

EMPLOYMENT APPLICATION PACKET

Mescalero Apache School
Human Resource Office
P.O. Box 230
Mescalero, NM 88340
Phone (575) 464-4431 Fax (575) 464-0053

NAME _____

MAILING ADDRESS _____

TELEPHONE # _____

To the Applicant: Please read the following and sign below:

1. The Mescalero Apache School is an equal opportunity employer and does not discriminate on the basis of race, sex, color, national origin, religion, or disability.
2. You ***must*** complete this Application Packet in full and provide all information requested including the following:
 - Application/Questionnaire for Employment and Resume
 - ***Official*** College/University Transcripts
 - 3 Current Signed Letters of Reference
 - Authorization for Release of Information

An incomplete application packet will not be considered.

3. The provision of any false, incomplete, or misleading statements in this application packet, on any other documents submitted with it, or as part of any other phase of the application process, will result in the applicant's disqualification or discharge, regardless of when the misrepresentation or omission is discovered.
4. Applicants are subject to employment and education history checks, drug testing, **AND** background investigations, including mandatory fingerprinting, as a condition of the application process for employment consideration.
5. All offers of employment are contingent upon the satisfactory completion of background investigations. Criminal convictions shall not automatically bar an applicant from obtaining employment with the school, but pursuant to the ***Crime Control Act of 1990 and Public Law 101-630 (Indian Child Protection and Family Violence Prevention Act)***, may be basis for refusing employment.

I have read and understood the foregoing: _____

Applicant's Signature



Mescalero Apache School

P.O. Box 230 ~ 249 White Mountain Drive
 Mescalero, NM 88340
 Phone: (575) 464-4431 Fax: (575) 464-0053



Information contained in this application/questionnaire is for official use only.

APPLICATION/QUESTIONNAIRE FOR EMPLOYMENT

Notice to Applicant: 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.

POSITION DESIRED

First Choice _____

Second Choice _____

Third Choice _____

1. Full Name				2. Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year
3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).				4. Telephone Number		
Name				()		
5. Place of Birth				6. Social Security Number		
City	County	State				

7. Residence – List where you have lived; beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in you list.					
Month/Year	Month/Year	Street Address	City	State	Zip Code
1)	To Present				
Month/Year	Month/Year	Street Address	City	State	Zip Code
2)	To				
Month/Year	Month/Year	Street Address	City	State	Zip Code
3)	To				
Month/Year	Month/Year	Street Address	City	State	Zip Code
4)	To				
Month/Year	Month/Year	Street Address	City	State	Zip Code
5)	To				
7. a. Residence on an Indian Reservation – List any Indian Reservations in which you have lived or worked in the last 5 years.					
Name of Indian Reservation					

Application/Questionnaire Continued

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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8. Education - List the schools you have attended.

High School	Address, City, State, Zip Code	Date Graduated	Diploma / GED Received
College/University	Address, City, State, Zip Code	Date Graduated	Degree / Diploma / Other Received
College/University	Address, City, State, Zip Code	Date Graduated	Degree / Diploma / Other Received
College/University	Address, City, State, Zip Code	Date Graduated	Degree / Diploma / Other Received
College/University	Address, City, State, Zip Code	Date Graduated	Degree / Diploma / Other Received

8. a. Graduate Hours Completed

Beyond Bachelor Degree	Beyond Master Degree
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9. Employment - List your employment activities, beginning with the present and working back. Every year must be accounted for. For periods of unemployment, list dates and "unemployed" or "attending school."

Month/Year 1) _____ To _____	Month/Year	Employer Name	Position Title
Employer Address	City	State	Zip Code
Supervisor's Name	Telephone Number ()	Other Employer Reference	Telephone Number ()
Reason For Leaving			

Month/Year 2) _____ To _____	Month/Year	Employer Name	Position Title
Employer Address	City	State	Zip Code
Supervisor's Name	Telephone Number ()	Other Employer Reference	Telephone Number ()
Reason For Leaving			

Month/Year 3) _____ To _____	Month/Year	Employer Name	Position Title
Employer Address	City	State	Zip Code
Supervisor's Name	Telephone Number ()	Other Employer Reference	Telephone Number ()
Reason for Leaving			

Application / Questionnaire Continued

Last Name		First Name		Middle Initial	Jr., II, etc.	Social Security Number	
Month/Year	Month/Year	Employer Name			Position Title		
4)	To						
Employer Address				City		State	Zip Code
Supervisor's Name			Telephone Number ()	Other Employer Reference		Telephone Number ()	
Reason For Leaving							
Month/Year	Month/Year	Employer Name			Position Title		
5)	To						
Employer Address				City		State	Zip Code
Supervisor's Name			Telephone Number ()	Other Employer Reference		Telephone Number ()	
Reason For Leaving							

10. Professional or Personal References - List 5 people who have known you <i>Professionally</i> or <i>Personally</i> for at least 5 years. Do not include relatives or anyone who is listed elsewhere on this application.							
1) Name		Dates Known Month /Year To Month/Year		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()			
Address		City			State	Zip Code	
2) Name		Dates Known Month /Year To Month/Year		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()			
Address		City			State	Zip Code	
3) Name		Dates Known Month /Year To Month/Year		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()			
Address		City			State	Zip Code	
4) Name		Dates Known Month /Year To Month/Year		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()			
Address		City			State	Zip Code	
5) Name		Dates Known Month /Year To Month/Year		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()			
Address		City			State	Zip Code	

Application/Questionnaire Continued

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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11. Background Information – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.

<p>11. a. 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.)</p> <p>If “YES”, use item 11.i. to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>11. b. Have you been convicted by a military court-martial?</p> <p>If “YES”, use item 11.i. to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>11.c. Are you now under charges for any violation of law?</p> <p>If “YES”, use item 11.i. to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>11.d. Have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?</p> <p>If “YES” use item 11.i. to provide the date, an explanation of the problem, reason for leaving, and the employer’s name and address.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>11. e. Have you ever been arrested for or charged with a crime involving a child?</p> <p>If “YES”, use item 11.i. to 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.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>11. f. 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?</p> <p>If “YES”, use item 11.i. to 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.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>11. g. 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.), hallucinogenics (LSD, PCP, etc.), or illegally used prescription drugs?</p> <p>If “YES”, use item 11.i. to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>11. h. Have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sake of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?</p> <p>If “YES”, use item 11.i. to provide information relating to the type of substance(s), the nature of the activity, and nay other details relating to your involvement with illegal drugs.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>11. i. Use this space or attach additional sheets to provide explanations of any questions you may have answered “YES” to.</p>		

Certification that my Answers are True

My statements on this application/questionnaire, 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 grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.

Applicant’s Initials

Date

I certify that my responses to the above questions are 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 employment. I understand my right to obtain a copy of any criminal history report made available to the Mescalero Apache School and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant’s Printed Name

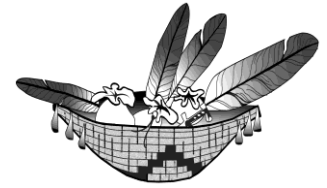
Applicant’s Signature

Date



Mescalero Apache School

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Mescalero, NM 88340
Phone: (575) 464-4431 Fax: (575) 464-0053



AUTHORIZATION FOR RELEASE OF INFORMATION

Information contained in this Release is for official use only.

I authorize any investigator, or other duly accredited representative of the agency 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.

I, further authorize any investigator, or other duly accredited representative of the **Mescalero Apache School**, 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 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 the **Mescalero Apache School** only for purposes of determining my suitability for employment with the **Mescalero Apache School**.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid from the date signed until termination of my affiliation with the **Mescalero Apache School**.

Signature (sign in black ink)	Printed Name	Date Signed	
Other Names Used			Social Security Number
Current Address	State	Zip Code	Contact Number ()