

# APPLICATION FOR EMPLOYMENT

FLAGSTAFF BORDERTOWN DORMITORY, INC.

901 N Kinlani Road Flagstaff, Arizona 86001 Ph: 928-774-5279 Fax: 928-556-9683 www.kinlanidorm.org

www.Facebook.com/kinlanidorm (like us on Facebook)

#### Check list

- Application
- Résumé
- Letter of Interest
- 3 letters of references
- Copy of Certificate of Indian Blood (if applicable)
- Copies of transcripts
- Copies of certifications
- Veteran DD214 Form (if applicable)

#### APPLICATION FOR EMPLOYMENT

Flagstaff Bordertown Dormitory Board, Inc. / 901 North Kinlani Road / Flagstaff, Arizona 86001 Phone: (928) 774-5279 /5270 Fax: (928) 556-9683

Website: www.kinlanidorm.org

# THANK YOU FOR YOUR INTEREST IN FLAGSTAFF BORDERTOWN DORMITORY BOARD, INC. (FBD) PROCEDURES ARE OUTLINED BELOW TO ASSIST YOU IN THE APPLICATION PROCESS.

#### 1. APPLICATION FORM

- The application form must be fully completed and notarized.
- Submit the original application with your original signatures.
- 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 résumé, a letter of interest, a minimum of three individual signed letters of recommendation and copies of transcripts and/or each degree earned.
- Once submitted, all materials including reference letters, resumes, and placement files are considered confidential and the
  property of Flagstaff Bordertown Dormitory Board, Inc. They will not be released to the applicant or third parties. (Human
  Resources Department cannot make copies for applicants.)
- Hiring is contingent upon results of confidential reference checks with Arizona Department of Public Safety, Navajo Nation Police Department and Federal Bureau of Investigation 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 Human Resources.

#### 4. CERTIFICATION

- Appropriate Arizona 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 FBD. If applicable, submit a photocopy of all valid certificates to Human Resources. Certificates must be properly recorded.
- Classified applicants must also provide additional certification required for the position e.g. First Aid/CPR certification, etc.

#### 5. 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.

#### 6. IMMIGRATION LAWS

Immigration laws require that we employ only those individuals authorized to work in the United States. Candidates must submit required documents if they are recommended for hire.

#### 7. BACKGROUND INVESTIGATION

In an effort to continue to provide a safe environment for the children and employees of Flagstaff Bordertown Dormitory, Inc., any individual recommended for employment with Flagstaff Bordertown Dormitory, Inc. will undergo a background investigation at **their** own expense, prior to finalization of employment. The background investigation includes a criminal background check by the Navajo Nation Police Department in Window Rock, Arizona, submit fingerprints to the Arizona Department of Public Safety pursuant to ARS § 41-1750 and, a federal background investigation with fingerprinting. All Background clearance procedures must be adhered to before an employee contract is issued.

#### 8. INTERVIEWS

When all application requirements are complete, sites/departments with posted vacancies will also screen applications. Should your application be selected, you may be invited to an interview.

If you require additional information regarding employment with Flagstaff Bordertown Dormitory, Inc., feel free to contact Human Resources at the information listed at the beginning of this application packet.

- 9. INDIAN PREFERENCE POLICY: Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act of 1934 (Title 25, USC Section 472). Certificate of Indian Blood must be submitted with the application if claiming Indian Preference. Consideration will be given to Non-Indian applicants in the absence of qualified Indian Preference eligible.
- 10. **EQUALITY OF EMPLOYMENT OPPORTUNITIES / NON-DISCRIMINATION / NAVAJO PREFERENCE**: FBD 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 FBD, 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.
- 11. **VETERANS PREFERENCE**: The FBD 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.

FBD Employment Application

Notice to Applicant: The Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), 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.

1. Full Name					1 7
Last Name	First Name Middle				Jr., II, etc.
2. Other Names Used – Maide	er's License Nu	mber			
nickname(s).	, ,	( ),			
Name					
4 Casial Cassuits Number			<i>F</i> <b>F</b>	a:l a dalua a a	
4. Social Security Number			5. <b>E-m</b>	ail address	
6. Your Telephone No.	7. Place of Birth				Loui
/	City	County			State
8. Position & Salary information	on				
Position Applying for?	/II	Salary Requirement	ts?		
	1 P 1 1 2 2 20 0	· ·			
	have lived, beginning with the mo e last 5 years must be accounted				,
	Address	City	idditional pag	State	Zip code
_ ,					
1) To Present Street	Address	City		Ctata	Zip code
Month/rear Month/rear Street	Address	City		State	Zip code
2) To Street	A.11	0.1		01.1	7
Month/Year Month/Year Street	Address	City		State	Zip code
3) To Street					
Month/Year Month/Year Street	Address	City		State	Zip code
4) To					
	claim Indian Preference you will b	e required to submit	a copy of yo	ur certificate of Ir	ndian blood
upon commencement of employ					
	Yes No Nava		Yes	No	
	Affiliation				
ii yes, piease indicate Tribai (	Census Number				
11. <b>Education</b> – List the schoo	ls you have attended, beginning w	vith the most recent a	and working b	pack 5 years. Us	e item 22 or
attach additional page(s), if more	e space is needed.			_	
Month/Year Month/Year Name	of School			e of degree ned?	Month/Year
То			ean	ied?	Awarded
Street Address and City of School			Stat	e	Zip Code
Month/Year Month/Year Name	of School			e of degree	Month/Year
			earr	ned?	Awarded
Street Address and City of School			Stat	e	Zip Code
Month/Year Month/Year Name	of School		TvD	e or degree	Month/Year
				ned?	Awarded
To Street Address and City of School State Zip Code					
State Zip Gode					

		Applica	tion contin	uation		<u> </u>		
Last Name		First Name		Middle Initial	Jr., II, etc.	Social Secu	rity Num	ber
12. Employment - List y	our employme	nt activities, beginnin	g with the p	resent and wor	king back	5 years. The	e 5-yea	ar period must
be accounted for without			ent, list date	s and "unempl			nool."	
Month/Year Month/Year	Employer Nam	е			Position Tit	le		
1) To Present								
Employer Street Address	•			City	State			Zip Code
Supervisor's Name		Telephone number	Salary?		<u> </u>	Te	lephone	Number
		( )				1	١	
Reason you left		( )						
,								
Month/Year Month/Year	Employer Name	)				Position Title		
2) To								
2) To Employer Street Address				City		Stat	te	Zip Code
				,				
Supervisor's Name		Telephone number	Salary?			<u> </u>	Telephor	ne Number
oupor rison o risonio								
December 15th								
Reason you left								
Month/Year Month/Year Employer Name Position Title								
Month/rear Month/rear	Employer Name					Position Title		
3) To				T 0''		Louis		7: 0 1
Employer Street Address				City		Stat	te	Zip Code
		1 =	1					
Supervisor's Name		Telephone number	Salary?			1	Telephor	ne Number
		( )				(	( )	
Reason you left								
Month/Year Month/Year	Employer Name				Po	sition Title		
4) To								
Employer Street Address				City		Stat	te	Zip Code
Supervisor's Name		Telephone number	Salary?	•		, T	Γelephor	ne Number
						1	, <sub>1</sub>	
Reason you left		1 \ /	1					

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	Application continu	ation					
Last Name	First Name	Middle Initial	Jr., II, etc.	Soc	cial Security N	umber	
13. Personal References – List 3 people							
have known you for at least the last 5 year	rs. Do not to list relatives or an						
1) Name		Dates Kn Month/Year	own Month/Year		ephone Numb Day	er	
Email Address:		То			Night ( )		
2) Name		Dates Kn Month/Year	own Month/Year		ephone Numb	er	
Email Address:		To			□ Day □ Night ( )		
3) Name		Dates Known			Telephone Number		
Email Address:		Month/Year Month/Year To			□ Day □ Night ( )		
14. Professional References – List 3 pe	eople who know you well profes	sionally. They s	hould have		<u> </u>	at least the last	
5 years. Do not to list relatives.							
1) Name		Dates Kn Month/Year	own Month/Year		ephone Numb Day	er	
		To			Night ( )		
Home or Work Address		City			State	Zip Code	
2) Name		Dates Kn			ephone Numb	er	
		Month/Year To	Month/Year		Day Night ( )		
Home or Work Address		City			State	Zip Code	
3) Name Dates Known Telephone Number							
		Month/Year To	Month/Year		Day		
Home or Work Address		City		ш	Night ( )	Zip Code	
		,					
15. Additional Information							
Do you have a physical condition which may limit your ability to perform the job for which you are applying for?							
☐ Yes ☐ No							
If you answered yes to question 1, will							
job for which you are applying for? Ple	ease explain						
Yes No	wheeler the state of the second state of the s	huina fan (Daa	lala sati al IVII	<u> ا ا ا</u>	1-\		
Do you have any relatives in the depa			identiai, Kii	cne	en, etc.)		
☐ Yes ☐ No If so, who?							
Will you travel is the job requires it?							
☐ Yes ☐ No							
Will you work overtime if required?							
☐ Yes ☐ No							
Da van bana a raliable magne of transportation to get to and from well-or first 2							
Do you have a reliable means of transportation to get to and from work on time?  ☐ Yes ☐ No							
Li Yes Li No							

	Application continu	ation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security	Number	
16. Background Information – For all	•	•		•		
separate sheet. Ensure full name and s						
not an automatic bar of employment. The and the position applied for, will be cons				•		
Fingerprint Criminal Record, Navajo Natio	• •			•	or r ubite	Calcty
14. In the last 5 years, have you been	arrested for, charged with, or c	onvicted of, bee	en imprison	ed, been on	YES	NO
probation, or been on parole for any offer			been found	I guilty, pled	П	П
guilty or nolo contendere (no contest). (L	eave out traffic fines of less thai	1 \$150.00.)				_
If "YES", use item 22 to provide the da	ate, explanation of violation, plants	ace of occurrer	ice, and the	e name and		
address of the police department or court					\ (= 0	
15. Have you been convicted by a militar	ry court-martial in the past 5 yea	rs?			YES	NO
If "YES", use item 22 to provide the date address of the military authority or court in		place of occurre	nce, and th	e name and		
16. Are you now under charges for any v	violation of law?				YES	NO
If "YES", use item 22 to provide the data address of the police department or court		ace of occurrer	ice, and the	e name and		
17. During the last 5 years, have you be		eason, did you	quit after be	ing told that	YES	NO
you would be fired, or did you leave any j				Ū		
If "YES", use item 22 to provide <b>the date</b> , an explanation of the problem, reason for leaving, and the employer's name and address.						
18. Have you <b>ever</b> been arrested for or	charged with a crime involving a	child?			YES	NO
If "YES", use item 22 to provide <b>the date</b> , 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.						
REQUIRED BY PL 101-647						
19. Have you <b>ever</b> been found guilty of	of, or entered a plea of nolo co	ntendere (no c	ontest) or g	uilty to, any	YES	NO
felonious offense, or any of two or mor				•	П	П
crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?						
_						
If "YES," use item 22 to provide <b>the date</b> , 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.						
20. In the last 5 years have you <b>illegally</b>				caine crack	YES	NO
cocaine, hashish, narcotics (opium, morp						
methaqualone, tranquilizers, etc.), halluci	nogenics (LSD, PCP, etc.), or il	legally used pre	escription dr	ugs?	Ц	ш
If "YES", use Item 22 below to provide the	e date(s) of use, identify the con	trolled substanc	e(s) and/or	prescription		
drugs used, and the number of times eac				p		
21. In the last 5 years, have you been					YES	NO
transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?						
If "YES", use Item 22 below to provide inf	formation relating to the type of	substance(s) th	e nature of	the activity		
and any other details relating to your invo		5455ta1100(3), til	o natare or	ano activity,		

	Application continu	ation		
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
22. Use this space to provide explanation additional page(s) if necessary.	Lens to any questions you may ha	ve answered, "Y	ES" on this	application. You may attach
	Certification that My Answ	ers are True		
My statements on this application, a knowledge and belief and are made item on any part of this application or and may be punishable by fine or improved in the control of	and any attachments to it, in good faith. I understand its attachments may be grourisonment.  Applicant's initiative questions are made und d notice that a criminal historat to obtain a copy of any crist to challenge the accuracy a	are true, complithat a false or not hiritials  per penalty of penal	fraudulenting me, or  perjury, whick will be comport madies of any	i answer to any question or firing me after I begin work, ich is punishable by fine or conducted and is a condition e available to the <b>Flagstaff</b> information contained in the
Applicant's Signature	Printed Name			Date
Signature of Notary Public:				
My Commission expires:				

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# Consent to Conduct Background Investigations, Criminal Background Check and Authorization to 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, motor vehicle records information, and national criminal history record information.

I further authorize any investigator, or other duly accredited representative of the **Flagstaff Bordertown Dormitory Board**, **Inc.**, who is conducting my background investigation, to request national 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 further understand, the applicant may not be given a copy of the record. The record is for FBD use only.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by **Flagstaff Bordertown Dormitory Board, Inc.** and only for the purpose of determining my suitability for employment.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless FBD and their representative officers, employees, board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, loses, costs and expenses of any nature related directly or indirectly to performing such investigations and criminal history checks and using and relying on any information obtained there from.

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 **Flagstaff Bordertown Dormitory Board, Inc.**, whichever is sooner.

Signature (sign in black ink)	Printed Name			Date Signed
Social Security Number	Date of Birth			
Position for Which you are being Investigated				Primary Contact Number
Current Address		State	Zip Code	Secondary Contact Number
			I	
Signature of Notary Public:				
Commission Expires:			Date	

## **Supplemental Questionnaire**

Full Name: _	Social Security Number: (Please print)
Position Title:	:Today's Date:
	Notification Requirements
that applicant	of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires ts of employment of Federal child care positions sign a receipt of notice that a criminal record check will be 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	
requires a cri	of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207 iminal history records check as a condition of employment for positions that involve regular contact with ndian children. Further, it is required to ask the following:
offense, o violence;	ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses d 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	
imprisonment employment. criminal histo given a copy report made completeness	my responses to the above questions is made under Federal penalty of perjury, which is punishable by fine t, and that I have received notice that a criminal history records check will be conducted and is a condition. Pursuant to FBD Policy Section 2.18, FBD provides all applicants the right to review and challenge his/hory record if they deem the information has been inaccurately reported. I understand applicant may not to of the record. The record is for FBD use only. I understand my right to obtain a copy of any criminal history available to the Flagstaff Bordertown Dormitory Board, Inc. and my rights to challenge the accuracy are soft any information contained in the report by contacting the DPS Criminal Record Unit at 602-223-223 at 304-625-5590.
Emplovee/	Applicant's Signature Date

#### APPENDIX II-C CONFLICT OF INTEREST AGREEMENT

#### Flagstaff Bordertown Dormitory, Inc.

Employees have an obligation to conduct business within guidelines that **prohibit actual or potential conflicts of interest**. The purpose of this policy is to provide employees with clarification on issues of acceptable standards of conduct regarding personal gain, relatives and transactions with outside firms and individuals.

Actual or potential conflict of interest occurs when an employee is in a position to influence a decision that may result in a personal gain for that employee or a relative of that employee. For the purposes of this policy, a relative is person who is defined as a relative under the Flagstaff Bordertown Dormitory, Inc.'s hiring policy (see Section 2.07 - Anti-Nepotism).

Flagstaff Bordertown Dormitory, Inc. (hereinafter "FBD") business dealings with outside firms should not result in personal financial gains for any employee or his or her relatives (see Section 2.07 - Anti-Nepotism). An employee who has, or whose relative has a substantial personal interest in any decision of the FBD, shall make known the interest in the official records of the FBD, and shall refrain from participating in or influencing the FBD's position on any matter as an employee in such a decision. Personal gain may result not only in cases where an employee or relative has a significant ownership of a firm with which the FBD does business but also when an employee or relative receives any kick-back, bribe, substantial gift, or special consideration as a result of any transaction or dealings involving the FBD. All transactions that can be interpreted to involve personal financial gain shall require specific Board approval.

Additionally, no employee of the FBD shall accept gifts from any persons, group, or entity doing, or desiring to do, business with the FBD. The acceptance of any business-related gratuity is specifically prohibited, except for widely distributed, advertising items of nominal value.

The undersigned employee, as evidenced by their signature below has reviewed the FBD policies 2.07; 2.08; 10.01, Article XI. XII, & XIII of the FBD; and the requirements of 43 C.F.R. 12.76, understands said policies and requirements, and agrees to comply with and be bound by said policies and requirements as an employee of the FBD. Employee understands that failure to comply with the above noted Conflict of Interest Provisions may result in disciplinary action up to and including termination.

I have been provided with a copy of this signed Cor	nflict of Interest Agreement and understand that a signed
copy will be placed in my personnel file.	
Signature of Employee	Date