

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: apply@sfisonline.org

1. POSITION APPLYING FOR: SFIS Superintendent					Teacher License # (if Applicable)			
2. Last Name	First Name	Middle Name	e Date o			ate of Birth:		
3. Other Names Used					4. Phone No.			
5. Email Address: Eth					Ethnie	nicity:		
Are you a Veteran? Circle your answer: YES NO	Driver's License Nun	Number; License State: Driver's L				icense issue / Expiration Date		
7. Residence – List where you have All periods in the las				king back {	5 years.			
Month/Year Month/Year Street Add	ress & Mailing Address	(City			State	Zip code	
1) To Present						• • •		
	ress & Mailing Address	(City			State	Zip code	
2) To Month/Year Month/Year Street Add	ress & Mailing Address	(City			State	Zip code	
3) To Month/Year Month/Year Street Add								
Month/Year Month/Year Street Add	Street Address & Mailing Address City				State	Zip code		
 To Residence on an Indian Reserv 	votion List on v Ind	lion Reconvetions in	which		und or wo	rkad in the		
	ress & Mailing Address		Which y City	ou nave in		State	Zip code	
1) To Present	J. J		,					
Month/Year Month/Year Street Add	ress	(City			State	Zip code	
2) To Month/Year Month/Year Street Add	ress		City			State	Zip code	
			, ,				P	
3) To Month/Year Month/Year Street Add	et 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.	u nave allended, bej	ginning with the mo	strecen	t and work	пд раск	. Use iten	1 20, il more space	
Name of School	F	Month/Year Month rom: To:	/Year	De	egree/Diplo	ma/Other	Month/Year Awarded	
Street Address and City of School		10.				State	Zip Code	
Name of School	Fr	Month/Year Month rom: To:	/Year	De	egree/Diplo	ma/Other	Month/Year Awarded	
Street Address and City of School					ate		Zip Code	
Name of School	me of School Month/Year Month/Year De From: To:			egree/Diploma/Other Month/Year		Month/Year Awarded		
Street Address and City of School				I		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	Month/Year		Position Title				
		From:	To: Prese	nt					
Employer Street Address				City			State Zip Code		
Supervisor's Name	Teleph	none number	Other Emplo	oyer Reference			Telephor	ne Number	
	()						()		
Reason you left	· · · ·								
2) Employer Name		Month/Year Month/Year From: To:			Positi	Position Title			
Employer Street Address				City			te	Zip Code	
Supervisor's Name	Teleph	none number	Other Emplo	byer Reference		Telephone Number			
Description	()						()		
Reason you left									
3) Employer Name		Month/Year From:	Month To:	n/Year	Positi	on Tit	le		
Employer Street Address				City		Sta	te	Zip Code	
Supervisor's Name	Teleph	none number	Other Emplo	oyer Reference		1	Telephor	ne Number	
	()						()		
Reason you left	,						,		
4) Employer Name		Month/Yes From:	ar Mor To:	nth/Year	Positi	on Tit	le		
Employer Street Address		I		City		Sta	te	Zip Code	
Supervisor's Name	Telephone number		Other Employer Reference			Telephone Number			
Reason you left	()						()		
5) Employer Name		Month/Year From:	Month To:	n/Year	Positi	on Tit	le		
Employer Street Address				City		Sta	te	Zip Code	
Supervisor's Name	Teleph	none number	Other Emplo	byer Reference			Telephor	ne Number	
	()						()		
Reason you left							/		

Application continuation							
11. Personal References – List 3 people who know you well. They should be good friends, former collueages, etc., and who have							
known you for at least the last 5 years. Try not to list relatives or anyone who is listed elsewhere else on this application.							
1) Name	Dates Known Telephone Number						
Email address:	Month/Year Month/Year □ Day To □ Night(
Home or Work Address	City		ate	Zip Co	de		
	Oity			2.000			
2) Name	Dates Known Month/Year Month/Year	Day	one Numb	er			
Email address:	То	D Nigi					
Home or Work Address	City		ate	Zip Co	de		
3) Name	Dates Known	Telenho	one Numb	er			
of Name	Month/Year Month/Year			lumber			
Email address:	То	D Nigi	nt ())			
Home or Work Address	City	St	ate	Zip Code			
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 req	uired information in the space	e provia	ded or o	n a sep	arate		
sheet. Ensure full name is on any attachments to this application. Plea				1-			
13. In the last 5 years, have you been arrested, convicted of, been imp		or beer	n '	YES	NO		
on parole for any offense(s)? Include all offenses where you have been found quilty, pled quilty or nolo							
contendere (no La La La							
contest). (Leave out traffic fines of less than \$150.00.)							
If "YES", use item 20 to provide the date, explanation of violation, place		ne and			NO		
14. Have you been convicted by a military court-martial in the past 5 years?YE							
If "VEC" was item 20 to provide the data symbol tion of the violation of	n al						
If "YES", use item 20 to provide the date , explanation of the violation, place of occurrence, and the name and							
address of the military authority or court involved. 15. Are you now under charges for any violation of law? YES NO							
		IES	NO				
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 re	ason, did vou quit after bein	a told th	at `	YES	NO		
you would be fired, or did you leave any job by mutual agreement beca		0					
If "YES", use item 20 to provide the date, an explanation of the problem	n, reason for leaving, and the	;					
employer's name and address.							
17. Have you <u>ever</u> been convicted with a crime involving a child?			`	YES	NO		
If "YES", use item 20 to provide the date, explanation of the violation, d		charge(s),				
place of occurrence, and the name and address of the police department			<u> </u>	/= 0			
18. Have you ever been found guilty of, or entered a plea of nolo contended of the second s				YES	NO		
felonious offense, or any of two or more misdemeanor offenses under F		•					
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, d	isnosition of the arrest(s) or	charoo/	s)				
place of occurrence, and the name and address of the police department		silai go(<i>,</i>		3		

Application Continuation		
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?	YES	NO
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, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?	YES	NO
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 and belief and are made in good faith. I understand that a false or fraudulent answer to any question this application or its attachments may be grounds for not hiring me, or firing me after I begin work, a by fine or imprisonment.	or item o	n any part of
I certify that my responses to the above questions are made under penalty of perjury, which is imprisonment, and that I have received notice that a criminal history records check will be conducted employment. I understand my right to obtain a copy of any criminal history report made available to School and my rights to challenge the accuracy and completeness of any information contained in the	d and is a the San	condition of
Applicant Signature: Date:		_
Note: SFIS does not recognize the use of New Mexico Medical Marijuana Patient cards by SFIS em	ployees.	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.