



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

1. Full Name				
Last Name	First Name	Middle Name	Jr., II, etc.	
2. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).			3. Driver's License Number	
Name				
4. Social Security Number			5. E-mail address	
6. Your Telephone No.		7. Place of Birth		8. Date of Birth:
()		City	County	State
9. Position & Salary information				
Position Applying for? Salary Requirements?				
10. Residence – List where you have lived, beginning with the most recent and working back <u>5 years</u> . Please Include All 5 Years In Your List. Use additional page(s) if necessary.				
Month/Year	Month/Year	Street Address	City	State
1) To Present				Zip code
Month/Year	Month/Year	Street Address	City	State
2) To				Zip code
Month/Year	Month/Year	Street Address	City	State
3) To				Zip code
11. If you live or have lived on an Indian Reservation or Pueblo, please include the name of the Reservation or Pueblo:				
12. Indian Preference – If you claim Indian Preference you will be required to submit a copy of your certificate of Indian blood upon commencement of employment.				
Indian Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No Navajo Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please indicate Tribal Affiliation _____				
If yes, please indicate Tribal Census Number _____				
13. Education – List the schools you have attended, beginning with the most recent and working back 5 years. Use item 24 or attach additional page(s), if more space is needed.				
Month/Year	Month/Year	Name of School	Type of degree earned?	Month/Year Awarded
To				
Street Address and City of School			State	Zip Code
Month/Year	Month/Year	Name of School	Type of degree earned?	Month/Year Awarded
Street Address and City of School			State	Zip Code
Month/Year	Month/Year	Name of School	Type or degree earned?	Month/Year Awarded
To				
Street Address and City of School			State	Zip Code
14. Military History				
Have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of service? _____				
Dates: (Month/Year to Month/Year) _____ to _____ Type of Discharge _____				

FBD Employment Application continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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15. Employment - List your employment activities, beginning with the present and working back 5 years. The 5-year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school."

Month/Year	Month/Year	Employer Name	Position Title
1)	To Present		
Employer Street Address		City	State
Supervisor's Name		Telephone number ()	Salary? Telephone Number ()
Reason you left			

Month/Year	Month/Year	Employer Name	Position Title
2)	To		
Employer Street Address		City	State
Supervisor's Name		Telephone number ()	Salary? Telephone Number ()
Reason you left			

16. Personal References – List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Do not to list relatives or anyone who is listed elsewhere else on this application.

1) Name	Dates Known Month/Year Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()
Email Address:		
2) Name	Dates Known Month/Year Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()
Email Address:		
3) Name	Dates Known Month/Year Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()
Email Address:		

17. Professional References – List 3 people who know you well professionally. They should have known you for at least the last 5 years. Do not to list relatives.

1) Name	Dates Known Month/Year Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()
Home or Work Address	City	State
2) Name	Dates Known Month/Year Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()
Home or Work Address	City	State
3) Name	Dates Known Month/Year Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()
Home or Work Address	City	State

FBD Employment Application continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
<p>18. Background Information – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application. Conviction of a crime is not an automatic bar of employment. The nature of the offense, the date of the offense, and the relationship between the offense and the position applied for, will be considered. Your application will be check against your Arizona Department of Public Safety Fingerprint Criminal Record, Navajo Nation Police Department, and FBI Fingerprint Criminal Record.</p>					
<p>19. During the last 5 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Include felonies, firearms or explosives violations, misdemeanors, an all other offenses.)</p> <p>If “YES”, use item 27 to provide the date(s), explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>				<p align="center">YES <input type="checkbox"/></p>	<p align="center">NO <input type="checkbox"/></p>
<p>20. Have you been convicted by a military court-martial in the past 5 years?</p> <p>If “YES”, use item 27 to provide the date(s), explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</p>				<p align="center">YES <input type="checkbox"/></p>	<p align="center">NO <input type="checkbox"/></p>
<p>21. Are you currently under charges for any violation of law?</p> <p>If “YES”, use item 27 to provide the date(s), explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>				<p align="center">YES <input type="checkbox"/></p>	<p align="center">NO <input type="checkbox"/></p>
<p>22. 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.)</p> <p>If “YES”, use item 27 to provide the type, length, amount of the delinquency or default, and steps you are taking to correct the error or repay the debt.</p>				<p align="center">YES <input type="checkbox"/></p>	<p align="center">NO <input type="checkbox"/></p>
<p>23. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?</p> <p>If “YES”, use item 27 to provide the date(s), an explanation of the problem, reason for leaving, and the employer’s name.</p>				<p align="center">YES <input type="checkbox"/></p>	<p align="center">NO <input type="checkbox"/></p>
<p>24. Have you ever been arrested for or charged with a crime involving a child?</p> <p>If “YES”, use item 27 to provide the date(s), explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.</p> <p>REQUIRED BY PL 101-647</p>				<p align="center">YES <input type="checkbox"/></p>	<p align="center">NO <input type="checkbox"/></p>
<p>25. Have you ever been arrested, convicted of, entered a plea of nolo contendere (no contest) or guilty to any any crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution, or crimes against persons under Federal, State, or Tribal law?</p> <p>If “YES,” use item 27 to provide the date(s), explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.</p>				<p align="center">YES <input type="checkbox"/></p>	<p align="center">NO <input type="checkbox"/></p>
<p>26. In the last year, have you used, possessed, supplied, or manufactured illegal drugs? When used without prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.).</p> <p>(NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequet criminal proceeding.</p> <p>If “YES”, use Item 27 to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.</p>				<p align="center">YES <input type="checkbox"/></p>	<p align="center">NO <input type="checkbox"/></p>

FBD Employment Application continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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27. Use this space to provide explanations to any questions you may have answered, "YES" on this application. You may attach additional page(s) if necessary.

Certification that My Answers are True

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.

Applicant's initials Date

I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand I may not be given a copy of any criminal history report made available to the **Flagstaff Bordertown Dormitory and the records are for FBD use only**. I understand my rights to challenge the accuracy and completeness of any information contained in the report(s) by contacting Arizona DPS Criminal History Record Unit at (602) 223-2222 and / or the FBI at (304) 625-5590.

Applicant's Signature Printed Name Date

Signature of Notary Public: _____

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 ()

Signature of Notary Public: _____

Date

Commission Expires: _____