



# Rough Rock Community School

Box P1T – Rough Rock

Chinle, AZ 86503

(928) 728-3504

<http://www.roughrock.bia.edu>

## Supervisory / Certified Employment Packet

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Initial)

\_\_\_\_\_  
(Date of Application)

Employment Preference: \_\_\_\_\_

### PERSONAL INFORMATION

Driver's License Number & State	Expiration Date	Social Security Number	Census Number
Home Phone Number		Message Phone Number	
Present Address		City, State, Zip	
Permanent Address		City, State, Zip	

### EDUCATIONAL PREPARATION (“See Resume” is not acceptable for any section of this application)

Name of School	Location	Number of Years Attended	Dates	Graduation Year & Degree
Elementary				
High School				
Undergraduate				
Graduate				
Graduate				

Highest Degree Earned		Graduate Semester Hours Earned After Highest Degree	
Undergraduate Major	G.P.A.	Undergraduate Minor	G.P.A.
Graduate Degree	G.P.A.	Graduate Degree	G.P.A.
College Activities in Which You Participated			

**ADMINISTRATIVE OR OTHER EXPERIENCE** (“See Resume” is not acceptable for any section of this application)

Name of Employer	Position	From – To	Salary
Complete Address			Telephone Number
Name of Supervisor	Reason For Leaving		Number of Staff Supervised

Name of Employer	Position	From – To	Salary
Complete Address			Telephone Number
Name of Supervisor	Reason For Leaving		Number of Staff Supervised

Name of Employer	Position	From – To	Salary
Complete Address			Telephone Number
Name of Supervisor	Reason For Leaving		Number of Staff Supervised

**CHECK ANY OF THE FOLLOWING THAT YOU ARE WILLING TO ASSIST IN OR COACH SUCCESSFULLY**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Baseball        | <input type="checkbox"/> Basketball    | <input type="checkbox"/> Cross Country     |
| <input type="checkbox"/> Volleyball      | <input type="checkbox"/> Softball      | <input type="checkbox"/> Wrestling         |
| <input type="checkbox"/> Student Council | <input type="checkbox"/> Yearbook      | <input type="checkbox"/> Class Sponsorship |
| <input type="checkbox"/> Scouting        | <input type="checkbox"/> Science Fairs | <input type="checkbox"/> Spelling Bee      |
| <input type="checkbox"/> Photography     | <input type="checkbox"/> FBLA          | <input type="checkbox"/> FFA               |
| <input type="checkbox"/> Other           |  |  |

**REFERENCES** (Give names and complete addresses and phone numbers of three references who are familiar with your personality, character and work performance)

1	Name	Organization	Title	
	Address		City, State, Zip	Telephone
2	Name	Organization	Title	
	Address		City, State, Zip	Telephone
3	Name	Organization	Title	
	Address		City, State, Zip	Telephone



**Applicant / Employee  
Release Authorization**

I understand, in connection with my application for employment by Rough Rock Community School ("The Employer"), an investigative report may be requested by the Employer that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. I further understand that the Employer may be requesting information concerning my motor vehicle operation history and criminal conviction history from various state, private and insurance sources, along with other public records available. Based upon such understanding.

1. I voluntarily and knowingly authorize each and every present and past employer or supervisor; college, university or other institute of learning; administrator; law enforcement agency, state agency, federal agency, collection agency, private business, military branch or the National Personnel Records Center, personal reference, and/or persons to give records of information they may have concerning my criminal conviction history, character, and employment, or any other information requested by the Employer or its authorized agent.
2. I voluntarily, by knowingly and unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of any information to either the Employer or its authorized agent.
3. This authorization and release shall be valid from the date of this application and a photographic or facsimile transmitted copy of the authorization shall be as valid as the original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant/Employee Signature



Rough Rock Community  
School  
Personnel Policy Manual

**SECTION:** 304  
**SUBJECT:** CERTIFICATION AND CREDENTIALING  
REQUIREMENTS  
**APPLICABILITY:** CERTIFIED TEACHERS

**PAGE:** 1 OF 3  
**ORIGINATION DATE:** September 5, 2003  
**REVISION DATE:** August 1, 2007

**PURPOSE:**

Fingerprinting Requirements  
New Hires

All personnel to be hired by ROUGH ROCK COMMUNITY SCHOOL are required to have a valid Class One fingerprint clearance card. Those who have a Class Two fingerprint clearance card and have not been fingerprinted within the last year shall be fingerprinted as a condition of employment.

In order to meet the federal requirement of having all employees and school board members background check by the FBI, Rough Rock Community School will require an Arizona fingerprint clearance card or BIA background clearance check.

The candidate shall submit an Arizona fingerprint clearance card with the application. An Arizona bus drivers certificate issued by the state of Arizona will suffice for the fingerprint clearance card.

Candidates shall certify on the prescribed notarized forms whether they are awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the following criminal offenses on the Navajo Nation or similar offenses in any other jurisdiction:

- Sexual abuse of a minor
- Incest
- First- or second-degree murder
- Kidnapping
- Arson
- Sexual assault
- Sexual exploitation of a minor
- Felony offenses involving contributing to the delinquency of a minor
- Commercial sexual exploitation of a minor
- Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana or dangerous or narcotic drugs
- Felony offenses involving the possession or use of marijuana, dangerous drugs, or narcotic drugs
- Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs
- Burglary in the first degree
- Burglary in the second or third degree.
- Aggravated or armed robbery
- Robbery

A dangerous crime against children

- Child abuse
- Sexual conduct with a minor
- Molestation of a child
- Manslaughter
- Aggravated assault
- Assault
- Exploitation of minors involving drug offenses
- Bootlegging

ROUGH ROCK COMMUNITY SCHOOL may refuse to hire or may review or terminate personnel who have been convicted of or admitted committing any of the criminal offenses above or a similar offense in another jurisdiction.



## Status of Arizona Certification

Applicant Name	Date
Type of Arizona Certificate Now	Expiration Date

If you do not hold a valid Arizona Certificate, complete the remainder of this form.

Type of Arizona Certificate for which you are eligible: \_\_\_\_\_

Current Certificate

\_\_\_\_\_ I hold a valid certificate in another state

Name of State: \_\_\_\_\_ Type of Certificate: \_\_\_\_\_

Criminal Clearance Card (Fingerprints)

\_\_\_\_\_ I have already received my criminal clearance card from the Department of Public Safety

\_\_\_\_\_ I sent my fingerprint to Department of Public Safety and I am waiting for my card to return  
Date application and card sent to Department of Public Safety \_\_\_\_\_

Arizona Teacher Proficiency Assessment

\_\_\_\_\_ I have taken the Subject Knowledge Test      Date of Test: \_\_\_\_\_

\_\_\_\_\_ I have taken the Professional Knowledge Test      Date of Test: \_\_\_\_\_

\_\_\_\_\_ I am scheduled to take the test on      Date of Test: \_\_\_\_\_

\_\_\_\_\_ I have already submitted my original fingerprint clearance card, Arizona Teacher Proficiency Assessment test scores, official transcripts and other documents along with my application for Arizona Certification and I am awaiting receipt of my certificate.

Date Application was sent: \_\_\_\_\_

Comments/Information pertinent to your Arizona Certification:

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For H.R. Use Only (Early Release) – Applicant Do Not Write Below This Line

Fingerprinted  
 Sent  
 Cleared

Criminal Clearance (Previous State)  
 Sent

Employment (5 Years)  
 Complete  
 Cleared

Application Clearance  
 Copy  
 Cleared



Request for  
 Employment Background Check  
 Rough Rock Community School

Customer # 1331

<b>Social Security Number</b>  - -	<b>Date of Birth</b> (Month/Day/Year – for identification purposes only)  / /
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<b>Full Name</b> (First / Full Middle Name / Last)
<b>Other Names Used</b> (maiden names, AKA names, etc.)

<b>Current Residential Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

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

<b>Driver's License Number</b>	<b>State of Issue</b>
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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:**

<b>Please choose the package option for the applicant before faxing to Universal Background Screening</b>			
<input type="checkbox"/> <b>Arizona Essential</b> Includes: Wants and Warrants AZ Statewide SS Trace	<input type="checkbox"/> <b>Arizona Essential Driving</b> Includes: Same as AZ Essential Add 39 Month DR	<input type="checkbox"/> <b>National Essential</b> Includes: Wants and Warrants One Out of State Criminal Count Search SS Trace	<input type="checkbox"/> <b>Arizona Essential Driving</b> 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

**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: <b>Kim Dominguez</b>		TITLE: <b>Human Resource Director</b>		
ADDRESS/AGENCY: <b>Box PTT – Rough Rock, Chinle, AZ 86503</b>			PHONE #: <b>928.728-3504</b>	
REASON FOR REQUEST: <b>Employment</b>			FAX #: <b>928.728.3520</b>	

**PARTII**

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: \_\_\_\_\_

## BENEFITS PROGRAM

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

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

Note: Changes may occur by the Rough Rock School Board