



Greyhills Academy High School

P.O. Box 160 ~ Warrior Drive ~ Tuba City, AZ 86045

(928) 283-6271 ~ (928) 283-6604 (facsimile)



**THANK YOU FOR YOUR INTEREST IN GREYHILLS ACADEMY HIGH SCHOOL
PROCEDURES ARE OUTLINED BELOW TO ASSIST YOU IN THE APPLICATION PROCESS.**

1. APPLICATION FORM

- The application form must be fully completed, even if a resume is submitted.
- If you FAX a copy of the application form to the Human Resources office, it is still necessary to submit the original application with your original signature on the back page.
- Consideration for employment cannot be given until the fully completed application and required supporting materials are returned to the Human Resources office.
- The School cannot accept any type of personal photos for inclusion in an applicant's file, including a copy of your driver's license.
- It is suggested that applicants retain a copy of their application for future reference.

2. LETTERS OF REFERENCE/RESUME/DEGREE

- **Certified Applicants** must submit a resume and a minimum of three individual signed letters of recommendation.
- **Certified Substitutes** must submit a resume, a minimum of three letters of recommendation, and an Arizona teaching or substitute certificate.
- **Administrative and Professional Non-Teaching Applicants** must submit a resume, at least 3 letters of recommendation and copies of each degree earned.
- **Classified Applicants** are not required to submit letters of recommendation or degrees. However, submission is encouraged.
- Once submitted, all materials including reference letters, resumes, and placement files are considered confidential and the property of Greyhills Academy High School. They will not be released to the applicant or third parties. (The Human Resources Office cannot make copies for applicants.)
- Hiring is contingent upon results of confidential reference checks.

3. TRANSCRIPTS (Certified, Administrative, Paraprofessionals and Professional Non-Teaching Applicants)

- Applications must be accompanied by official transcripts from each college/university. The transcripts must show course work, hours and grades.
- 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.
- It is the applicant's responsibility to ensure that the application form, transcripts, resume, reference letters, and a copy of required certificates are on file with the Human Resources office. Placement folders are optional. Transcripts are not required for substitute applicants who possess current Arizona teacher or substitute certification.
- The School requires a B grade point average (4.0 = A) in the major field(s) of endeavor for certified, administrative and professional applicants. When the file is screened by Human Resources, applicants who do not meet the 2.8 GPA requirements may request an "Equivalent GPA Application". It is the sole responsibility of the applicant to check with Human Resources to determine whether the GPA requirement is met. You are encouraged to do so. Upon receipt of all materials, the grade point average will be screened and evaluated according to School standards/requirements.

4. CERTIFICATION

If applicable, submit a photocopy of all valid certificates to the Human Resources office. Certificates must be properly recorded. Applicants must also provide additional certification required for the position.

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.
- **Certified** applications will be active for **9 MONTHS**, once the files are complete. Then, it will be necessary to reapply.
- **Classified** applications will be active for **4 MONTHS**. Then, it will be necessary to reapply.
- It is suggested that applicants retain a copy of their application for future reference.

6. SUBSTITUTE INFORMATION

- After the application is submitted, applicants may be required to attend an orientation in order to become an active substitute.
- Substitute paperwork **must** be completed before commencement of work. References will be checked. If appropriate reference checks are obtained from previous employers, you will be called to substitute for Greyhills Academy High School. Substitute teachers do not have assurance of a minimum number of assignments. Employment is strictly on-call.

7. 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.

8. BACKGROUND INVESTIGATION

In an effort to continue to provide a safe environment for the children and employees of Greyhills Academy High School, any individual recommended for employment with Greyhills Academy High School will undergo a background investigation at their cost, prior to finalization of employment. The background investigation includes a criminal background check by the Navajo Nation Police Department, a background check conducted by a security clearance company chosen by Greyhills Academy High School, submission of a valid Arizona Department of Public Safety Fingerprint Clearance Card, and, if applicable, a review of the applicant's driving record to be conducted by Greyhills Academy High School's insurance company. Employment is conditional upon results of the background investigation. Further, all employees must ensure that a current valid Arizona Department of Public Safety Fingerprint Clearance Card is on file with the Greyhills Academy High School Human Resource Office at all times.

9. INTERVIEWS

When all application requirements are complete, sites/departments with posted vacancies will also screen applications. Should your application be selected, you will be invited to interview.

If you require additional information regarding employment with Greyhills Academy High School, feel free to contact the Human Resources Office at the information listed at the beginning of this application packet.

POLICY NOTIFICATION STATEMENT

It is the policy of Greyhills Academy High School, not to discriminate on the basis of race, color, religion, gender, age, national origin, disability, marital status, political affiliation, or veteran status in its educational programs, activities or employment policies. If you have a special need, reasonable accommodations will be made to accommodate you in the application process and in your employment with Greyhills Academy High School should you be awarded a position. Inquiries regarding compliance with any of the above may be directed to the Greyhills Academy High School's Human Resources Office using the information listed at the beginning of this application packet.

**GREYHILLS ACADEMY HIGH SCHOOL
EMPLOYMENT APPLICATION**

Date: _____

Date Available for Work: _____

Position Applying for: _____

Please check position(s) for which you are applying: Full time Teacher Part time Teacher
 Check here if you wish to be considered for substitute teaching. (Additional paperwork may be required.)

Do you have the legal right to accept employment in the United States? Yes No
 If no, have you applied for work authorization? Yes No

How did you learn about this position? _____

I. BIOGRAPHICAL INFORMATION

Full Name				Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
Current Address				Social Security Number		
Driver's License #	Expiration Date		State			
Your Telephone No.	Alternate Telephone No.		Your Email Address			
()	()					
Place of Birth						
City		County			State	

II. RESIDENCE

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	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				
Month/Year Month/Year	Street Address	City	State	Zip code
5) To				

III. 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).

1. Do you claim Veteran Preference? Yes No
2. Do you claim Indian Preference? Yes No
3. Do you claim Navajo Preference? Yes No
4. If yes, please indicate TRIBAL AFFILIATION _____
5. If yes, please indicate TRIBAL CENSUS NUMBER _____

IV. MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

V. CERTIFICATIONS/ENDORSEMENTS

Type of Certification (complete if applying for teaching or administrative position; a copy of all certifications is required before commencement of work):

- | | |
|---|------------------------|
| <input type="checkbox"/> Guidance Counselor Certificate | Expiration Date: _____ |
| <input type="checkbox"/> Special Education Certificate | Expiration Date: _____ |
| <input type="checkbox"/> Superintendent Certificate | Expiration Date: _____ |
| <input type="checkbox"/> Supervisor Certificate | Expiration Date: _____ |
| <input type="checkbox"/> Substitute Certificate | Expiration Date: _____ |
| <input type="checkbox"/> Emergency Substitute Certificate | Expiration Date: _____ |
| <input type="checkbox"/> Secondary Teacher Certification | Expiration Date: _____ |

Type of Endorsement (complete if applying for teaching or administrative position; a copy of all endorsements is required before commencement of work):

- | | |
|---|------------------------|
| <input type="checkbox"/> Bilingual | Expiration Date: _____ |
| <input type="checkbox"/> Gifted | Expiration Date: _____ |
| <input type="checkbox"/> Reading Specialist | Expiration Date: _____ |
| <input type="checkbox"/> Library Media Specialist | Expiration Date: _____ |
| <input type="checkbox"/> Other: _____ | Expiration Date: _____ |

VI. EDUCATIONAL BACKGROUND Begin with where you received your high school diploma.

Institution	State	Degree	Start Date	End Date	Major	Minor	GPA

VII. PROFESSIONAL EXPERIENCE (Must be completed even if resume is submitted.)

Student Teaching Experience

Dates From/To	Name of School City/State or Name of Employer City/State	Grade Level and Subject	Cooperating Teacher	Telephone Number

List all Teaching Experience (most recent first). Attach an additional page if necessary.

Dates From/To	Salary	Name of School City/State	Grade Level and Subject	Supervisor/Telephone Number	Reason for Leaving

VIII. EMPLOYMENT - Must be completed even if resume is attached.

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 and Phone Number			Position Title
1. To Present					
Employer Street Address			City	State	Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference		Telephone Number ()
Duties and Responsibilities					
Starting Salary		Ending Salary	Reason for Leaving		
Month/Year	Month/Year	Employer Name and Phone Number			Position Title
2. To					
Employer Street Address			City	State	Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference		Telephone Number ()
Duties and Responsibilities					

Starting Salary	Ending Salary	Reason for Leaving			
Month/Year 3. To	Month/Year	Employer Name and Phone Number			Position Title
Employer Street Address			City	State	Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference		Telephone Number ()
Duties and Responsibilities					
Starting Salary	Ending Salary	Reason for Leaving			

Month/Year 4. To	Month/Year	Employer Name and Phone Number			Position Title
Employer Street Address			City	State	Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference		Telephone Number ()
Duties and Responsibilities					
Starting Salary	Ending Salary	Reason for Leaving			

Month/Year 5. To	Month/Year	Employer Name and Phone Number			Position Title
Employer Street Address			City	State	Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference		Telephone Number ()
Duties and Responsibilities					
Starting Salary	Ending Salary	Reason for Leaving			

Explain any gaps in employment:

--

IX. COMPUTER SKILLS

Name of Software or Program	Type of Work Produced	Years of Experience

X. LANGUAGES

LIST ANY LANGUAGES SPOKEN AND CHECK THE BOXES THAT BEST DESCRIBES YOUR SKILL LEVEL

Language	Speak Some	Speak Fluently	Read Some	Read Fluently	Write Some	Write Fluently

XI. PROFESSIONAL REFERENCES (references MUST cover the past two years)

List business or professional references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Title	Date From	Date To	City/State	Work Telephone	Home Telephone

XII. ADDITIONAL INFORMATION

- Do you have a physical condition which may limit your ability to perform the job for which you are applying?
 Yes No
- If you answered yes to question 1, will you need reasonable accommodation to perform the essential functions of the job for which you are applying?
 Yes No
- Do you have any relatives in the Department for which you are applying?
 Yes No
- Will you travel if the job requires it?
 Yes No
- Will you work overtime if required?
 Yes No
- Are you able to meet the attendance requirements of the position?
 Yes No
- Have you ever been bonded?
 Yes No
- If you answered yes to question 7, for how much? _____, and the circumstances (i.e., when and where)?

XIII. BACKGROUND INFORMATION

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.		
1. In the last 5 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00.) If “YES”, use item 21 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you been convicted by a military court-martial in the past 5 years? If “YES”, use item 21 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Are you now under charges for any violation of law? If “YES”, use item 21 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<p>4. 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 21 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>5. Have you ever been arrested for or charged with a crime involving a child?</p> <p>If "YES", use item 21 to provide the date, 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>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>6. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor 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?</p> <p>If "YES," use item 21 to provide the date, 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>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>7. 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 21 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 <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>8. 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 21 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 <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>9. Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.</p>		

Conviction of a crime is not an automatic bar to 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. Please note that any false statement in this section or anywhere else on this application will result in denial of employment. Your application will be checked against your Arizona Department of Public Safety Fingerprint Clearance Card, an investigation of your driving record to be conducted by the school's insurance, a criminal background check to be conducted by the Navajo Nation Police Department and a background check conducted by a security clearance company chosen by Greyhills Academy High School.

XIV. SCHOOL/DISTRICT ASSOCIATION

Please list any schools or school districts for which you have previously worked:

Are you currently under contract with one of these schools/districts? Yes No

If yes, where _____ Contractual dates _____

XV. SUPPORTING DOCUMENTS

Applications must include:

1. A current resume.
2. Legible copies of official (stamped and sealed) transcripts.
3. Three letters of professional recommendation including letters from teaching supervisors. If you do not have teaching experience, letters of reference are acceptable.

If applicable, submit copies of the following items with your application:

1. Copy of your current Teaching Certificate(s).
2. Copy of your current Arizona Department of Public Safety fingerprint clearance card.
3. Copy of your Certificate of Indian Blood (upon hire)

APPLICATIONS WILL NOT BE CONSIDERED UNTIL THE APPLICATION IS COMPLETE AND SUPPORTING DOCUMENTS HAVE BEEN SUBMITTED AS DIRECTED HEREIN.

XVI. ORIGINAL STATEMENT

In your own handwriting, write a brief statement explaining why you chose to enter the education field.

XVII. DISCLAIMER AND SIGNATURE

UNDER OATH AND PENALTY OF PERJURY, I SWEAR THAT I HAVE FULLY AND TRUTHFULLY ANSWERED ALL OF THE QUESTIONS IN THIS APPLICATION AND ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS THE TRUTH.

Applicant's Signature

Date

NOTIFICATION/AFFIDAVIT/SIGNATURE

CONSENT TO CONDUCT BACKGROUND INVESTIGATIONS, CRIMINAL BACKGROUND CHECK AND RELEASE.

I, _____ [Applicant's name], have applied for employment with

Greyhills Academy High School (hereinafter "GAHS") to work as a _____ [Job Title].

Employees at GAHS are subject to the following federal and tribal laws:

1. The Indian Child Protection and Family Violence Prevention Act (P.L. 101-630) states that all Indian tribes which are contract or grant recipients under the Indian Self-Determination and Education Assistance Act or Tribally Controlled Schools Act of 1988 are subject to investigation and minimum standard requirements, and that character investigations are a federally mandated requirement.
2. The Crime Control Act of 1990, Child Care Worker, Employee Background Checks (P.L. 101-647) states that each agency of the Federal Government and every facility operated by the Federal government (or operated under contract with the federal government), that hires (or contracts for hire) individuals involved with providing child care services to children under the age of 18 shall assure that all existing and newly hired employees undergo a Criminal History Background check.
3. The Navajo Nation Privacy Act, Title 2, which states that a protected record includes some employment records. This release is the written permission to release those records to GAHS for the sole purpose of a background investigation.

Every answer I have provided on this application is both complete and truthful. I understand and agree that: (1) if any information is omitted from, or not filled in on this application, or if any false information is furnished, GAHS will reject my application; (2) if any false information is furnished, I will be ineligible for any consideration for employment and may be subject to criminal prosecution; and (3) if I am employed by GAHS I may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined that I have furnished false information on this application.

I understand that in order for GAHS to determine my eligibility, qualifications and suitability for employment, GAHS will conduct a background investigation before I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution I have attended about my education training, experience, qualifications, job performance, professional conduct, and evaluations; as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reason for not rehiring (if applicable), and similar information.

Personnel employed by the GAHS shall certify that they are not awaiting trial on and have never been convicted of or admitted in open court or pursuant to a plea agreement committing any of the criminal offenses listed in GAHS' Policy 2.10K on the Navajo Nation or similar offenses in any other jurisdiction. It is a violation of GAHS' Policy 2.18 for a person seeking employment with GAHS to fail to give notice of conviction of a dangerous crime against children such as those listed in GAHS' Policy 2.18.

Employment with GAHS is conditional and rests upon (a) satisfactory pre-employment reference checks, (b) submission of a valid Arizona Department of Public Safety Fingerprint Clearance Card, (c) a criminal background check conducted by the Navajo Nation Police Department, (d) a background check conducted by a security clearance company chosen by GAHS, (e) if applicable, an investigation of your driving record to be conducted by GAHS' insurance company, and is subject to (f) the policies and regulations of GAHS, (g) submitting documentary proof of authorization to work in the United States, (h) and, if required, proof of appropriate certification/licensing and/or Indian Blood. Employment will not be finalized until all requirements have been met to the satisfaction of GAHS. Misrepresentation or omission of pertinent facts may be just cause for termination. Parties providing this information will be released from any liability in connection with reference and background checks made by GAHS.

Under penalty of prosecution and termination, I hereby swear and certify that the information presented on this application is true, accurate and complete. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by agents of GAHS.

Dated this _____ day of _____, 2014.

Applicant's Signature

Applicant's Printed Name

Witness Signature

Witness' Printed Name

Note: a photocopy or facsimile (FAX) copy form that shows my signature shall be as valid as an original.