Certificate	State	Date Issued	Expiration

What endorsement(s) do you hold?

Endorsement	State	Date Issued	Expiration

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

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

EDUCATION AND PROFESSIONAL TRAINING

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

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

PROFESSIONAL EXPERIENCE

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

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

List all teaching employment in chronological order with most recent first. LSI will contact your employers for reference check.
(Do NOT put "see résumé")

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

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

Please explain any gaps in employment of over 30 days _____

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

If yes, please explain: _____

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

If yes, please explain: _____

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

If yes, please explain: _____

List any relative(s) currently employed with Leupp Schools, Inc.

NAME	Relationship	Department

REFERENCES

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

Name	Yrs. Known	Official Position	Work Phone	Other Phone
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				

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

Equal Opportunity Employer: Leupp Schools, Inc. does not discriminate on the basis of age, race, color, religion, gender, marital status, handicap/disability, or national origin.

CRIMINAL ACTIVITY REPORT

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

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

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

List any former name(s): _____

1. In the last 5 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). *Leave out traffic fines of less than \$150.00.* Yes No
2. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children? Yes No
3. In the past 5 years have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.), or illegally used prescription drugs? Yes No
4. In the past 5 years have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another? Yes No
5. Are you awaiting trial for any crime or offense excluding minor traffic violations not involving any allegations of drugs or alcohol impairment? Yes No
6. Have you been convicted by a military court-martial in the past 5 years? Yes No
7. Are you now under charges for any violation of the law? Yes No
8. Have you ever been arrested for or charged with a crime involving a child? Yes No
9. Have you ever been convicted of, admitted committing a sex or drug related offense? Yes No

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

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

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

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

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be ground for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.

I certify that my responses to this entire employment application is made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of my employment.

Signature of Applicant: _____

Date: _____

Applicant Screening Questionnaire Indian Children Protection Requirements

Name: _____

Social Security Number: _____

NOTIFICATION OF REQUIREMENTS

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment. Further, it is required to ask the following:

Have you ever been arrested for or charged with a crime involving a child?

No

Yes

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

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code §3207), requires a criminal history records check as a condition of employment for positions in the Department of Interior that involves regular contact with or control over Indian children. Further, it is required to ask the following:

Have you ever been arrested, found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against another person; or offenses committed against children.

No

Yes

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

I certify that my response to the above questions is made under federal penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand I do not have the right to obtain a copy of any criminal history report made available to Leupp Schools, Inc. but, I have a right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature: _____

Date: _____

AUTHORIZATION TO RELEASE INFORMATION

I _____, hereby authorize and consent to any investigator, or other duly accredited representative of Leupp Schools, Inc., who is conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information, whether or not specifically requested.

I further authorize and consent to any investigator, or other duly accredited representative at Leupp Schools, Inc., who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize and consent to custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by Leupp Schools, Inc. and only for the purpose of determining my suitability for employment with Leupp Schools, Inc.

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

Copies or facsimiles of this authorization that show my signature are as valid as the original release signed by me.

Print full name

Signature

Social Security

Date

CONSENT AND WAIVER TO CONDUCT BACKGROUND CHECKS

I, _____ Date of Birth: ____ / ____ / ____ SSN: _____
(Print full Name)

residing at _____ have
Physical home address (NO PO Box Address)

applied for employment with Leupp Schools, Inc., (hereinafter School). As indicated by my signature below I understand that the School will conduct a required background check of me through any or all of the following:

1. Federal Bureau of Investigations (F.B.I.)
2. The United States of America and any of its branches, federal agencies and/or departments;
3. The State of Arizona and any of its subdivisions, branches, agencies and/or departments;
4. The Navajo Nation and any of its subdivisions, branches, agencies and/or departments; and
5. Any private entity retained by the School to conduct such background checks.

I understand that the School will conduct these background checks to determine my criminal history, if any, and any other factors that may be relevant to my fitness for employment with the School.

As evident by my signature below I consent to any or all of the above noted entities providing all requested information and hereby waive and forever surrender any objection or claim I may have or acquire relative to the background checks or those providing information pursuant to the School's request. I further agree and direct that a copy of this request shall have the same force and effect as an original. This authorization is valid for a period of five (5) years from the date signed or upon the termination of my affiliation with Leupp Schools, Inc. whichever is sooner.

Applicant's Signature

Date