



TO'HAIJILEE COMMUNITY SCHOOL BOARD OF EDUCATION, INC.

VACANCIES AVAILABLE

The To'Hajilee Community School Board of Education, Inc. (TCSBE) is offering an excellent opportunity for Educators/Support Staff. We offer competitive compensation* in comparison to surrounding school districts. Our Educators and Staff are included in all educational improvement efforts. We work as a team to support the academic increases for our students.

CERTIFIED POSITIONS:

- Elementary Teacher (Applicant Supply)
- Middle Teacher (Applicant Supply)-
Math, ELA, Science, and Social Studies
- High School Teacher (Applicant Supply)-
Math, ELA, Science, and Social Studies
- SPED Teacher K-12 (Applicant Supply)
- Dual Language Elementary Immersion Teacher
(English Speaker) (Applicant Supply)
- On-Call Substitute Teachers K-12 *
- Counselor (Elementary and Secondary)
- Academic/Guidance Counselor (Secondary)
- Librarian
- Special Education Assistant One-on-One
(Applicant Supply)
- Special Education Assistant (Applicant Supply)
- Education Assistant
- Dual Language Immersion Education Assistant
(Navajo Speaker)
- Student Teacher

NON-CERTIFIED

- School Bus Drivers (CDL with P.S. Endorsement)
(Applicant Supply)
- School Bus Driver Trainee/Bus Monitors (Applicant
Supply)
- Early Intervention Specialist

For Teachers, Librarians, and Counselors pay scales are based on level of Current Salary of the three tier New Mexico State Licensure.

Please apply and download our application(s) through our website: www.tohajileeschool.com For more information, you can also contact Jennifer Redhouse at 505-908-2145 or jredhouse@tohajilee.com

A background investigation is required. TCSBE, Inc. is an Equal Opportunity/Navajo Preference Employer.



TO'HAIJILEE COMMUNITY SCHOOL BOARD OF EDUCATION, INC.



(a non-profit government contractor)

P.O. Box 3468 | To'Hajilee, NM 87026 | 505-908-2145 (Office) | 505-908-2152 (Fax)

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION					
POSITION DESIRED (1 st Choice):			POSITION DESIRED (2 nd Choice):		
LAST NAME:		FIRST NAME:		MI:	
POSTAL ADDRESS:			CITY/STATE		ZIP:
RESIDENTIAL ADDRESS:			CITY/STATE		ZIP:
SOCIAL SECURITY No:	DATE OF BIRTH:	CELL No.:		HOME No.:	
EMAIL ADDRESS: (This will be our primary contact to notify you if we cannot reach you by phone)					

EDUCATION						
INSTITUTIONS	DATES ATTENDED FROM (M/Y) TO (M/Y)		CREDITS EARNED	MAJOR	HS DIPLOMA/GED TYPE OF DEGREE	GRADUATION DATE MONTH/YEAR
HIGH SCHOOL:						
COLLEGE/UNIVERSITY:						
COLLEGE/UNIVERSITY:						
TRADE SCHOOL:						
ADDITIONAL TRAINING:						
LIST ANY SKILLS YOU FEEL THAT QUALIFY YOU FOR THE POSITION FOR WHICH YOU HAVE APPLIED. INCLUDE ANY EQUIPMENT YOU ARE TRAINED TO USE PERTINENT TO THE POSITION.						

NEW MEXICO LICENSURE INFORMATION			
Type of License(s)	LICENSURE #:	EXPIRATION DATE (MONTH/YEAR)	SUBJECT AREA OF ENDORSEMENT (If any)

REFERENCES (Name three (3) individuals who are not related but know your work ethic)			
NAME	ADDRESS	OCCUPATION	TELEPHONE

WORK HISTORY (EXPERIENCE)

PLEASE BEGIN WITH YOUR MOST RECENT EMPLOYMENT

PRESENT EMPLOYER:		TELEPHONE:	
ADDRESS:	CITY/STATE	ZIP	
JOB TITLE:	FROM (MONTH/YR):	TO (MONTH/YR):	
SUPERVISOR'S NAME & TITLE:	REASON FOR LEAVING:		
DUTIES:			
PREVIOUS EMPLOYER:		TELEPHONE:	
ADDRESS:	CITY/STATE	ZIP	
JOB TITLE:	FROM (MONTH/YR):	TO (MONTH/YR):	
SUPERVISOR'S NAME & TITLE:	REASON FOR LEAVING:		
DUTIES:			
PREVIOUS EMPLOYER:		TELEPHONE:	
ADDRESS:	CITY/STATE	ZIP	
JOB TITLE:	FROM (MONTH/YR):	TO (MONTH/YR):	
SUPERVISOR'S NAME & TITLE:	REASON FOR LEAVING:		
DUTIES:			
PREVIOUS EMPLOYER:		TELEPHONE:	
ADDRESS:	CITY/STATE	ZIP	
JOB TITLE:	FROM (MONTH/YR):	TO (MONTH/YR):	
SUPERVISOR'S NAME & TITLE:	REASON FOR LEAVING:		
DUTIES:			

PERSONAL DATA

Are you an enrolled member of the Navajo Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No	CENSUS #:
Have you previously been employed by To'Hajiilee Community School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WHEN? (MM/YY):
Do you have relatives employed at To'Hajiilee Community School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(If yes, whom and what is your relationship to this employee?)		
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(If yes, please fully explain. A conviction will not necessarily disqualify an applicant from a position for which the applicant has applied.) You may attach additional pages if more space is needed.		

MILITARY EXPERIENCE

Have you ever served in the Military? (FORM DD-214 must be attached)

Yes No

Branch of Service	Dates Attended		Rank at Discharge	Discharge Date
	From (M/Y)	To (M/Y)		

ACKNOWLEDGEMENT

I hereby certify that the information given by me in this application for employment, my transcripts and all required documents are true and correct to the best of my knowledge.

I authorize **To'Hajiilee Community School Board of Education, Inc.**, to make such investigations and inquiries of my personal, employment or other related matters. I hereby release employers, schools, or person from liability in responding to inquiries in connection with my application.

The information may include (but not limited) relevant data as to job performance, reasons for termination of employment, convictions, information relating to the arrest or conviction of criminal offenses, and review of any of these records pertinent to my job application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all policies and procedures of the **To'Hajiilee Community School Board of Education, Inc.**

Applicant's Signature

Date

Questionnaire for Designated *Child Care* Positions Re-Investigation

Pre-Employment/Investigation Disclosure Notice

PLEASE READ CAREFULLY BEFORE SIGNING

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

Applicant/Employee Name

and ToHajiilee Community School, the ToHajiilee Community School may obtain information about you from outside sources to include Consumer Reporting Agency(s) (CRA). Thus, you may be the subject of “consumer reports” and “investigative reports” which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your supervisors, former supervisors, neighbors, friends, 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. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer 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.

APPLICANT / EMPLOYEE / VOLUNTEER:
Signature: _____ Signature Date: _____
Printed Name: _____

Questionnaire for Designated *Child Care* Positions

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). If you have responded “Yes” to having used other names, provide your other name(s) used and the reason why the name changed.				
Have you used any other names?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name		Provide the reason(s) why the name changed and timeframe		
3. Date of Birth			4. Social Security Number	
Month 00	Day 00	Year 0000		
5. Driver's License No.		6. Place of Birth		
No.:	State Issued:	City	County	State
7. Your Contact Information - Provide your contact information. Email addresses may be used as a contact method and to identify subjects in records.				
Personal/Home Email Address		Work/Alternative Email Address		
Home Telephone Number ()	Day <input type="checkbox"/> Night <input type="checkbox"/>	Cell/Mobile Telephone Number ()	Day <input type="checkbox"/> Night <input type="checkbox"/>	Work/Alternative ()
Day <input type="checkbox"/> Night <input type="checkbox"/>				

8. Where You Have Lived – List the places where you have lived beginning with your present address and working back 5 years. Residence for the entire period must be accounted for without breaks. 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 –				
#1 - Provide dates of your present residence.				
From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	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 Address		City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list: _____ Community, State				

#2 - Provide dates of residence.				
From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	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 Address		City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list: _____ Community, State				

9. Employment Activities -			
Have you had any employment outside of your current employer?			
<input type="checkbox"/> Yes (If yes, provide the information requested below. <input type="checkbox"/> No (If no, proceed to Question 10.)			
List all employment activities OUTSIDE of our current employer beginning with the present and working back 5 years.			
Entry #1 – Select your employment activity.			
Employer Name:			
From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.
		Select the employment status:	
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Provide your assigned duty station during this period. (City and State)		Provide your most recent position title.	
Street Address	City	State	Zip code
Telephone Number	Alternate Telephone Number		
Provide the name of your supervisor.			
Last Name		First Name	Position Title
Provide the following contact information for this person.			
Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>
()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>
		Work/Alternative	Day <input type="checkbox"/>
		()	Night <input type="checkbox"/>
For this employment, in the last 5 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.			Date: (Month/Year)
For this employment have any of the following happened to you in the last 5 years ? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Select your type of incident:	Reason:	Employment Departure Date:	
<input type="checkbox"/> Fired	Provide the reason fired.	(Month/Year)	<input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason.	(Month/Year)	<input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year)	<input type="checkbox"/> Est.
If no longer employed, provide the specific reason you left the employment activity:			
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list: _____			
Community, State			

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Employment Activities - Continued.

Entry #2 – Select your employment activity.

Employer Name:

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the employment status:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Provide your assigned duty station during this period. (City and State)

Provide your most recent position title.

Street Address

City

State

Zip code

Telephone Number

Alternate Telephone Number

Provide the name of your supervisor.

Last Name	First Name	Position Title
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Provide the following contact information for this person.

Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative	Day <input type="checkbox"/>
()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>

For this employment, in the **last 5 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? Yes No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.

Date: (Month/Year)

For this employment have any of the following happened to you in the **last 5 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. Yes No

Select your type of incident:

Reason:

Employment Departure Date:

<input type="checkbox"/> Fired	Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? Yes No

If yes, list:

_____ Community, State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Police Record - For this section, report information regardless of whether you believe the record in your case has been sealed, expunged, or otherwise stricken from the court record or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or aboard.

10. In the last 5 years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official including tribal law enforcement officials?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. In the last 5 years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any federal, state, local, military, tribal, or non-U.S. court, even if previously listed on this form).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. In the last 5 years have you been or are you currently on probation or parole?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Are you currently on trial or awaiting a trial on criminal charges?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have responded "Yes" to any of the above questions in this section, explain your answer(s) below providing all requested information.

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State

Police Record - For this section, each question is asking to respond if any of the following has **EVER** occurred regardless of whether you believe the record in your case has been sealed, expunged, or otherwise stricken from the court record or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or aboard.

14. Have you EVER been arrested, charged, or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? QUESTION REQUIRED BY 25 UNITED STATES CODE § 3207, 25 CODE OF FEDERAL REGULATIONS 63.15(a)(b)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Have you EVER been arrested, charged, or convicted with a crime involving a child? QUESTION REQUIRED BY 42 USC 13041.		

If you have responded "Yes" to any of the above questions in this section, explain your answer(s) below providing all requested information.

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Illegal Use of Drugs and Drug Activity – We note, with reference to this section, that neither your truthful responses or information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the ToHajiilee Community School. The following questions pertain to the illegal use of drugs or controlled substance activity in accordance with federal laws, even though permissible under state laws.

16. In the last 5 years , have you illegally used any drugs or controlled substance? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substances.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. In the last 5 years , have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any drug or controlled substance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you responded "Yes" to the above questions in this section, provide the date(s), the type of drug or controlled substance and the number of times used or your involvement. Examples include: THC (marijuana, weed, hashish, etc.); cocaine; crack cocaine; narcotics (opium, morphine, codeine, heroin); stimulants (amphetamines, speed, crystal meth, ecstasy); depressants (barbiturates, methaqualone, tranquilizers); hallucinogenics (LSD, PCP, mushrooms); ketamine (special K, jet); inhalants (toluene, amyl nitrate); steroids (clear, juice) or other.

Month/Year To <input type="checkbox"/> Est	Controlled Substance Used	Number of Times Used/Involvement
Month/Year To <input type="checkbox"/> Est	Controlled Substance Used	Number of Times Used/Involvement

18. In the last 5 years , have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Month/Year To <input type="checkbox"/> Est	If you responded "Yes" to the above question in this section, provide the prescription drug that you misused
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Provide the reason(s) for and circumstances of the misuse of the prescription drug

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.

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

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).

Certification
<p>My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001 and ToHajiilee Community School internal policies. I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my eligibility for a designated child care position, employment prospects, credentialing, or job status, up to and including denial or revocation of my credentials, or my removal and debarment from employment with ToHajiilee Community School.</p> <p>I understand my right to obtain a copy of any national criminal history report made available to the ToHajiilee Community School and/or Personnel Security Consultants, Inc., and my rights to challenge the accuracy and completeness of any information contained in the report.</p>

Signature	Printed Name	SIGNATURE Date (mm/dd/yyyy)
Enter your Social Security Number before going to the next page →		

Authorization for Release of Information

Carefully read this authorization to release information about you, then sign and date it in ink.

I **Authorize** any investigator, special agent, or other duly accredited representative of the agency conducting my background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a designated child care position, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, consumer reporting agencies, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, motor vehicle records, national criminal history record information and publicly available social media information. I authorize the ToHajiilee Community School and/or Personnel Security Consultants, Inc., who is conducting my investigation, reinvestigation for the purpose of making a determination of suitability.

I **Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessed on-line to the public, is available to the public by subscription or purchase, or is lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I **Understand** that, for former employers, motor vehicle departments, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I **Authorize** any investigator, special agent, or other duly accredited representative of the ToHajiilee Community School and/or Personnel Security Consultants, 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 designated position and/or 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** the custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I **Understand** that the information released by record custodians and sources of information is for official use by the ToHajiilee Community School and/or Personnel Security Consultants, Inc., only for the purpose of determining my suitability for employment with the ToHajiilee Community School.

Photocopies of this authorization with my signature are valid. The authorization shall remain in effect so long as I occupy a position with ToHajiilee Community School.

Signature (sign in black ink)	Full name (Type or print legibly)	SIGNATURE Date (mm/dd/yyyy)	
Other names used			
Current street address and city	State	Zip Code	Telephone number