

ROUGH ROCK COMMUNITY SCHOOL



CLASSIFIED EMPLOYMENT APPLICATION

Date: _____

Position (s) Applied For: _____

Received: _____

Name (Last)	(First)	(Middle)	Census Number	Social Security Number
Address (Street)	(City)	(State)	(Zip Code)	Telephone

Other Employment-Related Information

Check the following options which you would consider: <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary	Were you previously employed by Rough Rock Community School? <input type="checkbox"/> Yes, when? _____ <input type="checkbox"/> No
If you are a minor, under age 18 years of age, what age are you?	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Service: _____
List any relatives working for this organization <u>Name</u> <u>Department</u>	Have you ever been convicted of a felony or pleaded no contest in a felony, or been convicted of misdemeanor resulting in imprisonment or fine over \$500 during the last ten years? <input type="checkbox"/> Yes, when _____ <input type="checkbox"/> No

Education & Training

High School	Address	Major	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D
College or University	Address	Major	Degree/Year
College or University	Address	Major	Degree/Year
Trade School	Address	Subjects	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____
Apprentice School	Address	Subject	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____

List any other Education, Training, Special Skills or Certificates/Licenses that you possess related to this job:

List any machines or equipment that you are qualified and experienced at operating:

List any languages that you fluently: Speak: _____ Read: _____ Write: _____

Human Resources
Box PTT – Rough Rock
Chinle, AZ 86503
Telephone: (928) 728-3504 Fax: (928) 728-3520
Website: www.roughrock.bia.edu

Work Experience

List the last 10 years' work experience beginning with the most recent

Name of Employer		Type of Business	
Address	City	State	Zip
			Telephone
Dates Employed From: To:		Title	
		Salary	
Name and Title of Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Employment <input type="checkbox"/> full-time <input type="checkbox"/> part-time	Reason for leaving
Description of Duties:			

Name of Employer		Type of Business	
Address	City	State	Zip
			Telephone
Dates Employed From: To:		Title	
		Salary	
Name and Title of Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Employment <input type="checkbox"/> full-time <input type="checkbox"/> part-time	Reason for leaving
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Name of Employer		Type of Business	
Address	City	State	Zip
			Telephone
Dates Employed From: To:		Title	
		Salary	
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Description of Duties:			

Name of Employer		Type of Business	
Address	City	State	Zip
			Telephone
Dates Employed From: To:		Title	
		Salary	
Name and Title of Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Employment <input type="checkbox"/> full-time <input type="checkbox"/> part-time	Reason for leaving
Description of Duties:			

Have you ever been terminated or asked to resign from a position? If so, please explain the circumstances.

Describe the experience you have working with Navajo and Native American Students.

Drivers License: Do you have a valid driver's license in this state? Yes No License No. _____

References: List businesspersons known, but not related to you for at least three years

Name	Address	Business/Telephone
1.		
2.		
3.		

Applicant's Certification

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I hereby authorize Rough Rock Community School Inc., to investigate any and all statements contained in this application and to further investigate all information acquired by virtue of the investigation of this application. I hereby authorize all persons contracted by RRCS to disclose all such information as is known to them relevant to this application and release all such persons from any liability for the disclosure thereof.

I understand that this application is not a contract of employment with RRCS nor is this application an offer to accept employment if offered by RRCS. Any offer of employment made by RRCS as a result of this application will be subject to acceptance.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge.

In the event of employment, I agree that: I will obtain a copy of and become familiar with the Personnel Policy Code of Rough Rock Community School and that I will be held responsible for compliance therewith during my employment.

This application is current and will be kept for six (6) months. At the conclusion of this time, if I have not yet heard from the Employer and still want to be considered for employment, I understand that I will submit a new application.

_____ Signature

_____ Date

Additional Documentation Required

Obtain an employment application from:

1. Human Resource ***OR***
2. www.roughrock.bia.edu/

Include:

1. Letter of Interest
2. H.S diploma or GED Certificate
3. Official Transcripts
4. Resume'
5. (3) Letters of Recommendation
6. **AZ Fingerprint Clearance Card**
(Bus Drivers "AZ Bus Drivers Certification" will suffice for AZ Fingerprint Clearance Card)
7. Navajo Nation Background Check

Rough Rock Community School is a Drug-Free Workplace

RRCS is in accordance with the Navajo Preference Employment Act with Applicable Federal and Navajo Tribal laws, giving preference to qualified Navajo applicants.

THE NAVAJO NATION
 NAVAJO DEPARTMENT OF LAW ENFORCEMENT
 INFORMATION MANAGEMENT SECTION
 HC 58 BOX 50 – GANADO, AZ 86505
 TELEPHONE: 928-736-2635 FAX 928-736-2640

CT# _____ 1 Yr To 4 Yrs. Check - \$ 5.00
 DSL # _____ CRIS CJ MR CIT RM2 FOLDER RM4 5 Yrs To 10 Yrs Check - \$10.00

PART I

NAME INDEX:		ALIAS:		
ADDRESS				
CENSUS#	DOB:	SS#:	SEX:	RACE:
CC#	TYPE OF INCIDENT:		OFFICER:	
OCCURRENCE DATE:		PLACE:		
REQUESTED BY: Kim Dominguez		TITLE: Human Resource Director		
ADDRESS/AGENCY: Box PTT – Rough Rock, Chinle, AZ 86503			PHONE #: 928.728-3504	
REASON FOR REQUEST: Employment			FAX #: 928.728.3520	

PART II

Request for criminal history record and police reports from non-criminal justice agencies and private citizens **MUST** be accompanied by a signed **AUTHORIZATION FOR DISCLOSURE OF INFORMATION**. If the requested information does not pertain to the requestor than such requests shall only be released upon presentation of an approved identification containing a photograph, physical description and signature of requester.

Non-criminal justice agencies and private citizens must understand that the provided information **SHALL** be used for the above stated purpose **ONLY** and any other use **SHALL** result in suspension of the privilege of access to the criminal history records contained in the Navajo Department of Law Enforcement, Information Management Section, Records and Date Entry.

Criminal Agencies not conducting a Criminal Investigation must have a copy of written authorization from individual.

OFFICIAL POLICE REPORTS ARE PROVIDED AT THE DISCRETION OF I.M.S. RECORDS & DATA SECTION

ACKNOWLEDGED: _____ DATE/TIME: _____

APPROVED: _____ TITLE: _____

PART III OFFICIAL USE ONLY

REQUESTER IS: CRIMINAL JUSTICE AGENCY NON CRIMINAL JUSTICE PRIVATE CITIZEN
 INFORMATION INDEXED AS:

Accident & Supplement	<input type="checkbox"/> ___ Pgs	Statements	<input type="checkbox"/> ___ Pgs	Other	<input type="checkbox"/> ___ Pgs
Offense & Supplement	<input type="checkbox"/> ___ Pgs	Citation	<input type="checkbox"/> ___ Pgs	Criminal	<input type="checkbox"/> ___ Pgs
Arrest & Supplement	<input type="checkbox"/> ___ Pgs	Photograph	<input type="checkbox"/> ___ Pgs	Traffic	<input type="checkbox"/> ___ Pgs
Vehicle & Supplement	<input type="checkbox"/> ___ Pgs	CC Card	<input type="checkbox"/> ___ Pgs	Criminal & Traffic	<input type="checkbox"/> ___ Pgs
Property	<input type="checkbox"/> ___ Pgs	FP Card	<input type="checkbox"/> ___ Pgs		
Supplement Only	<input type="checkbox"/> ___ Pgs	Court Dec	<input type="checkbox"/> ___ Pgs		

Note: Traffic to include Civil & Criminal Offense/Changes

CASE STATUS: OPEN SUSPENDED CLOSED

TYPE OF ID PROVIDED: _____ NUMBER: _____ EXP. DATE: _____

ID CHECK BY: _____ DATE/TIME: _____ RECEIPT# _____ PYMT: _____

RESEARCHED BY: _____ DATE/TIME: _____

INFORMATION PROVIDED: YES NO APPROVED DISAPPROVED

SUPERVISOR: _____ DATE/TIME: _____

COMMENTS: _____

Social Security Number - -	DATE OF BIRTH (MONTH/DAY/YEAR – FOR IDENTIFICATION PURPOSES ONLY) / /
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Full Name (First / Full Middle Name / Last)
Other Names Used (maiden names, AKA names, etc.)

Current Residential Address		
City	STATE	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	ZIP CODE	FROM DATE	To Date

Driver's License Number	State of Issue
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NOTICE TO RESIDENTS OF CALIFORNIA, MINNESOTA AND OKLAHOMA ONLY: If you would like to receive a copy of your background information obtained by Universal Background Screening, please indicate by checking the following box: Yes, please send me a copy of my report.

APPLICANTS DO NOT WRITE IN THIS BOX – FOR EMPLOYER USE ONLY:

Please choose the package option for the applicant before faxing to Universal Background Screening			
<input type="checkbox"/> Arizona Essential Includes: Wants and Warrants AZ Statewide SS Trace	<input type="checkbox"/> Arizona Essential Driving Includes: Same as AZ Essential Add 39 Month DR	<input type="checkbox"/> National Essential Includes: Wants and Warrants One Out of State Criminal Count Search SS Trace	<input type="checkbox"/> Arizona Essential Driving Includes: Same as Nat. Essential Add 39 Month DR
Add the follow services to the package option: <input type="checkbox"/> Education Verification <input type="checkbox"/> Employment Verification <input type="checkbox"/> Additional Out of State Criminal County Search (Check which county above) Phone 602-263-8033 or 1-877-263-8033 Fax orders to 602-274-3551			

COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING INVESTIGATIVE CONSUMER REPORTS

I understand that as a condition of my consideration for employment, or as a condition of my continued employment, **Rough Rock Community School** * (“the company”) may obtain a consumer report and/or investigative consumer report that includes, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent the company and/or its designated agent, Universal Background Screening, to procure such a report. I understand that pursuant to the Federal Fair Credit Reporting Act, **Rough Rock Community School** * will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making an adverse decision regarding my fitness for employment. I further understand that such report will be made available to me prior to any such adverse decision being made, along with the name and address of the reporting agency that produced the report.

NOTICE TO RESIDENTS OF CALIFORNIA, MINNESOTA AND OKLAHOMA ONLY:
If you would like to receive a copy of your background information obtained by Universal Background Screening, please indicate by checking the following box:
 Yes, please send me a copy of my report.

Signature

Date

Printed Name

Social Security Number

BENEFITS PROGRAM

PLAN	Benefit	ELIGIBILITY Period	Employee Contribution
Health Insurance (Depending on Employment Contract Period)	<ul style="list-style-type: none"> • Medical • Dental <ul style="list-style-type: none"> ○ \$1,500 maximum ○ \$2,000 Orthodontist (after 1 year) • Vision <ul style="list-style-type: none"> ○ \$250 allowance per year • Medicine Man \$300 per family • Prescription Drug <ul style="list-style-type: none"> ○ Generic - \$10 copay ○ Brand - \$15 copay 	<ul style="list-style-type: none"> • New Hire (1st day of the month, after employment begins • Open Enrollment (August) 	<ul style="list-style-type: none"> • Employee – No Charge • Dependent Coverage \$82 to \$93.72 ppp. • Family Coverage \$119 to \$136 ppp.
Annual Leave (12 month employees)	<ul style="list-style-type: none"> • Accrue 6.0 hours ppp • Begin accruing at Date of Hire 	<ul style="list-style-type: none"> • Completion of 90 day Probationary Period 	<ul style="list-style-type: none"> • None • Work 80 hours in a two week period
Personal Leave (9 ½ , 10, & 11 month employees)	<ul style="list-style-type: none"> • 9 ½ month employees (4-days) • (10-month employees (4-days) • (11-month employees (5-days) 	<ul style="list-style-type: none"> • Completion of 90 day Probationary Period 	<ul style="list-style-type: none"> • None
Sick Leave	<ul style="list-style-type: none"> • 9 ½ month employees (7-days) • (10-month employees (7-days) • (11-month employees (9-days) • (12-month employees (10-days) 		<ul style="list-style-type: none"> • None
Maternity Leave	<ul style="list-style-type: none"> • Expecting mother 	<ul style="list-style-type: none"> • 20 working days • With a doctors certification 	<ul style="list-style-type: none"> • None
Bereavement Leave	<ul style="list-style-type: none"> • Four days leave (Review the Personnel Policy Code) 	<ul style="list-style-type: none"> • Submit Leave slip to the supervisor and Superintendent 	<ul style="list-style-type: none"> • None
Administrative Leave	<ul style="list-style-type: none"> • Undetermined number of days. 	<ul style="list-style-type: none"> • Submit Leave slip to the supervisor and Superintendent 	<ul style="list-style-type: none"> • None
Voting Leave	<ul style="list-style-type: none"> • Local, State and Federal 	<ul style="list-style-type: none"> • 1 to 4 hours 	<ul style="list-style-type: none"> • None
Holidays	<ul style="list-style-type: none"> • Independence Day • Labor Day • Navajo Nation Sovereignty • Veterans Day • Thanksgiving • Family Day • Christmas Day • New Years Day • Martin Luther King • Washington’s Birthday • Memorial Day 	<ul style="list-style-type: none"> • Date of Hire 	<ul style="list-style-type: none"> • None

PLAN	Benefit	ELIGIBILITY Period	Employee Contribution
Jury Duty	<ul style="list-style-type: none"> Summons to report to jury duty or a subpoena to appear as a witness in any court action 	<ul style="list-style-type: none"> Present Court document and get approval from the immediate supervisor and Executive Director 	<ul style="list-style-type: none"> None Subsidized pay with proof
Life Insurance AD & D Insurance	<ul style="list-style-type: none"> Flat \$50,000 Benefit <ul style="list-style-type: none"> <u>Dependent:</u> \$5,000 for your spouse. \$5,000 for your child. Equal to Life Insurance <ul style="list-style-type: none"> Seat Belt Benefit Career Adjustment Benefit 	<ul style="list-style-type: none"> Date of Hire One time flat benefit 	<ul style="list-style-type: none"> None
401 K with Loan Program	<ul style="list-style-type: none"> 4% employer contribution or 6% employer contribution with employee 2% contribution 	<ul style="list-style-type: none"> Date of Hire 2 year vesting period 	<ul style="list-style-type: none"> 1% to 15% employee contribution
Withholding of taxes	<ul style="list-style-type: none"> Social Security tax under Federal Insurance Contribution Act (FICA) and Medicare tax. 	<ul style="list-style-type: none"> Date of Hire 	<ul style="list-style-type: none"> Employer 100% match with employee contribution
Housing	<ul style="list-style-type: none"> Low cost housing on campus for eligible staff Higher rental premium for 9 ½, 10, and 11-month personnel, to cover the time off work during the summer months Housing cost varies with 1, 2 and 3 bedroom housing units 	<ul style="list-style-type: none"> During Employment with Rough Rock Community School 	<ul style="list-style-type: none"> <u>Minimum Rent:</u> \$190 monthly <u>Maximum Rent:</u> \$360 monthly
Signing bonus	<ul style="list-style-type: none"> \$2,500 for hard-to-fill teaching positions: Math, Science, Reading, Special Education, Fully certified Navajo Language/ History Teacher 	<ul style="list-style-type: none"> Date of Hire 	<ul style="list-style-type: none"> None
Endorsements	<ul style="list-style-type: none"> \$500 bonuses to include: ESL, Math Specialist, Bilingual, Early Childhood, Reading, and Foreign Language 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> None
Perfect Attendance	<ul style="list-style-type: none"> \$500 for Certified \$250 for Classified 	<ul style="list-style-type: none"> Per semester 	<ul style="list-style-type: none"> None
Paid College Tuition	<ul style="list-style-type: none"> Paid tuition for career advancement is possible 	<ul style="list-style-type: none"> Per semester 	<ul style="list-style-type: none"> None

Note: Changes may occur by the Rough Rock School Board