

## PUEBLO OF LAGUNA DEPARTMENT OF EDUCATION

PO Box 207, Laguna, NM 87026

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Notice: 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 background check will be conducted as a condition of employment. Native American Preference. Applications submitted will be shredded 6 months after application date, if not hired.

NON-CERTIFIED APPLICATION										
1. LAST NAME		FIRST NAME		Mid. Initl.		DATE OF BIRTH	ETHNICITY:			
2. POSITION APPLYING FOR:			PED LICENSE NUMB	ER (if appli	icable)		3. EMAIL ADI	DRESS:		
4. MAILING ADDRESS	СІТУ		STATE:		ZIP CODE:		CELL PHONE NUMBER:			
5. DRIVER'S LICENSE NUMBER:					STATE:	EXPIRATION D	ATE:			
ARE YOU A VETERAN? Circle one YES or NO	6. SOCIAL SECURITY NUMBER:			7. Are you authorized to work in the U.S.? YES NO						
					D	ates Attended				
8. EDUCATION: List high school and	ended.	Month/Year From		Month/Year To		Degree				
Be			Month	Year	Month	Year	Received	Month/Yr.		
9. List other certifications which you	possess.									
10. WORK EXPERIENCE AND/OR TEA	ACHING EXPERIENCE (list you	r most recent ex	operience first a	nd work	( back)			•		
A. Employer/School District and Address:	Position/Title Grade or	Years Worked				1				
. , ,	Subject	From	То	Total Years		Reason For Leaving				
Immediate Supervisor's Name:		Phone Number:								
B. Employer/School District and Address:	Position/Title Grade or	Year	s Worked							
• • •	Subject	From	То	Total Years		Reason For Leaving				
Immediate Supervisor's Name:		Phone Number:								
C. Employer/School District and Address:	Position/Title Grade or Subject	Year: From	s Worked To	Total Years		Reason For Leaving				
Immediate Supervisor's Name:		Phone Number:								
D. Employer/School District and Address:	Position/Title Grade or Subject	Year: From	s Worked To	Total Years			Reason	For Leaving		
	,		10							
Immediate Supervisor's Name:		Phone Number:								

APPLICATION CONTINUATION							
E. Employer/School District and Address:	Position/Title Grade or Subject	Year From	rs Worked To	Total Years	Reason For Leaving		
Immediate Supervisor's Name:		Phone Number:					
11. PERSONAL REFERENCES: List thre		•	-				
who have known you for at least	five (5) years. Do not list r	elatives or anyone			T		
A. Name		Years Kno		Telephone Number Person can be Reached:			
Email Address:							
B. Name		Years Kn		Telephone Number Person can be Reached:			
Email Addrass			From	То			
Email Address:  C. Name		Years Kno	own	Telephone Number Person can be Reached:			
		From	То				
Email Address:							
12. Do you have relatives working fo	r the Laguna Department	t of Education? _	YES	5	_ No		
If you answered yes, please list their r	names:						
13. GENERAL INFORMATION:							
A. If presently employed, may we cor	ntact your employer?	YES	_ NO				
and the last four digits of social secur explanation of the violation, disposition court involved. A. Are you under any charges for any	on of the arrest or charge(	s), place of the oc	currence, and th				
B. Have you ever been convicted witl			NO				
C. Have you ever been , arrested, four two or more misdemeanor offense prostitution; crimes against person	s under Federal, State, or	tribal law involvin	g crimes of viole	nce: sexual assa	ny felonious offense, or any two nult, molestation, exploitation, contact or		
D. During the last five years (5), have offenses where you have been fou							
E. Have you ever been fired, asked to If yes, when? Please provide of brief summary:	resign? YES Where?	NO					

2 Non-Certified Application 2 Revised March 1, 2020

F. Why do you desire to leave your current position?
G. In the last 5 years have you illegally used any controlled substance, for example; marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morhpine, heroin, etc.) amphetamines, depressants, (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics, (LSD, PCP, etc.), or illegally used prescription drugs.
15. Use this space to provide explanations to any questions on this application.
I authorize the Pueblo of Laguna Department of Education to obtain any record of criminal history with the understanding that such information held in
confidence and used solely for the purpose of evaluating my application. I certify that my responses to these questions are made under the Federal penalty of perjury, which is punishable by fines or imprisonment, and that I have received notice that a criminal check will be conducted. I understant my right to challenge the accuracy and completeness of any information contained in the report. I affirm that all the information contained in this application is true and complete and that any misrepresentation, falsification or omission shall be cause for dismissal from, or refusal of employment. I hereby, authorize the Pueblo of Laguna Department of Education to request any information from my previous employer(s) and I authorize any references to release such information.
Applicant's Signature: Date:

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