



1501 Cerrillos Road, Santa Fe, NM 87502, Phone: (505) 989-6353, Fax: (505) 989-6304

Notice to Applicant: The Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment. Native American Preference. Applications submitted will be shredded 6 months after the application date, if not hired. Submit Completed Application to: jobs@sfis.k12.nm.us

POSITION APPLYING FOR:

1. POSITION APPLYING F	OR:	<u> </u>			Teache	r License	# (if	Applicable)
2. Last Name	First Name	Middle Na	ame		Date of Birth:			
3. Other Names Used				4. Phone No.				
5. Email Address: Eth					Ethnic	nnicity:		
Are you a Veteran? Driver's License Number; License State: Driver's License Number;			Driver's L	Driver's License issue / Expiration Date				
7. Residence – List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list.								
	Street Address & Mailing Address City				State			Zip code
1) To Present Month/Year Month/Year St								
Month/Year Month/Year St	reet Address & Mailing Addre	SS	City			State	Z	Zip code
2) To St Month/Year Month/Year St	reet Address & Mailing Addre	ess	City			State	Z	Zip code
	Silver Address a Maining Address							
3) To Month/Year Month/Year St	reet Address & Mailing Addre	SS	City			State	Z	Zip code
4) To 8. Residence on an Indian	Poconyation List any	Indian Docaryatio	no in which	vou bavo li	rod or wo	rkad in the	lact l	5 years
	reet Address & Mailing Addre		City	you nave in	veu or wo	State		Zip code
1) To Present								
1) To Present Month/Year St	reet Address		City			State	Z	Zip code
2) To Month/Year Month/Year St	reet Address		City			State	7	Zip code
	Street Address			J. O.Ly				p 0000
3) To Month/Year Month/Year St	Street Address			City		State		Zip code
4) To To Seducation – List the schools you have attended, beginning with the most recent and working back . Use item 20, if more space								
Education – List the sche is needed.	ools you have attended,	beginning with th	e most rece	nt and work	ing back	. Use item	1 20, r	f more space
Name of School		Month/Year From:	Month/Year To:	D	egree/Diplo	ma/Other	Mont	th/Year Awarded
Street Address and City of School						State	Z	Zip Code
Name of School		Month/Year From:	Month/Year To:	Do	egree/Diplo	ma/Other	Mont	th/Year Awarded
Street Address and City of School				St	ate		Zip C	ode
Name of School	Name of School Month/Year Mo From: To						ma/Other Month/Year Av	
Street Address and City of School				•		State	Zip C	ode

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Application continuation 10. Employment: All periods must be accounted for in employment. If you have gaps in employment indicate reason.									
10. Employment: All periods must b	e acc				ips in employ	/mer	it indica	te reason.	
1) Employer Name		Month/Year	Month/Year Position Title						
		From:	To: Presei	nt					
Employer Street Address				City		Stat	te	Zip Code	
Supervisor's Name	Teleph	none number	Other Emplo	oyer Reference			Telephon	ie Number	
	()						()		
Reason you left									
O) Faralassa Nama		Manath (Mana	. M 41-	. //	D:#:	T:4	l-		
2) Employer Name				h/Year Position		on Title			
		FIOIII.	From: To:						
Employer Street Address			City			State Zip Code		Zip Code	
0	T		0, 5 1	D (<u> </u>	
Supervisor's Name	i elepr	none number	Other Emplo	oyer Reference		Telephone Number			
	/ \								
December 15th	()						()		
Reason you left									
3) Employer Name		Month/Year	Month	n/Year	Position	on Tit	le		
of Employof Namo		From:	To:	1/ 1 Odi	1 0010	Sidon Tide			
				Lau				I =: 0 :	
Employer Street Address				City		Stat	te	Zip Code	
Supervisor's Name	Telent	none number	Other Emplo	Ver Reference			Telenhor	l Je Number	
Supervisor 3 Name	Гоюрі	phone number Other Employer Reference				Telephone Number			
							()		
Reason you left									
readon you lost									
4) Employer Name		Month/Ye	ar Mor	nth/Year	Position	on Tit	le		
From:			То:						
Employer Street Address				City		Stat	ło.	Zip Code	
Employor on out radioos				Oity		Otal	.0	Zip oodo	
Supervisor's Name	Teleph	none number	Other Emplo	yer Reference			Telephon	e Number	
	()						()		
Reason you left									
		1		0.4					
5) Employer Name		Month/Year		n/Year	Position	on Lit	le		
		From:	To:						
Employer Street Address			City			Stat	te	Zip Code	
Our and and Man			04	 D-1			T	- Nicosala	
Supervisor's Name Telephone number		none number	Other Employer Reference			Telephone Number			
December 16th	()						()		
Reason you left									

Application continuation						
11. Personal References – List 3 people who know you well. They sho				who have		
known you for at least the last 5 years. Try not to list relatives or anyone						
1) Name	Dates Known Month/Year Month/Year	Telephone Day	Number			
Email address:	То	□ Night	()			
Home or Work Address	City	State	Zip Co	ode		
2) Name	Dates Known	Telephone	Number			
	Month/Year _ Month/Year	□ Day				
Email address:	To	□ Night		- 4 -		
Home or Work Address	City	State	Zip Co	oae		
3) Name	Dates Known	Telephone	Number	umber		
Email address:	Month/Year Month/Year To	□ Day□ Night (())		
Home or Work Address	City	State		Zip Code		
	,		'			
10 De veu heve reletives werking for CEIC2 Ves No.						
12. Do you have relatives working for SFIS?YesNo						
If you answered "yes", please list their names:						
Background Information – For all questions, provide all additional requ	uired information in the space	e provide	d or on a ser	parate		
sheet. Ensure full name is on any attachments to this application. Pleas						
13. In the last 5 years, have you been arrested, convicted of, been imp		or been	YES	NO		
on parole for any offense(s)? Include all offenses where you have been	found guilty, pled guilty or r	nolo				
contendere (no						
contest). (Leave out traffic fines of less than \$150.00.)						
16%/F0% '' 00 ('' 1 4 1 4 1 1 1 '' 1 1 1						
If "YES", use item 20 to provide the date , explanation of violation, place		ie and	VE0	NO		
14. Have you been convicted by a military court-martial in the past 5 ye	ars?		YES	NO		
If "YES", use item 20 to provide the date , explanation of the violation, pl						
address of the military authority or court involved.						
15. Are you now under charges for any violation of law?	YES	NO				
, ,		l				
If "YES", use item 20 to provide the date , explanation of violation, place of occurrence, and the name and						
address of the police department or court involved. 16. During the last 5 years, have you been fired from any job for any reason, did you guit after being told that YES NO						
16. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that YES						
you would be fired, or did you leave any job by mutual agreement becau	ise of specific problems?					
If "VEC" use item 20 to provide the date on explanation of the problem	recean for leaving, and the					
If "YES", use item 20 to provide the date , an explanation of the problem employer's name and address.	, reason for leaving, and the					
17. Have you <u>ever</u> been convicted with a crime involving a child?			YES	NO		
17. Have you <u>ever</u> been convicted with a chine involving a child?			ILO			
If "YES", use item 20 to provide the date, explanation of the violation, di	sposition of the arrest(s) or	charge(s)				
place of occurrence, and the name and address of the police departmen	. , ,	onargo(o),				
18. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any YES N						
folgoious offense, or any of two or more misdemeaner offenses under Federal, State, or tribal law involving						
crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or						
offenses committed against children?						
If "YES," use item 20 to provide the date , explanation of the violation, di	. , ,	charge(s),	,			
place of occurrence, and the name and address of the police departmen	nt or court involved.] 3		

Application Continuation					
19. In the last 5 years have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants	YES	NO			
(barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or illegally used prescription drugs?					
If "YES", use Item 20 below 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.					
20. In the last 5 years, have you been involved in the illegal purchase, manufacture, trafficking, production,	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 20 below to provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.					
21. Use this space to provide explanations to any questions on this application.					
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 my right to obtain a copy of any criminal history report made available to the Santa Fe Indian School and my rights to challenge the accuracy and completeness of any information contained in the report.					
Applicant Signature: Date:		_			
Note: SFIS does not recognize the use of New Mexico Medical Marijuana Patient cards by SFIS emp	•				
medical marijuana laws do not apply on SFIS campus. An employee found to be in possession of or of marijuana on campus shall be subject to discipline and prosecution even if he/she holds a valid M					
card issued by New Mexico or another State government. Applicant Initials:		,			

Authorization for Release of Information (Consent Form)

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, and/or national criminal history records.

I further authorize any investigator, or other duly accredited representative of the Santa Fe Indian School, who is conducting my background investigation, to request 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 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 Santa Fe Indian School only for the purposes of determining my suitability for employment with the Santa Fe Indian School.

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 **Santa Fe Indian School**, whichever is sooner.

Other Names Used			Social Security Number
Current Address	State	Zip Code	Contact Number
**Signature:	Da	ate:	
Print Name:	_		

^{**} Electronic signature not accepted.