

CERTIFIED/ADMINISTRATIVE EMPLOYMENT APPLICATION



Shonto Preparatory School HUMAN RESOURCES DEPARTMENT

P.O. Box 7900, East Highway 160 & State Route 98
Shonto, Arizona 86054-7900
(928) 672-3513/3523
FAX (928) 672-3502
WEBSITE: www.shontoprep.org

POSITION APPLYING FOR: _____

From what source were you referred to Shonto Preparatory School? _____

APPLICANTS MUST INCLUDE THE FOLLOWING:

SPS APPLICATION	CIB/ BIA 4432 FORM
LETTER OF INTEREST	(3) RECOMMENDATION LETTERS (within the last year)
RESUME (Current)	AZ DPS IVP FINGERPRINT CLEARANCE CARD
HIGH SCHOOL DIPLOMA/GED	CPR/FIRST AID CERTIFICATE
COLLEGE TRANSCRIPTS (Official required if offered employment.)	VALID CERTIFICATIONS OR LICENSES

This School does not discriminate on the basis of age, race, color, national origin, religion, sex, or disability in its employment practices.

Name	Date of Application
Previous Last Name(s)	Please complete entire application. Do not use "refer to resume" or equivalent statement.
Social Security Number	
Mailing Address	
Residence Address	
City, State, Zip Code	Person other than spouse who will always be able to provide us with your current address and/or phone number:
Telephone: Home	Name
Cellular:	Mailing Address
Telephone: Work	City, State, Zip Code
E-mail address:	Telephone:

ARIZONA CERTIFICATIONS

Certificate*	Endorsements*	Date of Expiration
(Elementary, Secondary, Vocational, etc.)	(ESL, Bilingual, Learning Disabled, Physical Education, etc.)	

*Attach copies of certificates/endorsements.

IF YOU DO NOT HOLD ARIZONA CERTIFICATION, PLEASE CONTACT:

Arizona Department of Education – Certification Unit
 Phoenix Office: 1535 W. Jefferson, Phoenix, AZ 85007 Telephone (602) 542-4367
 Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone (520) 628-6326
www.azed.gov/educator-certification/

PROFESSIONAL REFERENCES

List three references, other than relatives, who have knowledge of your work experience and abilities. At least one should be a previous Principal, Supervisor, or Mentor Teacher. Please list in reverse chronological order, beginning with your most recent first.

Name	Title	Address	Phone

EDUCATIONAL AND PROFESSIONAL TRAINING

Please list in chronological order all educational institutions attended. Transcripts must be provided for each institution listed. The information on all items should be complete and accurate as it is used as the basis for determining salary.

Name and Location of Institution	From	To	Semester Hours*	Degree/ GPA**	Major	Minor
Undergraduate College Work						
Graduate College Work						

*One-quarter hour equals two-thirds of a semester hour.

**Provide GPA for degree(s) only.

TEACHING EXPERIENCE

Account for any gaps in employment. Attach a specific supplement if necessary. Do not indicate, "See Resume."

Dates (Mo./Yr.)	# of Yrs.	Employer		Subject(s)/Grade(s) taught
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Principal/Supervisor
TO	Salary \$	Phone	Reason for leaving	
Dates (Mo./Yr.)	# of Yrs.	Employer		Subject(s)/Grade(s) taught
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Principal/Supervisor
TO	Salary \$	Phone	Reason for leaving	
Dates (Mo./Yr.)	# of Yrs.	Employer		Subject(s)/Grade(s) taught
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Principal/Supervisor
TO	Salary \$	Phone	Reason for leaving	
Dates (Mo./Yr.)	# of Yrs.	Employer		Subject(s)/Grade(s) taught
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Principal/Supervisor
TO	Salary \$	Phone	Reason for leaving	

STATEMENT OF TEACHING PHILOSOPHY

Answer the following questions. You may attach one additional sheet.

1. What specific areas of teaching do you feel particularly knowledgeable, and what are some ways you implement that knowledge in the classroom?
2. If a student is not working up to his/her potential, what will you do about it?
3. What skills do you need to develop to become a "world-class" teacher?

Check instructional or management techniques/programs of which you have a working knowledge.

- | | | |
|---|---|--|
| <input type="checkbox"/> 6 Trait/ Point Writing Rubric | <input type="checkbox"/> Crisis Prevention Training | <input type="checkbox"/> Phonemic Awareness/Phonics |
| <input type="checkbox"/> At-Risk Student Models | <input type="checkbox"/> Dual Language Programs | <input type="checkbox"/> Reality Therapy (Glasser) |
| <input type="checkbox"/> Balanced Literacy | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Reciprocal Teaching |
| <input type="checkbox"/> Behavior Disordered Programs | <input type="checkbox"/> Structured English Immersion | <input type="checkbox"/> Responsible Thinking Process (Ford) |
| <input type="checkbox"/> Block Scheduling | <input type="checkbox"/> Essential Elements of Instruction (Hunter) | <input type="checkbox"/> Site-based Advisory Councils |
| <input type="checkbox"/> Brain Compatible Learning | <input type="checkbox"/> Hands-on /Minds-on Math | <input type="checkbox"/> Thematic Units |
| <input type="checkbox"/> Cognitively Guided Instruction | <input type="checkbox"/> Hands-on /Minds-on Science | <input type="checkbox"/> Writing Across the Curriculum |
| <input type="checkbox"/> Computers as an Instructional Tool | <input type="checkbox"/> Integrated Instruction | <input type="checkbox"/> Year-round Education |
| <input type="checkbox"/> Conflict Management | <input type="checkbox"/> Literature-Based Programs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Constructivist Teaching/Learning | <input type="checkbox"/> Peer Tutoring | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cooperative Learning | | <input type="checkbox"/> Other _____ |

Use second entry if you had two student teaching assignments. Attach another sheet if you had more.						STUDENT TEACHING	
Year Fall/Spring?	GRADE LEVEL	SUBJECT	NAME OF MENTOR TEACHER	NAME OF SCHOOL & DISTRICT WHERE STUDENT TAUGHT	HOURS EARNED		
University Supervisor's Name				Phone			
Year Fall/Spring?	GRADE LEVEL	SUBJECT	NAME OF MENTOR TEACHER	NAME OF SCHOOL & DISTRICT WHERE STUDENT TAUGHT	HOURS EARNED		
University Supervisor's Name				Phone			

SUBSTITUTE TEACHING		
SCHOOL/DISTRICT/ADDRESS/PHONE	School Year	No. Of Mos.

ADMINISTRATIVE OR SUPERVISORY EXPERIENCE					
Dates (Mo./Yr.)	# of Yrs.	Employer		Position Held	
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Supervisor	
To	Salary \$	Phone	# of Staff Supervised	Reason for leaving	
Dates (Mo./Yr.)	# of Yrs.	Employer		Position Held	
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Supervisor	
To	Salary \$	Phone	# of Staff Supervised	Reason for leaving	
Dates (Mo./Yr.)	# of Yrs.	Employer		Position Held	
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Supervisor	
To	Salary \$	Phone	# of Staff Supervised	Reason for leaving	
Dates (Mo./Yr.)	# of Yrs.	Employer		Position Held	
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Supervisor	
To	Salary \$	Phone	# of Staff Supervised	Reason for leaving	

EXPERIENCE OTHER THAN TEACHING			
Note: List ALL employment including U.S. Armed Forces in chronological order with present employer first. Attach extra page if needed.			
Dates (Mo./Yr.)	POSITION HELD	EMPLOYER	SUPERVISOR
From			Name
To	Address	City/State/Zip	Phone
From			Name
To	Address	City/State/Zip	Phone

GENERAL EMPLOYMENT INFORMATION

1. Are you legally eligible to work in the United States? (Check) Yes No

2. Do you have authorization to begin working immediately? (Check) Yes No

3. Have you ever been dismissed from a position? (Check) Yes No

If yes, explain _____

4. Have you ever been asked to resign from a position? (Check) Yes No

If yes, explain _____

5. Have you ever worked for the Shonto Preparatory School? (Check) Yes No

If yes, when and in what capacity? _____

REQUIREMENTS FOR CERTIFICATED APPLICATIONS

Thank you for your interest in the Shonto Preparatory School. We look forward to reviewing your application.

Applications are required to be complete when submitted. Items 1-5 must be submitted together for your application to be considered complete.

1. **COMPLETED APPLICATION, RESUME, AND LETTER OF INTEREST:** You must complete all sections of the application form. We urge you to enclose a resume and a cover letter indicating your specialty areas with your application. It is to your advantage to express all your specialties, training, and areas of expertise.
2. **TRANSCRIPTS:** Unofficial transcripts are acceptable until you are employed. Official Transcripts must be received within 30 days of hire. Complete transcripts include all course work listed on your application.
3. **ARIZONA TEACHING CERTIFICATE:** If you currently hold an Arizona Teaching Certificate, we ask that you submit a copy with your application. We do not require you to hold an Arizona Teaching Certificate prior to your preliminary interview, or to consider your file complete; however, holding the appropriate Arizona Certificate and filing it with the School Superintendent is a condition of employment.
4. **PROFESSIONAL PLACEMENT FILES OR THREE LETTERS OF RECOMMENDATIONS:** A placement file from Career Services at your college, university or other institution must be requested by you and sent directly under separate cover or included with the application. If a placement file has not been established, send at least three letters of recommendation.
5. **CERTIFICATE OF INDIAN BLOOD:** A certificate issued by a Native American Agency Office designated to issue authorized members a census number, or validity of Native American blood quantity.

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE.

Every answer I have provided on this Application is both complete and truthful. I understand and agree that: (1) if any information is omitted from or not filled in on this Application, or if any false information is furnished, the employer will reject my Application, (2) if any false information is furnished, I will be ineligible for any future consideration for employment and may be subject to criminal prosecution, and (3) if I am employed by the employer, I may be dismissed from employment, criminally prosecuted, and if certified or licensed, my certificate or license may be revoked, if it is later determined that I have furnished false information on this Application.

This Application is signed under the penalty of perjury, subject to all applicable punishments, pursuant to 42 U.S.C. §13041(d).

SIGNATURE OF APPLICANT (unsigned applications are not valid)

Date

All complete applications will be kept on active file for one school year or until confirmation has been received that you have signed a contract.

SHONTO PREPARATORY SCHOOL IS AN EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH TITLE IX OF THE EDUCATION AMENDMENT ACT OF 1972, WITH THE NAVAJO PREFERENCE IN EMPLOYMENT ACT, THE NAVAJO NATION LABOR RELATIONS LAWS, WITH THE FEDERAL INDIAN PREFERENCE POLICY, with the Americans with Disabilities Act, and with all other state and federal employment laws. The District does not discriminate against any person on the basis of race, religion, color, national origin, age, disability, sex, marital status, changes in marital status, pregnancy or parenthood. Should you need any assistance for any reason during any stage of the employment process, please discuss your needs with a member of the Human Resources Staff. Every effort will be made to reasonably accommodate you in this process.

CONVICTION REPORT — Please read carefully and answer all questions.

Shonto Preparatory School has a tremendous responsibility to its schools and community and must have information from all applicants and employees regarding convictions. ***A record of conviction does not prohibit employment. However, your failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of dismissal if employed and may result in prosecution for filing false information with a public agency.** Applicants and employees must report any convictions that occur subsequent to the time they initially complete this form. Questions regarding this information should be directed to the Director of Human Resources.

A. Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer "YES" even if the matter was later dismissed, deferred, vacated, or expunged. If you answer "YES," you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you, and the final disposition of the case(s).

YES NO Explanation: _____

B. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, while charges against you or an investigation of your behavior was pending? You must answer "YES" even if the matter resolved with any form of settlement or severance agreement regardless of the terms. If you answer "Yes," you must provide the date of termination of employment, the name, address, and telephone number of the employer(s), and a statement of the alleged reasons for termination.

YES NO Explanation: _____

C. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer "YES," you must provide the dates of proceedings, name, address, and telephone number of the agency or body here proceedings took place, a statement of the accusations against you, and the final disposition.

YES NO Explanation: _____

D. Are you now being investigated for any alleged misconduct or other alleged misconduct or other alleged grounds for discipline by any licensing, certification, or other regulatory body (teacher certification or other wise), or by your current or any previous employer? If you answer "YES," you must provide the name, address, and telephone number of the employer or licensing body and a statement of the accusations against you.

YES NO Explanation: _____

E. Have you ever been found guilty of, entered a plea of nolo contendere (no contest) or guilty to, been arrested for, been charged with, or are you awaiting trial for any felony or misdemeanor offense under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, exploitation, contact or prostitution, crimes against persons, or offenses committed against or involving children? If so, provide details below, including date of conviction, court where convicted, sentence imposed, and present status of conviction.

YES NO Explanation: _____

- I am not awaiting trial on and I have never been convicted of, admitted to, or pled to any of the twenty-four criminal offenses listed below in this State, or similar offenses in another jurisdiction.
- I am awaiting trial on or I have been convicted of, admitted to, or pled to one or more of the criminal offenses listed below in this State, or similar offenses in another jurisdiction, and which I checked below.

<input type="checkbox"/> Sexual abuse of a minor	<input type="checkbox"/> Burglary in the second or third degree
<input type="checkbox"/> Incest	<input type="checkbox"/> Aggravated or armed robbery
<input type="checkbox"/> First or second degree murder	<input type="checkbox"/> Robbery
<input type="checkbox"/> Kidnapping	<input type="checkbox"/> Child abuse
<input type="checkbox"/> Arson	<input type="checkbox"/> Sexual conduct with a minor
<input type="checkbox"/> Sexual assault	<input type="checkbox"/> Molestation of a child
<input type="checkbox"/> Sexual exploitation of a minor	<input type="checkbox"/> Manslaughter
<input type="checkbox"/> Commercial exploitation of a minor	<input type="checkbox"/> Aggravated assault
<input type="checkbox"/> Burglary in the first degree	<input type="checkbox"/> Assault
<input type="checkbox"/> Exploitation of minors involving drug offenses	<input type="checkbox"/> A dangerous crime against children as defined in § 13-604.01
<input type="checkbox"/> Felony offenses involving contributing to the delinquency of a minor	
<input type="checkbox"/> Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs	
<input type="checkbox"/> Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs	
<input type="checkbox"/> Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs	

If any of the boxes are marked "YES," fill in the information below and attach a letter of explanation. PLEASE PRINT.

CONVICTION INFORMATION

CONVICTION CHARGE	DATE OF CONVICTION	COURT OF CONVICTION
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CITY/STATE	AMOUNT OF FINE	LENGTH OF JAIL/PRISON TERM
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LENGTH & TERMS OF PROBATION	REMARKS
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CONVICTION CHARGE	DATE OF CONVICTION	COURT OF CONVICTION
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CITY/STATE	AMOUNT OF FINE	LENGTH OF JAIL/PRISON TERM
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LENGTH & TERMS OF PROBATION	REMARKS
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*CONVICTION means the final judgment on a verdict or a finding of guilty, or a plea of nolo contendere, in any state, tribal, or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does NOT include a final judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

**A.R.S.13-604-01 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, and sexual abuse.

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate, and complete. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the Shonto Preparatory School to make reference checks prior to employment, and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed. I understand that misrepresentation or omission of pertinent facts is a class 3 misdemeanor and may be cause for dismissal.

SIGNATURE: _____ DATE: _____

**Shonto Preparatory School
Shonto, Arizona**

**CONSENT TO CONDUCT A BACKGROUND
INVESTIGATION AND RELEASE**

I, _____, [applicant's name], have applied for employment with this School to work as a _____ [job title]. I understand that in order for the School to determine my eligibility, qualifications, and suitability for employment, the School will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s), for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution, such as any college or university, I may have attended.

I waive _____ / do not waive _____ (initial only one) my right to see any written reference or other information provided to the School by any educational institution.

According to Arizona law, any employer that provides a written communication to the School regarding my current or past employment must send me a copy at my last known address. I acknowledge that some employers are unwilling to provide factual written references concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that the School will not further consider my application if it cannot complete its background investigation. I waive my right to receive a copy of any written communication furnished to the School by any present or former employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to the School by employers or educational institutions, I release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that furnishes written or oral references requested by this School District to complete its background investigation.

A photocopy or facsimile (fax) copy of this Consent to Conduct Background Investigation and Release that shows my signature shall be as valid as the original. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the School, whichever is sooner.

DATED this _____ day of _____, 20_____.

Applicant

Applicant Screening Questionnaire
Indian Children Protection Requirements

Name: _____ Social Security Number: _____
(Please print)

Job Title: _____

Notification 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 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?

- Yes [If "yes," provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.]
- No

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 that involve 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 persons; or offenses committed against children?

- Yes [If "yes," provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.]
- No

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 my right to challenge the accuracy and completeness of any information contained in the criminal history report obtained by Shonto Preparatory School.

Applicant's Signature

Date

NPEA RECORDKEEPING REGULATION

Shonto Preparatory School is subject to the Navajo Preference in Employment Act (NPEA), which requires employers on the Navajo Nation to give employment preference to enrolled members of the Navajo Nation, and in some cases, their spouses. The School is also subject to Title VII of the Civil Rights Act of 1964, which allows employers on or near Indian Reservations to give preference to enrolled members of federally-recognized Indian Tribes. In order to implement these laws, the School invites all applicants to complete the following information. The information obtained will be used solely for purposes of complying with these laws. Please type or print.

Name _____ Social Security No. _____

Address _____

_____ Zip Code

- I am an enrolled member of the Navajo Nation.
- I am an enrolled member of another federally-recognized Indian Tribe living on or near the Navajo Nation.
- I am not an enrolled member of the Navajo Nation, but I am legally married to a Navajo and I have resided within the territorial jurisdiction of the Navajo Nation for a continuous one-year period immediately preceding the date of this application.
- Does not apply.

Signature _____ Date _____