



SANTA FE INDIAN SCHOOL

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

1. POSITION APPLYING FOR:					Teacher License # (if Applicable)	
2. Last Name		First Name	Middle Name		Date of Birth:	
3. Other Names Used					4. Phone No. ()	
5. Email Address:					Ethnicity:	
Are you a Veteran? Circle your answer: YES NO		Driver's License Number;		License State:	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.						
Month/Year	Month/Year	Street Address & Mailing Address		City	State	Zip code
1)	To Present					
Month/Year	Month/Year	Street Address & Mailing Address		City	State	Zip code
2)	To					
Month/Year	Month/Year	Street Address & Mailing Address		City	State	Zip code
3)	To					
Month/Year	Month/Year	Street Address & Mailing Address		City	State	Zip code
4)	To					
8. Residence on an Indian Reservation – List any Indian Reservations in which you have lived or worked in the last 5 years.						
Month/Year	Month/Year	Street Address & Mailing Address		City	State	Zip code
1)	To Present					
Month/Year	Month/Year	Street Address		City	State	Zip code
2)	To					
Month/Year	Month/Year	Street Address		City	State	Zip code
3)	To					
Month/Year	Month/Year	Street Address		City	State	Zip code
4)	To					
9. Education – List the schools you have attended, beginning with the most recent and working back . Use item 20, if more space is needed.						
Name of School			Month/Year From:	Month/Year To:	Degree/Diploma/Other	Month/Year Awarded
Street Address and City of School					State	Zip Code
Name of School			Month/Year From:	Month/Year To:	Degree/Diploma/Other	Month/Year Awarded
Street Address and City of School					State	Zip Code
Name of School			Month/Year From:	Month/Year To:	Degree/Diploma/Other	Month/Year Awarded
Street Address and City of School					State	Zip Code

Application continuation

10. Employment: All periods must be accounted for in employment. If you have gaps in employment indicate reason.

1) Employer Name		Month/Year From:	Month/Year To: Present	Position Title	
Employer Street Address			City	State	Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference		Telephone Number ()	
Reason you left					
2) Employer Name		Month/Year From:	Month/Year To:	Position Title	
Employer Street Address			City	State	Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference		Telephone Number ()	
Reason you left					
3) Employer Name		Month/Year From:	Month/Year To:	Position Title	
Employer Street Address			City	State	Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference		Telephone Number ()	
Reason you left					
4) Employer Name		Month/Year From:	Month/Year To:	Position Title	
Employer Street Address			City	State	Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference		Telephone Number ()	
Reason you left					
5) Employer Name		Month/Year From:	Month/Year To:	Position Title	
Employer Street Address			City	State	Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference		Telephone Number ()	
Reason you left					

Application Continuation		
<p>19. In the last 5 years have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or illegally used prescription drugs?</p> <p>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.</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>20. In the last 5 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?</p> <p>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.</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>21. Use this space to provide explanations to any questions on this application.</p>		

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 employees. New Mexico medical marijuana laws do not apply on SFIS campus. An employee found to be in possession of or under the influence of marijuana on campus shall be subject to discipline and prosecution even if he/she holds a valid Medical Marijuana 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:** _____ **Date:** _____

Print Name: _____

**** Electronic signature not accepted.**