

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 with job applications, including a copy of a driver's license.
- We recommend 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.)

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.
- Output 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 <u>9 MONTHS</u>, once the files are complete. Then, it will be necessary to reapply.
- **Classified applications** will be active for **<u>4 MONTHS</u>**. 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, and the results of the reference check must be acceptable to 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 students and employees of Greyhills Academy High School, any individual recommended to the Board for employment by Greyhills Academy High School will undergo a background investigation at their cost, prior to finalization of employment. The background investigation includes, but may not be limited to:

- (a) A criminal background check by the Navajo Nation Police Department;
- (b) A background check conducted by a security clearance company chosen by Greyhills Academy High School;
- (c) Submission of a valid Arizona Department of Public Safety Fingerprint Clearance Card (IVP Card); and,
- (d) 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. 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 NOTICES

Navajo Preference in Employment Act: In accordance with the Navajo Preference in Employment Act; it is the policy of Tuba City High School Board, Inc. dba Greyhills Academy High School, in all employment decisions, to give preference first to qualified Navajo persons and qualifying spouses and secondly to qualified Indians of a federally recognized tribe.

Equal Opportunity Employer: Tuba City High School Board, Inc. dba Greyhills Academy High School (GAHS) does not discriminate on the basis of age, race, color, religion, gender, material status, handicap/disability, or national origin. If you have a special need, reasonable accommodations will be made during the application process and, if hired for a position, during your employment with GAHS.

Veteran's Preference: Veterans requesting preference relative to employment with Tuba City High School Board, Inc. dba Greyhills Academy High School must indicate they are requesting the preference in their employment application and attach a copy of their DD214 discharge papers at the time of submitting their employment application.

<u>GREYHILLS ACADEMY HIGH SCHOOL</u> <u>EMPLOYMENT APPLICATION</u>

Date: Date Available for Work:				
POSITION APPLYING FOR:				
Please check position(s) for which you are applying Do you wish to be considered for substitute teaching	Part t <u>im</u> e Teacher			
(Additional paperwork may be required.) Do you have the legal right to accept employment If no, have you applied for work authorizati				

I. BIOGRAPHICAL INFORMATION

Full Name					Date of Birt	:h	
Last Name	First Name	Middle Name	Jr.,	П,	Month 00	Day 00	Year 0000
			etc.				
Current Address					Social Secu	rity Numbe	r
Driver's License No.	Expiration Date		State				
Your Telephone No.	Alternate Telep	hone No.	Your	Your Email Address			
()	()						
Place of Birth							
City	County		State				

II. RESIDENCE

List all residences for the past ten (10) years, beginning the most recent. If any residence was on a tribal reservation, you must provide the name of the reservation. All periods during the past ten years must be accounted for. If more space is needed, you may use a separate

1. Street Address	City, State, Zip Code	From: Mo. / Yr	To: Mo. / Yr	Reservation, if applicable
2. Street Address	City, State, Zip Code	From: Mo. / Yr	To: Mo./Yr	Reservation, if applicable
3. Street Address	City, State, Zip Code	From: Mo. / Yr	To: Mo./Yr	Reservation, if applicable
4. Street Address	City, State, Zip Code	From: Mo. / Yr	To: Mo. / Yr	Reservation, if applicable

5. Street Address	City, State, Zip Code	From: Mo. / Yr	To: Mo./Yr	Reservation, if applicable
6. Street Address	City, State, Zip Code	From: Mo. / Yr	To: Mo./Yr	Reservation, if applicable
7. Street Address	City, State, Zip Code	From: Mo. / Yr	To: Mo./Yr	Reservation, if applicable

III. NAVAJO / INDIAN / VETERAN PREFERENCE (If you claim Navajo or Indian preference, you must submit a copy of your Certificate of Indian Blood with this application).

1.	Do you claim Navajo preference?	🗆 Yes 🗆 No	
2.	Do you claim Indian preference?	🗆 Yes 🗆 No	
3.	Do you claim Veteran preference?	🗆 Yes 🗆 No	
4.	If yes to No. 1 or No. 2, please indicate TRIBAL AFF	ILIATION:	
5.	If yes to No. 1 or No. 2, please indicate TRIBAL CEN	ISUS NUMBER:	
IV.	MILITARY SERVICE		
Branch	ו:	From:	То:
Rank a	t Discharge:	Type of Discharge:	
If othe	r than honorable, explain:		

V. CERTIFICATIONS / ENDORSEMENTS

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

Special Education Certificate Expiration Date: Superintendent Certificate Expiration Date: Supervisor Certificate Expiration Date: Substitute Certificate Expiration Date: Emergency Substitute Certificate Expiration Date: Secondary Teacher Certification Expiration Date:	Guidance Counselor Certificate	Expiration Date:	
Supervisor Certificate Expiration Date: Substitute Certificate Expiration Date: Emergency Substitute Certificate Expiration Date:	Special Education Certificate	Expiration Date:	
Substitute Certificate Expiration Date: Emergency Substitute Certificate Expiration Date:	 Superintendent Certificate	Expiration Date:	
Emergency Substitute Certificate Expiration Date:		Expiration Date:	
	 Substitute Certificate	Expiration Date:	
Secondary Teacher Certification Expiration Date:		Expiration Date:	
	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):

Γ	
Ε	
Ē	
Ē	
Ē	٦

Bilingual Gifted Reading Specialist Library Media Specialist Other:_____

Expiration Date:	
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 with City, State or Name of Employer with 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 with City, State	Grade Level and Subject	Supervisor and Telephone Number	Reason for Leaving

VIII. EMPLOYMENT

Employment: List your previous employment, beginning with the present and working back five years. The five-year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school."

1. Position Title	Employer	Month / Year Month / Year	
Employer Street Address, City, Sta	ite, Zip Code		
Supervisor's Name	Telephone Number ()	Other Employer Reference	Telephone Number ()
Duties and Responsibilities			
Starting Salary	Ending Salary	Reason for Leaving	

2. Position Title	Employer		Month / Year Month / Year		
Employer Street Address, City, Sta	ite, Zip Code				
Supervisor's Name	Telephone Number	Other Employer Reference	Telephone Number		
	()		()		
Duties and Responsibilities	Duties and Responsibilities				
Starting Salary	Ending Salary	Reason for Leaving			

3. Position Title	Employer	Month / Year Month / Year		
Employer Street Address, City, Sta	te, Zip Code			
	· ·			
Supervisor's Name	Telephone Number	Other Employer Reference	Telephone Number	
Duties and Responsibilities				
Starting Salary	Ending Salary	Reason for Leaving		

Employer		Month / Year Month / Year
City, State, Zip Code		
Telephone Number	Other Employer Reference	Telephone Number
Ending Salary	Reason for Leaving	
Employer		Month / Year Month / Year
City, State, Zip Code		
Telephone Number	Other Employer Reference	Telephone Number
	City, State, Zip Code Telephone Number () Ending Salary Employer City, State, Zip Code	City, State, Zip Code Telephone Number () Ending Salary Employer Employer City, State, Zip Code

Starting Salary	Ending Salary	Reason for Leaving

IX. COMPUTER SKILLS

Name of Software Program	Type of Work Produced	Years of Experience

X. LANGUAGES

Use the following to list all languages spoken and to identify your fluency in each language.

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

XI. PROFESSIONAL REFERENCES (Must be recent references)

Use the following to list at least three recent professional references who are not related to you and who are not previous supervisors. If you cannot provide three professional references, list as many as you can and provide school or personal references.

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

XII. ADDITIONAL INFORMATION

- 1. Do you have a physical condition that may limit your ability to perform the job for which you are applying?
- 2. 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?
- 3. Do you have any relatives in the Department for which you are applying?

🗆 Yes 🗆 No

4. Will you travel if the job requires it?

□ Yes □ No

5.	Will you work overtime if required?	🗆 Yes 🗆 No
6.	Are you able to meet the attendance requirements of the position?	🗆 Yes 🗆 No
7.	Have you ever been bonded?	🗆 Yes 🗆 No
8.	If you answered yes to question 7, for how much? Please describe when, where, purpose, etc.	

XIII. BACKGROUND CHECK INFORMATION

A. <u>Criminal Background</u>. The following questions ask for information related to arrests, criminal charges, convictions, pleas of nolo contendere (no contest), or guilty in any local, tribal, state, or federal jurisdiction (including military jurisdiction). For purposes of these criminal background questions, the term "conviction" means a final judgment on a verdict or a finding of guilty, plea of guilty, or a plea of nolo contendere in a criminal case in any local, tribal, state, military, or federal jurisdiction. You must answer "Yes" to a question even if an appeal is pending or could be taken and even if the conviction was later dismissed, set aside, deferred, vacated, or expunged.

Question	Respons	se
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.)	YES	NO □
2. 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?	YES	NO
3. Have you ever been arrested for or charged with a crime involving a child?	YES	NO
4. 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.), hallucinogenic (LSD, PCP, etc.), or illegally used prescription drugs?	YES	NO □
5. 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 □
6. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any sex- or drug-related offense?	YES	NO
7. Are you currently under charges for or awaiting trial for any crime or offense (excluding minor traffic offenses), including but not limited to any charges, crime, or offense involving allegations of drug or alcohol impairment?	YES	NO □
8. Have you been convicted by a military court-martial in the past 5 years?	YES	NO

B. <u>Additional Information</u>. For any "Yes" responses, provide all information requested below. If additional space is required, you may use a separate sheet of paper:

1. Nature of Arrest / Charge / Conviction		Date of Arrest / Charge	Date of Conviction
City	State / Jurisdiction	Amount of Fine	Length of Jail / Prison Term
Other Details / Remarks		Length / Terms of Probation / Parole	

2. Nature of Arrest / Charge / Conviction		Date of Arrest / Charge	Date of Conviction
City	State / Jurisdiction	Amount of Fine	Length of Jail / Prison Term
Other Details / Remarks		Length / Terms of Probation / Parole	
3. Nature of Arrest / Charge / Conviction		Date of Arrest / Charge	Date of Conviction
City	State / Jurisdiction	Amount of Fine	Length of Jail / Prison Term
Other Details / Remarks		Length / Terms of Probation / P	arole

C. <u>Explanations</u>. Use the following space to provide an explanation for any "Yes" responses to any of the questions above:

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, a Navajo Nation criminal background check will be conducted, and a criminal background check will be 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, name of school district:	Contract 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.
- 4. Copy of your Certificate of Indian Blood.

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.

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. ACKNOWLEDGMENT AND SIGNATURE

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.

I certify that my responses to this entire employment application is made under penalty of perjury, which is punishable by fine or imprisonment. I acknowledge that I have received notice that a criminal background check will be conducted. I also acknowledge that a criminal background check satisfactory to Tuba City High School Board, Inc. dba Greyhills Academy High School (GAHS) is a condition of my employment and that, if I am offered employment before the criminal background check is completed, my continued employment with GAHS will be conditioned on a satisfactory criminal background check. I understand that I have the right to obtain a copy of any criminal history report made available to GAHS and my rights to challenge the accuracy and completeness of any information contained in such report.

Applicant's Signature

Date

Applicant Screening Questionnaire Indian Children Protection Requirements

Name: _____

Social Security Number: _____

NOTIFICATION OF REQUIREMENTS

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 34 U.S.C. § 20351), requires that employment applications for federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment. Further, it is required to ask the following:

Have you ever been arrested for or charged with a crime involving a child?

[]No []Yes

If "yes" please 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 arresting police department or court involved.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 U.S.C. § 3207), requires a criminal history records check as a condition of employment for positions in the Department of Interior that involves regular contact with or control over Indian children. Further, it is required to ask the following:

Have you ever been arrested, 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 another person; or offenses committed against children.

[]No []Yes

If "yes" please 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 arresting police department or court involved.

I certify that my response to the above questions is made under federal 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 Tuba City High School Board, Inc. dba Greyhills Academy High School and my rights to challenge the accuracy and completeness of any information contained in the report.

Print full name

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I ________, hereby authorize Tuba City High School Board, Inc. dba Greyhills Academy High School or any representative thereof to perform a complete background investigation, including, but not limited to, obtaining a consumer report and information as to my character, general reputation, credit standing, personnel characteristics, and mode of living. This report may involve personal interviews with sources such as neighbors, friends, associates, past employers, and educational institutions. Public records may be used in this report, such as civil and criminal records, driving record, liens, judgments, and bankruptcies that are deemed to have a bearing on my job performance. In using a consumer report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates, a copy of the report and a description in writing of the rights of the consumer, as described by the Federal Trade Commission section 609(c)(3) and the name, address, and phone number of the agency that provided the consumer report.

PLEASE PRINT CLEARLY

First Name	Middle Name	Last Name				
Current Mailing Address	City	State	Zip Code			
List all previous names and the number of years those names were used Date of Birth						
Social Security Number	Driver's License Number	Expiration Date	e State			

List below all cities, state(s), and tribal lands of residence, and the approximate dates of such residence, for the past ten (10) years or your 18th birthday, whichever comes first.

City	State / Tribal Land	Last name used	Years: From	То	
City	State / Tribal Land	Last name used	Years: From	То	
City	State / Tribal Land	Last name used	Years: From	То	
City	State / Tribal Land	Last name used	Years: From	То	

I certify that the information I provided is true and correct under penalty of perjury, subject to all applicable punishments, pursuant to 34 U.S.C. § 20351.

Print full name

Signature

Date