



# Dilcon Community School, Inc.

HC 63, Box G, Winslow, Arizona 86047 - Phone: (928) 657-3211 - Fax: (928) 657-3213



## EMPLOYMENT APPLICATION SY2022- 2023

Dear DCS Employment Applicant,

Thank you for your interest in seeking a position at Dilcon Community School, Inc. (DCS). We appreciate the time you take to complete the application. Please complete the application, review & attached the required documentation & background checks needed to start the screening process. If you are selected, we will proceed to interview.

### 1. APPLICATION FORM

- Submit the original application form after you fully complete it with original signatures and ensure all required documents are attached by the closing date of each vacancy applying.
- It is suggested that applicants retain a copy of their application for future reference.
- Applications not meeting the minimum requirements OR are not complete WILL NOT be considered.

### 2. LETTERS OF REFERENCE/RESUME/DEGREE

- All Applicants must submit a minimum of three individual signed letters of recommendation (current – within past 3 months) and copies of transcripts and/or each degree earned.
- All CERTIFIED Applicants must submit a résumé (optional for other applicants)
- Once submitted, all materials including reference letters, resumes, and placement files are considered confidential and the property of DCS. They will not be released to the applicant or third parties. (HR Department cannot make copies for applicants.)
- Hiring is contingent upon results of confidential reference checks with Arizona Department of Public Safety (AZDPS), Navajo Nation Police Department (NNPD) & FBI Fingerprint checks.

### 3. TRANSCRIPTS

- Unofficial transcripts will be accepted for review of an application. However, official transcripts must be on file upon recommendation for hire. Official transcripts are transcripts sent by the applicable college/university, stamped or otherwise acknowledged as official by the college/university, and sent in a sealed envelope. The transcripts must show course work, hours and grades.
- It is the applicant's responsibility to ensure that the application form, transcripts, resume, reference letters, and a copies of required transcripts and certificates are on file with HR.

### 4. CERTIFICATION

- Appropriate AZ certification is required at time of application for all certified positions. A fingerprint clearance and satisfactory completion of assessments and background investigations are requirements prior to issuance of a teaching certificate and employment at DCS. If applicable, submit a photocopy of all valid certificates to HR. Certificates must be properly recorded.
- Classified applicants must also provide additional certification required for the position e.g. First Aid/CPR certification, etc.

5. **BACKGROUND INVESTIGATION:** In an effort to continue to provide a safe environment for the children & employees of DCS, **any individual recommended for employment with DCS will undergo a background investigation at their own expense, prior to finalization of employment.** The background investigation includes a criminal background check by the NNPD in Window Rock, AZ, submit fingerprints to the AZDPS pursuant to ARS § 41-1750 and, a federal background investigation with fingerprinting. Be aware that the background clearance may take 4-5 weeks to complete. All Background clearance procedures must be adhered to before an employee contract is issued.

You will be notified regarding your qualification.

\*\* Clearances are valid for five (5) years: We re-adjudicate every 5 years, or after 6 months of separation from DCS.

Note: Criteria for a non-favorable determination are as follows:

- A. Crimes against child or another person
- B. Assault & Battery
- C. One Felony or Two Misdemeanor arrests or convictions. Refer to #A.
- D. Sex Crimes

### 6. INTERVIEWS

When all application requirements are complete, HR will determine qualifications and refer all qualified applications to the interview committee. Should your application be selected, you may be invited to an interview. If you require additional information regarding employment with DCS, feel free to contact HR at the information listed at the beginning of this application packet.

Applicants Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

7. **NAVAJO/INDIAN PREFERENCE POLICY:** Preference in filling vacancies is given to qualified Indian candidates in accordance with the Navajo/Indian Preference Act of 1934 (Title 25, USC Section 472). Certificate of Indian Blood must be submitted with the application if claiming Navajo/Indian Preference. Consideration will be given to Non-Indian applicants in the absence of qualified Navajo/Indian Preference eligible.
8. **EQUALITY OF EMPLOYMENT OPPORTUNITES/NON-DISCRIMINATION/NAVAJO PREFERENCE:** DCS is committed to a policy of non-discrimination relative to race, sex, age, religion, disability and national and/or ethnic backgrounds with the exceptions provided to "Indians" under federal law and the preferences set forth under the Navajo Preference in Employment Act (NPEA) as it may be modified and as Navajo and/or federal law may otherwise direct. It is the policy of the DCS, in all employment decisions, to give preference first to qualified Navajo persons, and secondly, to other qualified Indians. However, notwithstanding the foregoing, the board shall be free to select the best qualified individual for any given position.
9. **VETERANS PREFERENCE:** The DCS does provide a hiring preference to veterans. The term veteran means any person who has served at least 181 consecutive day's active duty in the armed forces, and who has received an honorable discharge.
10. **IMMIGRATION LAWS:** Immigration laws require that we employ only those individuals authorized to work in the USA. Candidates must submit required documents if they are recommended for hire.
11. **RETENTION OF APPLICATIONS**
  - **Administrative and Professional Non-Teaching applications are kept only for the specific recruitment.** New applications are required for each subsequent professional opening.  
All other applications will be retained on active status for six (6) months, after which time it will be necessary to reapply

If you have any questions, please feel free to contact me by phone, email, or stop by DCS office.

Sincerely,

Cheryl Chischillie

*HR Specialist*

(928) 657-3211/2327

[CChischillie@DilconEagles.com](mailto:CChischillie@DilconEagles.com)



Dilcon Community School, Inc.  
Human Resources, HC 63 Box G, Winslow, Arizona 86047 \* Phone (928) 657-3211

## EMPLOYMENT APPLICATION

EEO / Navajo Preference / Veteran Preference / ADA

**Incomplete Applications WILL NOT be accepted**

**PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS**

*I have read the preceding instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (identified in the instructions), denial or revocation of access, and/or removal and/or debarment from employment.*

YES      NO  
     

### REQUIRED DOCUMENTS:

- 1. **Completed & Signed DCS Employment Application**
- 2. **Resumé: (Optional for Classified position IF employment history is on application)**
- 3. **Three (3) Letters of Recommendations (Current- within past 3 mos)** (High School Diploma or GED)
- 4. **Unofficial Academic Transcripts/Certifications/Licenses (NOTE: Official transcript(s) will be required upon hire)**
- 5. **Current MVD-39 Months Driving Record (Provided thru Motor Vehicle Division or [www.servicearizona.com](http://www.servicearizona.com))**
- 6. **10yrs Navajo Nation Criminal/Traffic Background Check - Must be within the past 3 months**
- 7. **AZ State Fingerprint Clearance Card**
- 8. **Federal FBI Background Check (Note: Required upon selection, before starting)**
- 9. **Navajo Preference (CIB) /Veteran's Preference (DD-214)**
- 10. **Housing Request: Indicate # of Bedrooms requesting \_\_\_\_\_**

**FOR OFFICE USE ONLY**

Complete Packet

\_\_\_\_\_

Date                      and Initial

**TO BE CONSIDERED, all required documents must be attached upon submittal by the closing date of each vacancy applying.**

**Notice to Applicant:** The Crime Control Act of 1990, PL 101-647 (codified in 42 United States Code § 13041) & Indian Children Protection & Family Violence Prevention Act, PL 101-630, requires that all employment applications have applicants sign a receipt of notice that a national criminal record check will be conducted as a condition of employment.

### I. POSITION APPLYING FOR

<b>Position:</b> _____	<b>Department:</b> _____
<b>How did you learn about this position?</b>	<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Public Posting of Vacancy <input type="checkbox"/> Internet Posting <input type="checkbox"/> Referral by friend/relative <input type="checkbox"/> Other

### II. APPLICANTS INFORMATION

<b>Full Name:</b> Last _____	First _____	Middle _____	Jr., II, etc. _____
<i>Other Names Used (Maiden name, from former marriage, alias (s), or nicknames (s), AKA names, etc.)</i>		Provide the reason(s) for name change	
<b>Social Security Number</b> Used for identification purposes only	---	---	
<b>Date of Birth</b>	---	---	
<b>Place of Birth (City/State/Country):</b>	Month	Date	Year
<b>Contact Information:</b>			
Telephone Number	Home: _____	Cell1: _____	Cell2: _____
Mess: _____			
<b>Email Address:</b> (This will be our primary contact to notify you.)			
<b>Do you have a valid Driver's License?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		If No, license is: <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Other: _____	
<b>Driver's License Number</b>	<b>Expiration Date</b>	<b>State of Issue</b>	

### III. WHERE HAVE YOU LIVED:

**List each CITY, STATE, and ZIP CODE (if known) where you have lived during the PAST SEVEN YEARS:**

List the places where you have lived beginning with your present address and working back 7 years. Residence for the entire period must be accounted for without breaks. Indicate the physical location of your residence, and Post Office box or mailing address, if applicable. If you split your time between one or more residences during the time period, **you must list all residences.** Do not list residence before your 18<sup>th</sup> birthday unless to provide a minimum of 2 years residence history. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

**Enter Residence Information**

<b># 1</b> <input type="checkbox"/>	From Date (MM/YY)	To Date (MM/YY)	Is this Residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other			
Street/Residential Address:		City	State	Zip Code	County	
Mailing Address:		City	State	Zip Code	County	
When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo?						
If "YES," provide location (Community, State)						
<b># 2</b> <input type="checkbox"/>	From Date (MM/YY)	To Date (MM/YY)	Is this Residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other			
Street/Residential Address:		City	State	Zip Code	County	
Mailing Address:		City	State	Zip Code	County	
When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo?						
If "YES," provide location (Community, State)						
<b># 3</b> <input type="checkbox"/>	From Date (MM/YY)	To Date (MM/YY)	Is this Residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other			
Street/Residential Address:		City	State	Zip Code	County	
Mailing Address:		City	State	Zip Code	County	
When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo?						
If "YES," provide location (Community, State)						
<b># 4</b> <input type="checkbox"/>	From Date (MM/YY)	To Date (MM/YY)	Is this Residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other			
Street/Residential Address:		City	State	Zip Code	County	
Mailing Address:		City	State	Zip Code	County	
When attending this school, were you located within an Indian Reservation, Village, Community, Rancheria or Pueblo?						
If "YES," provide location (Community, State)						

### IV. NAVAJO PREFERENCE

In accordance with Navajo Preference in Employment Act – to be eligible and qualified applicant, you must attach a copy of your Certificate of Indian Blood (CIB).

Do you claim Indian Preference?  Yes  No

<b>If yes, please indicate Tribal affiliation</b>	Tribal Census/Roll #
---	----------------------

### V. MILITARY SERVICES (Attach your DD-214)

Branch of Service	Period of Active Duty (Month/Year)	Rank of Discharge	Date of Final Discharge
	From:		
	To:		

Applicants Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

## VI. EDUCATIONAL BACKGROUND

**Note: Attach copy of your high school diploma or equivalent. Official transcripts are required.**

Name <b>HS/College/Univ. Schools Attended</b> Street Address (include city, state, & zip code)	Online DL	Dates From To		Credits Earned	Major	Minor	Diploma or GED	Month/ Year of Degree
#1	<input type="checkbox"/>							
Phone #	<input type="checkbox"/>							
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If Yes, list (Include Community, State)								
#2	<input type="checkbox"/>							
Phone #	<input type="checkbox"/>							
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If Yes, list (Include Community, State)								
#3	<input type="checkbox"/>							
Phone #	<input type="checkbox"/>							
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If Yes, list (Include Community, State)								
#4	<input type="checkbox"/>							
Phone #	<input type="checkbox"/>							
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If Yes, list (Include Community, State)								

## VII. OTHER VOCATIONAL OR BUSINESS SCHOOLS

Name <b>Vocational/Business Schools Attended</b> Street Address (include city, state, & zip code)	Online DL	Dates From To		Hours Earned	Major	Minor	Certificate (Yes or No)	Month/ Year of Graduate
#1	<input type="checkbox"/>							
Phone #	<input type="checkbox"/>							
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If Yes, list (Include Community, State)								
#2	<input type="checkbox"/>							
Phone #	<input type="checkbox"/>							
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If Yes, list (Include Community, State)								
<b>SPECIAL QUALIFICATIONS AND SKILLS</b> (License, Public Speaking, Professional Societies, Awards/Fellowships, etc.)								

## VIII. TYPE OF CERTIFICATE

(complete if applying for teaching or administrative position)

CERTIFICATE	State	Endorsement	Expiration Date
Principal			
Elementary 1-8			
Special Education PreK-12			
Early Childhood, birth to age 8			
Native American Language PreK-12		Language: _____	
Guidance Counselor PreK-12			
Substitute Teacher			
SEI/ Bilingual / ESL			

## A. GRADE LEVEL PREFERENCE

Pre-K  
  K  
  1<sup>st</sup>  
  2<sup>nd</sup>  
  3<sup>rd</sup>  
  4<sup>th</sup>  
  5<sup>th</sup>  
  6<sup>th</sup>  
  7<sup>th</sup>  
  8<sup>th</sup>  
  Sped Ed  
  Other: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**IX. PERSONAL REFERENCES**

Provide three people who know you well and live in the U.S. They should be good friends, peers, colleagues, roommates, associates, etc. and who are aware of your activities outside of the workplace, school, and whose combined association with you covers at least the last 5 years. DO NOT Provide anyone listed elsewhere on this form or close relatives.

<b>Entry #1</b>	<b>Last name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Provide Dates Known:</b> From Date (Month/Year) <input type="checkbox"/> Est.		<b>Provide Relationship to you (Check all that apply)</b> <input type="checkbox"/> Neighbor <input type="checkbox"/> Work Associate <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Other _____	
<i>Provide the following contact information for this person:</i>			
Home Telephone #	Cell/Mobile phone #	Cell/Mobile phone #	Work Phone #
Email Address:			<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number).		City/State	Zip Code:
<b>Entry #2</b>	<b>Last name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Provide Dates Known:</b> From Date (Month/Year) <input type="checkbox"/> Est.		<b>Provide Relationship to you (Check all that apply)</b> <input type="checkbox"/> Neighbor <input type="checkbox"/> Work Associate <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Other _____	
<i>Provide the following contact information for this person:</i>			
Home Telephone #	Cell/Mobile phone #	Cell/Mobile phone #	Work Phone #
Email Address:			<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number).		City/State	Zip Code:
<b>Entry #3</b>	<b>Last name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Provide Dates Known:</b> From Date (Month/Year) <input type="checkbox"/> Est.		<b>Provide Relationship to you (Check all that apply)</b> <input type="checkbox"/> Neighbor <input type="checkbox"/> Work Associate <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Other _____	
<i>Provide the following contact information for this person:</i>			
Home Telephone #	Cell/Mobile phone #	Cell/Mobile phone #	Work Phone #
Email Address:			<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number).		City/State	Zip Code:

**Continuation Space** - Use this space below (or separate blank sheets) to continue answers. If using a separate blank sheet(s) include your name and last four numbers of your social security number at the top of each blank sheet. Before each answer, identify the number of the question/item. To ensure clarity, maintain sequential order of questions and question format.


## X. EMPLOYMENT HISTORY

**(Do not indicate "See Resume." Begin with current or most recent position)**

Provide the following information for your past and current employers, assignments, internships, or volunteer activities, beginning with the most recent/current employer. *Make additional copies of sheet, if necessary. Employer information must be accurate and complete, such as address, phone number and dates of employment.*

**MAY WE CONTACT YOUR CURRENT EMPLOYERS?**     YES     NO *If no, why not?*

### EXPLAIN ANY GAPS IN EMPLOYMENT:

<b>1</b>	<b>Present or Last Employer:</b>		Telephone:	
Address:		FROM: Month	Year:	
Job Title:		Salary: \$	TO: Month	Year:
Supervisor's Name & Title:		Reason for Leaving:		
Duties:				
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, list (Include Community, State)				
<b>2</b>	<b>Present or Last Employer:</b>		Telephone:	
Address:		FROM: Month	Year:	
Job Title:		Salary: \$	TO: Month	Year:
Supervisor's Name & Title:		Reason for Leaving:		
Duties:				
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, list (Include Community, State)				
<b>3</b>	<b>Present or Last Employer:</b>		Telephone:	
Address:		FROM: Month	Year:	
Job Title:		Salary: \$	TO: Month	Year:
Supervisor's Name & Title:		Reason for Leaving:		
Duties:				
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, list (Include Community, State)				
<b>4</b>	<b>Present or Last Employer:</b>		Telephone:	
Address:		FROM: Month	Year:	
Job Title:		Salary: \$	TO: Month	Year:
Supervisor's Name & Title:		Reason for Leaving:		
Duties:				
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, list (Include Community, State)				
<b>5</b>	<b>Present or Last Employer:</b>		Telephone:	
Address:		FROM: Month	Year:	
Job Title:		Salary: \$	TO: Month	Year:
Supervisor's Name & Title:		Reason for Leaving:		
Duties:				
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, list (Include Community, State)				
<b>6</b>	<b>Present or Last Employer:</b>		Telephone:	
Address:		FROM: Month	Year:	
Job Title:		Salary: \$	TO: Month	Year:
Supervisor's Name & Title:		Reason for Leaving:		
Duties:				
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, list (Include Community, State)				
<b>7</b>	<b>Present or Last Employer:</b>		Telephone:	
Address:		FROM: Month	Year:	
Job Title:		Salary: \$	TO: Month	Year:
Supervisor's Name & Title:		Reason for Leaving:		
Duties:				
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, list (Include Community, State)				

## XI. BACKGROUND CHECK QUESTIONS

<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	1. Have you previously been employed by <b>Dilcon Community School</b> ? <b>If YES, When?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	2. Do you have relatives employed at <b>Dilcon Community School</b> ? Or is a <b>School Board Member</b> ? (Relative: any person or persons related by consanguinity (blood) or affinity (marriage; i.e., in-laws, step and half relatives) within the third degree (uncles, aunts, nephews, nieces, great-grandparents & closer relations) & relatives. Relatives are defined as immediate family members, include spouse, parent, son or daughter, son- or daughter in-law, parent in-law, maternal & paternal grandparent, brother or sister, brother- or sister in-law, & grandchild. A parent is defined as a natural parent, stepparent, or adoptive parent. A child is defined as a natural child, adoptive child, legal guardian, foster child or stepchild. This policy also applies to individual and, their relatives and children, who are not legally related but who reside with another employee).  <b>If YES, Whom and Relationship?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	3. Do you have a physical condition that may limit your ability to perform the job for which you are applying? <b>If YES, will you need reasonable accommodation to perform the essential function of the job for which you are applying?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	4. Have you <b>ever</b> been denied employment, received disciplinary action involving your employment, fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from any organization. <b>If "YES," provide the date, explanation of the problem, reason for leaving, and the employer's name, address, telephone number.</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	5. Have you been convicted of any misdemeanors in any Court involving crime on Deceit, Untruthfulness, Dishonesty, including but not limited to Extortion, Embezzlement, Bribery, Perjury, Misuse of Funds and Property Distribution of Marijuana, Narcotic or Dangerous Drugs, Contributing to the Delinquency of a Minor, Commercial Sexual Exploitation, or Child/Sexual Abuse, or Sexual Harassment, or found liable in any Civil Action regarding the misdemeanor? <b>If "YES," provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	6. Have you <b>ever</b> been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any felonious or misdemeanor offense under Federal, State, or Tribal law involving crimes of violence; sexual assault, molestation, contact or prostitution; or crimes against persons; or offenses committed against children? <b>If "YES," provide the date, explanation of violation, place of occurrence, disposition of the arrest(s) or charge(s), and the name and address of the police department or court involved.</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	7. Are you <b>now</b> under any charges for any violation of the law? <b>If "YES," provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	8. <b>During the last 7 years</b> , have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include felonies, firearms, or explosives violations, misdemeanors and all other offenses. All offenses where you have been found guilty, pled guilty or nolo contendere (no contest). <b>If "YES," provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	9. Have you <b>ever</b> been arrested for or charged with a crime involving a child? <b>If "YES," provide the date, explanation of violation, place of occurrence, disposition of the arrest(s) or charge(s), and the name and address of the police department or court involved.</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	10. Have you <b>ever</b> been convicted of a Felony? <b>If "YES," provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____	11. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") <b>If "YES," provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</b>



Applicants Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> YES <input type="checkbox"/> NO  Initials _____	12. <b>During the last 7 years</b> , 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? <b>If "YES," provide the dates, charge, and an explanation of the problem, reason for leaving, and the employer's name and address.</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO  Initials _____	13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <b>If "YES," provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO  Initials _____	14. <b>In the last 7 years</b> , have you <b>illegally</b> 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 <b>illegally</b> used prescription drugs? <b>If "YES," 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.</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO  Initials _____	15. <b>In the last 7 years</b> , 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? <b>If "YES," provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.</b>
<b>Continuation Space</b> - Use this space below (or separate blank sheets) to continue answers. If using a separate blank sheet(s) include your name and last four numbers of your social security number at the top of each blank sheet. Before each answer, identify the number of the question/item. To ensure clarity, maintain sequential order of questions and question format.	

It is noted, with reference to this questionnaire, that neither your truthful responses nor information derived from your responses to this questionnaire will be used as evidence against you in a subsequent criminal proceeding. **After completion of this form and any attachments you have provided, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).**

## APPLICANTS CERTIFICATION

**I hereby certify that**, to the best of my knowledge and belief, all of the information on and attached to this application for employment, including any attached materials (resume, transcripts, and certifications) and all required documents, are true, correct, and made in good faith. **I have** carefully read the foregoing instructions to complete this form. My signature below **authorizes Dilcon Community School, Inc.** to contact any of my prior employers for reference purposes.

**I understand** that I may be subject to a background check, and **hereby authorize Dilcon Community School, Inc.** to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. Additionally, you are **hereby authorized** to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of their choice. I authorize the release of this information by the appropriate agencies to the investigating service.

**I understand** that a false or fraudulent answer to any question or item on any part of this application, or any misrepresentation or omission, or information offered during any interviews, or in this application packet can be justification for refusal of employment, or if employed, may be sufficient cause for rejection of hiring or dismissal after employment offer, and/or even after I begin work. **I agree** to all State, Federal, and Tribal Investigations of my personal background and the contents of this application for employment.

**I certify that** my responses 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.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Applicants Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**QUESTIONNAIRE FOR DESIGNATED CHILD CARE POSITIONS**

**Persons completing this form should begin with the questions below after carefully reading the preceding instructions.**

**Instructions for Completing This Form**

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions provided by that office to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form(s) for your records.
2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with an N/A.
3. You may use abbreviations. Do not use acronyms that are not identified elsewhere on the form.
4. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
5. For telephone numbers in the U.S., ensure that the area code is included.
6. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use number (01 – 12) to indicate months. For example, June 29, 1997, should be written as 06/29/1997. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "EST" in the field.

**Penalties for Inaccurate or False Statements**

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to five (5) years imprisonment, per Dilcon Community School personnel policy (which include federal, Arizona state and Navajo Nation laws and regulations) for employment requirements. In addition, hiring agencies generally fire, do not grant credentials, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

**Disclosure Information**

The information you provide is for the purpose of investigating you for a designated position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of the background investigative information will be protected from unauthorized disclosure in accordance with **Dilcon Community School** privacy procedures. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)] in addition to the **Dilcon Community School** privacy procedures. You will not receive prior notice of such disclosures under routine use.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**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 **Dilcon Community School** through an investigative or credit agency or bureau of their choice, 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 **Dilcon Community School** and the investigative or credit agency or bureau of their choice. Only for the purposes of determining my suitability for employment with the Dilcon Community School.

Copies of this authorization that show my signature are as valid as the original release signed by me. ***This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Dilcon Community School, whichever is sooner.***

<i>Signature (Black ink only)</i>	<b>Print Name</b>	<b>Date Signed</b>
<b>Position Title for which you are being investigated</b>		<b>Primary Contact Number</b>
<b>Current Address</b>	<b>State</b>	<b>Zip Code</b>
		<b>Secondary Contact Number</b>

**INFORMATION PROVIDED CONCERNING THE DISCLOSURE AND AUTHORIZATION PERTAINING TO CONSUMER REPORTS PURSUANT TO THE FAIR CREDIT REPORTING ACT (FCRA)**

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

The attached **Disclosure and Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act** must be signed so we can conduct an inquiry with a credit bureau and complete your investigation. Failure to complete this form and comply with the investigative requirements for the position you currently occupy or have been selected for could result in disciplinary action, up to and including removal. If the *Dilcon Community School* intends to take any adverse action based in whole or in part on your credit report, you are entitled to certain protections set out in the Fair Credit Reporting Act. These protections are provided below.

**A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

Applicants Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) PO Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: <a href="mailto:ConsumerHelp@FederalReserve.gov">ConsumerHelp@FederalReserve.gov</a>
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 855-411-2372
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture, Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-0219

Applicants Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**PRE-EMPLOYMENT/BACKGROUND INVESTIGATION  
DISCLOSURE & AUTHORIZATION PERTAINING TO CONSUMER REPORTS NOTICE**

**Pursuant to the Fair Credit Reporting Act**

*PLEASE READ CAREFULLY BEFORE SIGNING*

In connection with the possible employment, access, and/or authorization considered between:

*Applicant/Employee Name*

and **Dilcon Community School**, the **Dilcon Community School** (“the Company”) may obtain information about you for employment purposes from outside sources/third party to include Consumer Reporting Agency(s) (CRA). Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. An investigative consumer report may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, supervisors, former supervisors, or associates. Reports may also contain public records (including national criminal records), driving history information, consumer credit, employment and education verifications, worker’s compensation (if applicable), etc. These reports may be obtained at any time after receipt of your authorization. Please be advised that the nature and scope of the most common form of investigative consumer report obtained is an investigation into your education and/or employment history. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report. You have the right to dispute information that you believe is inaccurate or incomplete. Attached is a copy of the Summary of Consumer Rights under the Fair Credit Reporting Act.

**Additional Notice:** 25 CFR 12, Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), Public Law 101-630 (codified in 25 United States Code § 3207) requires designated child care positions to have a national criminal history record check and designated law enforcement positions to have a national criminal history record check and a financial record check as a condition of employment. Depending on your position, you may also be subject to a reinvestigation as routinely as every year but at least every five years as a condition of employment.

**Privacy Act:** This form is in compliance with the Privacy Act of 1974. Our authorized right to ask for this information is 5 U.S.C. 301 and Executive Order 10450, which established the criteria for sensitive positions. The information you supply by signing this release of information form will be used principally to aid in the completion of an investigation to determine your suitability for employment in the DCS or for other employment purposes. Such purposes include, but are not limited to, a security clearance, evaluation of qualification, suitability, loyalty to the DCS, and eligibility for access to DCS facilities, information, or information technology systems. The information obtained may be re-disclosed to other DCS or educational agencies for the above purposes and to the extent that is authorized by law.

**Your signature** on this release is voluntary; however, your failure to complete this form may mean that the required information cannot be obtained to complete your investigation. This may affect your placement or security clearance prospects.

If the **Dilcon Community School, Inc.** intends to take any adverse action based in whole or in part on your credit report, you are entitled to certain protections set out in the Fair Credit Reporting Act, 15 U.S.C. 1681b. These protections are attached for your information.

**ACKNOWLEDGMENT AND AUTHORIZATION**

**I acknowledge receipt** of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and **certify that** I have read and understand both of those documents. **I hereby authorize** the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and, if I am hired, throughout my employment, if applicable. **To this end, I hereby authorize**, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Dilcon Community School**, and another outside organization acting on behalf of the Company, and/or the Company itself. **I agree that** a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**This authorization is valid for 5 years from the signed date**, or upon the termination of my employment with the **Dilcon Community School**, or until the **Dilcon Community School** has completed the investigation, whichever is sooner. If I apply for another position that requires a credit inquiry, I understand that I will be required to complete a new authorization.

**APPLICANT / EMPLOYEE / VOLUNTEER:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Full Name (First/Middle/Last)

\_\_\_\_\_  
Social Security Number (SSN)\*

\_\_\_\_\_  
Driver License State / Number

\_\_\_\_\_  
Date of Birth\*

*\*This information will be used for background screening purposes only and will not be used as hiring criteria.*

Applicants Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT TO CONDUCT BACKGROUND INVESTIGATIONS, CRIMINAL BACKGROUND CHECK AND RELEASE**

I, \_\_\_\_\_,  
*Print Applicant/Employee's name*

**have applied for employment with Dilcon Community School (hereinafter "DCS") to work as a**

\_\_\_\_\_  
*Job Title*

**I certify that**, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand any misrepresentations, falsifications or material omissions provided by an applicant or employee in any of this information or data may result in DCS excluding the applicant from further consideration for employment, or if the applicant has been hired, may result in termination of employment.

**I certify that** I am not awaiting trial on and have never been convicted of, admitted in open court or pursuant to a plea agreement of committing any criminal offense in this state or any other jurisdiction for the following:

- a) Sexual abuse of a minor
- b) Incest
- c) First or second-degree murder
- d) Kidnapping
- e) Arson
- f) Sexual assault
- g) Sexual exploitation
- h) Commercial sexual exploitation of a minor
- i) Burglary in the first degree
- j) Burglary in the second or third degree
- k) Aggravated armed robbery
- l) Robbery
- m) Child abuse
- n) Sexual conduct with a minor
- o) Molestation of a child
- p) Voluntary manslaughter
- q) Aggravated assault
- r) Assault/battery
- s) Exploitation of minor involving drug/alcohol offenses
- t) Felony offense involving contributing to the delinquency of a minor
- u) Felony offense involving the possession or use of marijuana, dangerous drugs, narcotic drugs or other controlled substances
- v) Misdemeanor offense involving the possession or use of marijuana, dangerous drugs or any other controlled substances
- w) A dangerous crime against children or defined by Arizona State

**I understand** that in order for DCS to determine my eligibility, qualifications, and suitability for employment, DCS will conduct a background investigation and criminal background check. A background investigation may include asking any current or former employer or educational institution that I have attended or been employed by, about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, positions held, reasons for leaving employment, whether I could be re-hired, reasons for not re-hiring (if applicable) and similar information.

**I understand and agree** that a background investigation will include a criminal background check to determine if I have ever been convicted of, or admitted in open court or pursuant to a plea agreement, any criminal offense in a federal, state and tribal jurisdiction involving misconduct with a minor or the other offenses in listed in DCS Personnel Policy.

**ACKNOWLEDGMENT AND AUTHORIZATION**

**I certify that my responses 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 release, hold harmless, and agree not** to sue or file a claim of any kind against any current or former employer, educational institution or any other applicable third party or officer or employee of such employer, educational institute or third party, who, in good faith, furnishes written or oral references requested by DCS to complete its background investigation and criminal background check.

**I hereby give my consent** for any employer or educational institution to release information requested in connection with DCS' background investigation. Further, I hereby give my consent for any governmental entity, agency or private party to provide information relative to the criminal background check process.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
**Full Name (First/Middle/Last)**

\_\_\_\_\_  
**Social Security Number (SSN)\***

\_\_\_\_\_  
**Driver License State / Number**

\_\_\_\_\_  
**Date of Birth\***

*\*This information will be used for background screening purposes only and will not be used as hiring criteria.*

APPLICANT SCREENING QUESTIONNAIRE – INDIAN CHILDREN PROTECTION REQUIREMENTS

**Declaration Form for Prospective Employees in Headstart/PreSchool Programs**

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

**SECTION 1**

**Federal policies now require that Head Start/PreSchool agencies require all prospective employees to sign a declaration prior to employment which lists:**

- *All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;*
- *Convictions related to other forms of child abuse and neglect; and*
- *All convictions of violent felonies.*

**The declarations may exclude:**

- *Traffic fines of \$200.00 or less;*
- *Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies, committed before the prospective employee's 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law;*
- *Any conviction the record of which has been expunged under Federal or State law; and*
- *Any conviction set aside under the Federal Youth Corrections Act or similar State authority.*

**NOTE:** Individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are NOT automatically disqualified from being hired. Head Start/Preschool agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

**ACKNOWLEDGMENT AND AUTHORIZATION**

**PLEASE PROVIDE YOUR SIGNATURE ON THE APPROPRIATE CATEGORY BELOW:**

**I certify that my responses 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 have NOT been arrested, charged and/or convicted on one or more of the three types offenses listed in SECTION 1 above:**

<i>Signature</i>	Date
------------------	------

**OR**

**I have been arrested, charged and/or convicted on one or more of the three types offenses listed in SECTION 1 above:**

If you have been arrested, charged and/or convicted on one or more of the three types of offenses listed in SECTION 1 above, please attach information listing the offense(s); the date(s) of the arrest, charge, and/or conviction; the law enforcement agency involved; the outcome of the court proceedings and other relevant information.

<i>Signature</i>	Date
------------------	------

Applicants Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT SCREENING QUESTIONNAIRE – INDIAN CHILDREN PROTECTION REQUIREMENTS  
SUPPLEMENTAL QUESTIONNAIRE**

\_\_\_\_\_  
*Full Name (Please print)*

\_\_\_\_\_  
*Social Security Number:*

\_\_\_\_\_  
*Position Title*

\_\_\_\_\_  
*Today's Date:*

## Notification Requirements

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that applicants of employment of Federal child care positions 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 in the **Dilcon Community School** and **Department of Interior** that involve regular contact with or control over Indian children. Further, it is required to ask the following:

**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** [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 responses 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.** Pursuant to **Dilcon Community School** Policy Section 2.18, **Dilcon Community School** provides all applicants the right to review and challenge his/her criminal history record if they deem the information has been inaccurately reported. **I understand** applicant may not be given a copy of the record. The record is for **Dilcon Community School** use only. **I understand** my right to obtain a copy of any criminal history report made available to the **Dilcon Community School** and my rights to challenge the accuracy and completeness of any information contained in the report by contacting the DPS Criminal Record Unit at 602-223-2222 and/or the FBI at 304-625-5590.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



**APPLICANT SCREENING QUESTIONNAIRE – INDIAN CHILDREN PROTECTION REQUIREMENTS**  
**FBI Background Check - PRIVACY ACT STATEMENT**  
**(APPLICANT'S COPY)**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

***Applicant Notification and Record Challenge***

*Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>*



**(APPLICANT'S COPY)**

**DCS REQUIRED BACKGROUND CHECKS**

**Money Orders Only!**



**TRIBAL \$15.90**

Navajo Nation Records Management

1. DCS will only accept originals -10 years Traffic/Criminal Background address to Dilcon Community School, and it must be current, within the past 3 months.
2. Drop-off request at Navajo Nation Police Department in Window Rock, AZ (*Monday to Friday, 8am – 12pm MDT \*Best to be there early in morning*)
3. Valid Photo ID Required
4. Requires a \$15.90 money order payable to *Navajo Nation*
5. More information call *NNPD in WR, AZ. Phn (928) 871-7621*
  - a. Walk-In Service (*Office is open 8 am -12:00 pm M-F*) Drop-off request.
  - b. Mail-In /Or Drop-Off Requests– Submit letter of request to NNPD. Letter should include:
    - i. Requesters - Full name (first middle & last name, &/or any prior name changes), DOB, SS#, Census#, mailing address.
    - ii. Reason for request (employment)
    - iii. # of yrs for bkgd check (10 years Traffic/Criminal Bkgd).
    - iv. Notarized copy of Driver's license & SS#.
    - v. Self-address envelope for completed background results.
    - vi. Mail letter to: Navajo Nation Police Department, Attention: Information Management Section, PO Box 3360, Window Rock, Arizona 86515

Per NNPD, you would need to submit a notarized written request to their office, along with your money order.



**STATE \$67.00**

**Certified Teachers, Bus Drivers & School Staff**

Department of Public Safety (DPS Fingerprint Clearance Cards)

1. Processed at Dilcon Community School
2. Bring Blank Money Order



**FBI/FEDERAL \$45.00 (takes 5-7 days)**

Personnel Security Consultant (PSC)

1. Processed at Dilcon Community School
2. Bring blank Money Order

Due to COVID-19, this process is a better option, due to limited office hours.



**FBI/FEDERAL \$18.00 (takes 2 months)**

Direct to FBI from Dilcon Community School

1. Processed at Dilcon Community School
2. Bring blank Money Order



**39-Month MVD Report \$3.00**

1. [www.servicearizona.com](http://www.servicearizona.com)

Due to COVID-19, go on-line to order your MVD Report

\*\*\*\*\*

HR Office will conduct the following additional Background Checks (No Fees):

1. Arizona State Judicial Records
2. National Sex Offender Public Website (sex offenders)
3. Arizona DPS [www.icrimewatch.net](http://www.icrimewatch.net) (sex offenders)

These are just the additional checks HR will complete.