



**MOENCOPI DAY SCHOOL**  
**P.O. BOX 185**  
**TUBA CITY, ARIZONA 86045**  
**Phone: (928) 283-5361 Fax: (928) 283-4662**  
**WEBSITE: <http://www.moencopidayschool.org>**

## **PLEASE ATTACH REQUESTED DOCUMENTS TO THE EMPLOYMENT APPLICATION**

- Letter of Interest
- Three (3) current Letters of Recommendation
- Resume, including three (3) References with Address & Phone Numbers
- For teaching positions, attach Teacher Certifications & AZ DPS Background Clearance Card; Substitute Teacher applicants, attach Substitute Teacher Certification
- High School Diploma or GED Certificate
- College transcripts (if applicable)
- Certificate of Indian Blood or Verification of Census Number
- Ten-year (10) Background Check from the Hopi Tribe and/or Navajo Nation
- First Aid/CPR Certification (must be obtained within 10 days of employment)
- Applicant Screening Questionnaire Form

***If individual is selected for a position, applicant will be subject to comply with all Background Checks and Fingerprinting requirements with a favorable outcome prior to the first day of employment.***

If you have any questions or need additional information, please contact:

Kristy Honie, Business/Human Resources Manager (Ext. 1023), or  
Sahmie S. Lomahquahu, Acting Chief School Administrator, (Ext. 1022)



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## APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin age, disability, marital, and veteran status, sexual orientation, or any other legally protected status.

**(PLEASE PRINT)**

Date of Application:		
Position Applied For:		
Do you have a driver's License:	Yes___No_	License #
Expiration Date:	Other License:	
First Name:	Last Name:	Middle Name:
Residential Address:		
Mailing Address:	City:	
State:	Zip Code:	
Date of Birth:	Place of Birth:	
Social Security #:		
Telephone Number:	Day: ( )	Evenings: ( )

Have you ever filed an application with us before?  
 Have you ever been employed with our school?

If yes, give date:

Are you currently employed?

May we contact your present employer?

Are you prevented from lawfully becoming employed on this country because of Visa or Immigration status? Proof of citizenship will required, if selected.

On what date will you be available for work?

Are you currently on "lay-off" status and subject to recall?

Can you travel if a job requires it?

Have you ever been found guilty of, entered a plea of *solo contendere* (no contest), or guilty to, been arrested for, been charged with, or are you awaiting for trial for any felony or misdemeanor offense under federal, state or tribal law involving crimes of violence sexual assault, molestation, sexual contact or prostitution Crimes against persons, or offenses committed against or involving children? You must answer "yes" if the matter was later dismissed, deferred, vacated or expunged from your record. If you answer "yes" you must provide dates proceedings, the court where the proceedings occurred, statement of the accusation against you, and the final or current disposition of the matter. (Conviction will not necessarily disqualify an applicant for employment)

YES	NO


<b>EMPLOYMENT EXPERIENCE</b>		
Start with your previous or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, maternal origin, handicap, or other protected status		
Employer:	Address:	City/State/Zip
Telephone No. ( )	Job Title:	Supervisor:
Dates of Employment:	Hourly Rate:	
Reason for Leaving:		
Describe your Duties:		

Employer:	Address:	City/State/Zip
Telephone No. ( )	Job Title:	Supervisor:
Dates of Employment:	Hourly Rate:	
Reason for Leaving:		
Describe your Duties:		

Employer	Address:	City/State/Zip
Telephone No: ( )	Job Title:	Supervisor:
Dates of Employment:	Hourly Rate:	
Reason for Leaving:		
Describe your Duties:		

(If you need additional space, please continue on a separate sheet of paper)

<b>EDUCATION</b>		
Name of High School/GED	Diploma/GED	Month/Year
Address:	City/State/Zip	

Undergraduate College:	Degree	Month/Year
Address	City/State/Zip	
Course of Study:		

Undergraduate College:	Degree	Month/Year
Address:	City/State/Zip	
Course of Study:		

Graduate Professional	Degree:	Month/Year
Address:	City/State/Zip	
Course of Study:		

Described any specialized training, apprenticeship skills, and extra-curricular activities. Include military service training which is job related.

<b>ADDITIONAL INFORMATION</b>
Any Qualifications and/or Certifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

<p>Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.</p> <p>Are you capable of performing with or without a reasonable accommodation the activities in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. <span style="float: right;">____ Yes ____ No</span></p>
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**APPLICANT'S STATEMENT**

**I certify that under penalty of perjury that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving of an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, I am required to abide by all rules and regulations of the employer.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

FOR HUMAN RESOURCES DEPARTMENT USE ONLY		
Did the applicant submit a complete application packet? Did the applicant meet the application deadline? Date stamped: Arrange an interview for the applicant?	YES	NO
	Date:	
	Time:	
	Confirmation?	
Remarks:		
Position selected for :	Starting Date:	
Hourly Rate/Annual Salary:	Grade/Step:	
By:	Date:	
NAME AND TITLE		

Applicant Screening Questionnaire  
Indian Children Protection Requirements

Name: \_\_\_\_\_

(please print)

Job Title: \_\_\_\_\_ Social Security Number \_\_\_\_\_

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 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?

- 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 with the Moencopi Day School 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 obtain a copy of any criminal history report made available to the Moencopi Day School and my rights to challenge the accuracy and completeness of any information contained in the report.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date