**EMPLOYMENT APPLICATION SY2021- 2022**

Dear DCS Employment Applicant,

Thank you for your interest in seeking a position at Dilcon Community School, Inc. (DCS). We appreciate the time you take to complete the application. Please complete the application, review & attached the required documentation & background checks needed to start the screening process. If you are selected, we will proceed to interview.

1. **APPLICATION FORM**
* Submit the original application form after you fully complete it with original signatures and ensure all required documents are attached by the closing date of each vacancy applying.
* It is suggested that applicants retain a copy of their application for future reference.
* Applications not meeting the minimum requirements OR are not complete WILL NOT be considered.
1. **LETTERS OF REFERENCE/RESUME/DEGREE**
* All Applicants must submit a minimum of three individual signed letters of recommendation (current – within past 3 months) and copies of transcripts and/or each degree earned.
* All CERTIFIED Applicants must submit a résumé (optional for other applicants)
* Once submitted, all materials including reference letters, resumes, and placement files are considered confidential and the property of DCS. They will not be released to the applicant or third parties. (HR Department cannot make copies for applicants.)
* Hiring is contingent upon results of confidential reference checks with Arizona Department of Public Safety (AZDPS), Navajo Nation Police Department (NNPD) & FBI Fingerprint checks.
1. **TRANSCRIPTS**
* 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. The transcripts must show course work, hours and grades.
* It is the applicant's responsibility to ensure that the application form, transcripts, resume, reference letters, and a copies of required transcripts and certificates are on file with HR.
1. **CERTIFICATION**
* Appropriate AZ certification is required at time of application for all certified positions. A fingerprint clearance and satisfactory completion of assessments and background investigations are requirements prior to issuance of a teaching certificate and employment at DCS. If applicable, submit a photocopy of all valid certificates to HR. Certificates must be properly recorded.
* Classified applicants must also provide additional certification required for the position e.g. First Aid/CPR certification, etc.
1. **BACKGROUND INVESTIGATION:** In an effort to continue to provide a safe environment for the children & employees of DCS, ***any individual recommended for employment with DCS will undergo a background investigation at their own expense, prior to finalization of employment.*** The background investigation includes a criminal background check by the NNPD in Window Rock, AZ, submit fingerprints to the AZDPS pursuant to ARS § 41-1750 and, a federal background investigation with fingerprinting. Be aware that the background clearance may take 4-5 weeks to complete. All Background clearance procedures must be adhered to before an employee contract is issued.

You will be notified regarding your qualification.

 \*\* Clearances are valid for five (5) years: We re-adjudicate every 5 years, or after 6 months of separation from DCS.

Note: Criteria for a non-favorable determination are as follows:

A. Crimes against child or another person

B. Assault & Battery

C. One Felony or Two Misdemeanor arrests or convictions. Refer to #A.

D. Sex Crimes

1. **INTERVIEWS**

When all application requirements are complete, *HR will determine qualifications and refer all qualified applications to the interview committee.* Should your application be selected, you may be invited to an interview. If you require additional information regarding employment with DCS, feel free to contact HR at the information listed at the beginning of this application packet.

1. **INDIAN PREFERENCE POLICY:** Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act of 1934 (Title 25, USC Section 472). Certificate of Indian Blood must be submitted with the application if claiming Indian Preference. Consideration will be given to Non-Indian applicants in the absence of qualified Indian Preference eligible.
2. **EQUALITY OF EMPLOYMENT OPPORTUNITES/NON-DISCRIMINATION/NAVAJO PREFERENCE:** DCS is committed to a policy of non-discrimination relative to race, sex, age, religion, disability and national and/or ethnic backgrounds with the exceptions provided to “Indians” under federal law and the preferences set forth under the Navajo Preference in Employment Act (NPEA) as it may be modified and as Navajo and/or federal law may otherwise direct. It is the policy of the DCS, in all employment decisions, to give preference first to qualified Navajo persons, and secondly, to other qualified Indians. However, notwithstanding the foregoing, the board shall be free to select the best qualified individual for any given position.
3. **VETERANS PREFERENCE:** The DCS does provide a hiring preference to veterans. The term veteran means any person who has served at least 181 consecutive day’s active duty in the armed forces, and who has received an honorable discharge.
4. **IMMIGRATION LAWS:** Immigration laws require that we employ only those individuals authorized to work in the USA. Candidates must submit required documents if they are recommended for hire.
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.

All other applications will be retained on active status for six (6) months, after which time it will be necessary to reapply

If you have any questions, please feel free to contact me by phone, email, or stop by DCS office.

Sincerely,

Cheryl Chischillie

*HR Specialist*

(928) 657-3211/2327

CChischillie@DilconEagles.com

Dilcon Community School, Inc.

Human Resources, HC 63 Box G, Winslow, Arizona 86047

**EMPLOYMENT APPLICATION**

EEO / Navajo Preference / Veteran Preference / ADA **Incomplete Applications WILL NOT be accepted**

***REQUIRED DOCUMENTS:***

 [ ]  1. **Completed & Signed DCS Employment Application**

 [ ]  2. *Resumé:* *(Optional for Classified position* ***IF*** *employment history is on application)*

 [ ]  3. **Three (3) Letters of Recommendations** *(Current- within past 3 mos)*

(High School Diploma or GED)

 [ ]  4. **Unofficial Academic Transcripts/Certifications/Licenses** *(NOTE: Official transcript(s) will be* ***required*** *upon hire)*

 [ ]  5. ***Current* MVD-39 Months Driving Record** *(Provided thru Motor Vehicle Division or* [*www.servicearizona.com*](http://www.servicearizona.com)*)*

 [ ]  6. **10yrs Navajo Nation Criminal/Traffic Background Check - *Must be within the past 3 months***

 [ ]  7. **AZ State Fingerprint Clearance Card**

**FOR OFFICE USE ONLY**

☐ Complete Packet

Date and Initial

 [ ]  8. **Federal FBI Background Check** *(Note: Required upon selection, before starting)*

 [ ]  9. Navajo Preference *(CIB)* /Veteran’s Preference *(DD-214)*

 [ ]  10. Housing Request: Indicate # of Bedrooms requesting

**TO BE CONSIDERED, all required documents must be attached upon submittal by the closing date of each vacancy applying.**

**Notice to Applicant:** The Crime Control Act of 1990, PL 101-647 (codified in 42 United States Code § 13041) & Indian Children Protection & Family Violence Prevention Act, PL 101-630, requires that all employment applications have applicants sign a receipt of notice that a national criminal record check will be conducted as a condition of employment.

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| **APPLICANTS POSITION INFORMATION** |
| Position: |  | Vacancy Title:N/A |  |
| Full Name: | Last:       | First:       | MI       |
| Social Security No: |       | Other Names Ever Used: |       Place of Birth *(City/State/Country)*:       |
| Address: |       | City:       | State:       | Zip:       |
| Telephone No.: | Home:       | Cell1:       | Cell2:       | Mess:       |
| Email Address: (This will be our primary contract to notify you.) |       |
| **EDUCATIONAL BACKGROUND** |
| Name & State of **HS/College/Univ. Schools** Attended | DatesFrom To | Credits Earned | Major | Minor | Diploma or GED | Month/ Year of Degree |
|       |       |       |       |       |       |       |       |
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| **OTHER VOCATIONAL OR BUSINESS SCHOOLS** |
| Give Name & State of **Vocational/Business** Schools Attended | DatesFrom To | Hours Earned | Major | Minor | Certificate(Yes or No) | Month/ Year of Graduate |
|       |       |       |       |       |       |       |       |
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| SPECIAL QUALIFICATIONS AND SKILLS *(License, Public Speaking, Professional Societies, Awards/Fellowships, etc.)* |
|       |

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| **MILITARY SERVICES *(Attach your DD-214)*** |
| Branch of Service | Period of Active Duty (Month/Year) | Rank of Discharge | Date of Final Discharge |
|       | From: |      |      |       |
| To: |       |
| **REFERENCES** |
| Name three (3) people NOT RELATED to you and are not previous supervisors, BUT KNOW YOUR WORK ETHICS: (if not applicable, list school or personal references)  |
| NAME | ADDRESS | OCCUPATION | TELEPHONE |
|     |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **WORK HISTORY** |
| Provide information below beginning with the most recent employer. Make additional copies if necessary.MAY WE CONTACT YOUR CURRENT EMPLOYERS? [ ] YES [ ] NO *If no, why not?*1 |
| Present or Last Employer:       | Telephone:       |
| Address:       | FROM: Month       | Year:       |
| Job Title:       | Salary: $       | TO: Month       | Year:       |
| Supervisor’s Name & Title:       | Reason for Leaving:       |
| Duties:      2 |
| Present or Last Employer:       | Telephone:       |
| Address:       | FROM: Month       | Year:       |
| Job Title:       | Salary: $       | TO: Month       | Year:       |
| Supervisor’s Name & Title:       | Reason for Leaving:       |
| Duties:      3 |
| Present or Last Employer:       | Telephone:       |
| Address:       | FROM: Month       | Year:       |
| Job Title:       | Salary: $       | TO: Month       | Year:       |
| Supervisor’s Name & Title:       | Reason for Leaving:       |
| Duties:      4 |
| Present or Last Employer:       | Telephone:       |
| Address:       | FROM: Month       | Year:       |
| Job Title:       | Salary: $       | TO: Month       | Year:       |
| Supervisor’s Name & Title:       | Reason for Leaving:       |
| Duties:      5 |
| Present or Last Employer:      1 | Telephone:       |
| Address:       | FROM: Month       | Year:       |
| Job Title:       | Salary: $       | TO: Month       | Year:       |
| Supervisor’s Name & Title:       | Reason for Leaving:       |
| Duties:      6 |
| Present or Last Employer:       | Telephone:       |
| Address:       | FROM: Month       | Year:       |
| Job Title:       | Salary: $       | TO: Month       | Year:       |
| Supervisor’s Name & Title:       | Reason for Leaving:       |
| Duties:      7 |
| Present or Last Employer:       | Telephone:       |
| Address:       | FROM: Month       | Year:       |
| Job Title:       | Salary: $       | TO: Month       | Year:       |
| Supervisor’s Name & Title:       | Reason for Leaving:       |
| Duties:       |
| **EXPLAIN ANY GAPS IN EMPLOYMENT:**  |
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| **[ ] YES** **[ ] NO** | 1. Are you legally eligible and able to work in the U.S.? **If YES*,*** *provide proof of U.S. Citizenship.* **If “NO,” *provide country of citizenship.***
 |
| **[ ] YES [ ] NO** | 1. Are you an enrolled member of the Navajo Tribe? **If YES,** *Navajo Nation* ***Census No****:*
 |
| **[ ] YES [ ] NO** | 1. Have you previously been employed by Dilcon Community School?

 **If YES,** *When?*       |
| **[ ] YES [ ] NO** | 1. Do you have relatives employed at Dilcon Community School?

 **If YES,** *Whom and Relationship?*       |
| **[ ] YES [ ] NO****Initials**\_\_\_\_\_\_\_ | 1. Have you **ever** been denied employment, received disciplinary action involving your employment, fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from any organization.**If “YES,”** *provide the date, explanation of the problem, reason for leaving, and the employer’s name, address, telephone number.*

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| **[ ] YES [ ] NO****Initials**\_\_\_\_\_\_\_ | 1. Have you been convicted of any misdemeanors in any Court involving crime on Deceit, Untruthfulness, Dishonesty, including but not limited to Extortion, Embezzlement, Bribery, Perjury, Misuse of Funds and Property Distribution of Marijuana, Narcotic or Dangerous Drugs, Contributing to the Delinquency of a Minor, Commercial Sexual Exploitation, or Child/Sexual Abuse, or Sexual Harassment, or found liable in any Civil Action regarding the misdemeanor? **If “YES,”** *provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.*

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| **[ ] YES [ ] NO****Initials**\_\_\_\_\_\_\_ | 1. Have you **ever** been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any felonious or misdemeanor offense under Federal, State, or Tribal law involving crimes of violence; sexual assault, molestation, contact or prostitution; or crimes against persons; or offenses committed against children? **If “YES,”** *provide the date, explanation of violation, place of occurrence, disposition of the arrest(s) or charge(s), and the name and address of the police department or court involved.*

       |
| **[ ] YES [ ] NO****Initials**\_\_\_\_\_\_\_ | 1. Are you **now** under any charges for any violation of the law? **If “YES,”** *provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.*

       |
| **[ ] YES [ ] NO****Initials**\_\_\_\_\_\_\_ | 1. **During the last 7 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 felonies, firearms, or explosives violations, misdemeanors and all other offenses. All offenses where you have been found guilty, pled guilty or nolo contendere (no contest). **If “YES,”** *provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.*

       |
| **[ ] YES [ ] NO****Initials**\_\_\_\_\_\_\_ | 1. Have you **ever** been arrested for or charged with a crime involving a child? **If “YES,”** *provide the date, explanation of violation, place of occurrence, disposition of the arrest(s) or charge(s), and the name and address of the police department or court involved.*

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| **[ ] YES [ ] NO****Initials**\_\_\_\_\_\_\_ | 1. Have you **ever** been convicted of a Felony? **If “YES,”** *provide the date, explanation of violation, place of occurrence, disposition, and the name and address of the police department or court involved.*

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| **[ ] YES [ ] NO****Initials**\_\_\_\_\_\_\_ | 1. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer “NO.”) **If “YES,”** *provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.*
 |
| **[ ] YES [ ] NO****Initials**\_\_\_\_\_\_\_ | 1. **During the last 7 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? **If “YES,”** *provide the dates, charge, and an explanation of the problem, reason for leaving, and the employer’s name and address.*

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| **[ ] YES [ ] NO****Initials**\_\_\_\_\_\_\_ | 1. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) **If “YES,”** *provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt*.
 |
| **[ ] YES [ ] NO****Initials**\_\_\_\_\_\_\_ | 1. **In the last 7 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? **If “YES,”** *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.*

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| **[ ] YES [ ] NO****Initials**\_\_\_\_\_\_\_ | 1. **In the last 7 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*?* **If “YES,”** *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.*

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| **APPLICANTS CERTIFICATION** |
| **I hereby certify that,** to the best of my knowledge and belief, all of the information on and attached to this application for employment, including any attached materials (resume, transcripts, and certifications) and all required documents, are true, correct, and made in good faith. **I understand** that a false or fraudulent answer to any question or item on any part of this application or any misrepresentation or omission in this application packet may be sufficient cause for rejection of hiring or dismissal after employment, even after I begin work. **I agree** *to all State, Federal, and Tribal Investigations of my personal background and the contents of this application for employment.*  |
|        ***Signature of Applicant*** ***Date*** |
| **AUTHORIZATION FOR RELEASE OF INFORMATION** |
| **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, and criminal history record information. **I further authorize** any investigator, or other duly accredited representative of the Dilcon Community School and Personnel Security Consultants, Inc., 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 Dilcon Community School and Personnel Security Consultants, Inc. only for the purposes of determining my suitability for employment with the Dilcon Community 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 Dilcon Community School, whichever is sooner.***  |
| ***Signature (Black ink only)*** | **Print Name** | **Date Signed** |
| **Position Title for which you are being investigated** | **Primary Contact Number** |
| **Current Address** | **State** | **Zip Code** | **Secondary Contact Number** |

**SUPPLEMENTAL QUESTIONNAIRE**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please print)*

Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notification Requirements**

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that applicants of employment of Federal child care positions 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?**

[ ]  **YES** [*If “yes,” 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.]*

[ ]  **NO**

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

**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** *[If “yes,” 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.]*

[ ]  **NO**

**I certify that my responses** 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. Pursuant to FBD Policy Section 2.18, FBD provides all applicants the right to review and challenge his/her criminal history record if they deem the information has been inaccurately reported. **I understand** applicant may not be given a copy of the record. The record is for FBD use only. **I understand** my right to obtain a copy of any criminal history report made available to the Flagstaff Bordertown Dormitory Board, Inc. and my rights to challenge the accuracy and completeness of any information contained in the report by contacting the DPS Criminal Record Unit at 602-223-2222 and/or the FBI at 304-625-5590.

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***Employee/Applicant’s Signature* Date**

**FCRA DISCLOSURE AND ACKNOWLEDGMENT**IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Dilcon Community School** (“the Company”) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. An investigative consumer report may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained is an investigation into your education and/or employment history. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report.

The report may be generated by **Universal Background Screening (7720 North 16th Street, Suite 200, Phoenix, AZ 85020, 1-877-263-8033, www.universalbackground.com)** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

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| **New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.  |
| **New York applicants or employees only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. |
| **Oregon applicants or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.  |
| **Washington State applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.  |

**ACKNOWLEDGMENT AND AUTHORIZATION**

**I acknowledge** receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and **certify that** I have read and understand both of those documents**. I hereby authorize** the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and, if I am hired, throughout my employment, if applicable. **To this end, I hereby authorize**, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Universal Background Screening**, another outside organization acting on behalf of the Company, and/or the Company itself. **I agree that** a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

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| **New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. |
| **Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. [ ]  |
| **California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. [ ]  |

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| --- | --- | --- |
|  |  |       |
| ***Signature*** |  | ***Date*** |
|       |  |      -     -      |
| **Full Name (First/Middle/Last)** |  | **Social Security Number (SSN)\*** |
|       /       |  |       |
| **Driver License State / Number** |  | **Date of Birth\*** |
|  |  |  |
| *\*This information will be used for background screening purposes only and will not be used as hiring criteria.* |



 **Request for Background Check** Account #006294

Social Security Number Date of Birth – Used for identification purposes only

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       | --- |       |       | --- |       |       |       |       |  |       |       | --- |       |       | --- |       |       |       |       |

 Month Date Year

|  |  |  |
| --- | --- | --- |
| First Name      | Middle Name      | Last Name      |
| Other Names Used (Maiden name, AKA names, etc.)      |

|  |
| --- |
| Current Residential Address      |
| City      | State      | Zip Code      |

**List each CITY, STATE, and ZIP CODE (if known) where you have lived during the PAST SEVEN YEARS:**

City State Zip Code From Date To Date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       | [ ] |
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|  |  |  |
| --- | --- | --- |
| Driver’s License Number      | Expiration Date      | State of Issue      |

**PRIVACY ACT STATEMENT**

**(APPLICANT’S COPY)**

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Applicant Notification and Record Challenge**

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>

**(APPLICANT’S COPY)**

DCS REQUIRED BACKGROUND CHECKS

**Money Orders Only!**

 **TRIBAL $15.90**

Navajo Nation Records Management

1. DCS will only accept originals -10 years Traffic/Criminal Background address to Dilcon Community School, and it must be current, within the past 3 months.
2. Drop-off request at Navajo Nation Police Department in Window Rock, AZ (*Monday to Friday*, *8am – 12pm MDT* *\*Best to be there early in morning)*

**Per NNPD, you would need to submit a notarized written request to their office, along with your money order.**

1. Valid Photo ID Required
2. Requires a $15.90 money order payable to *Navajo Nation*
3. More information call *NNPD in WR, AZ*. Phn (928) 871-7621
	1. *Walk-In Service (Office is open 8 am -12:00 pm M-F) Drop-off request.*
	2. *Mail-In /Or Drop-Off Requests– Submit letter of request to NNPD. Letter should include:*
		1. *Requesters - Full name (first middle & last name, &/or any prior name changes), DOB, SS#, Census#, mailing address.*
		2. *Reason for request (employment)*
		3. *# of yrs for bkgd check (10 years Traffic/Criminal Bkgd).*
		4. *Notarized copy of Driver’s license & SS#.*
		5. *Self-address envelope for completed background results.*
		6. *Mail letter to: Navajo Nation Police Department, Attention: Information Management Section, PO Box 3360, Window Rock, Arizona 86515*

 **STATE** **$67.00**

 **Certified Teachers, Bus Drivers & School Staff**

Department of Public Safety (DPS Fingerprint Clearance Cards)

1. Processed at Dilcon Community School
2. Bring Blank Money Order

 **FBI/FEDERAL $45.00** (takes 5-7 days)

Personnel Security Consultant (PSC)

Due to COVID-19, this process is a better option, due to limited office hours.

1. *Processed at Dilcon Community School*
2. *Bring blank Money Order*

 ***FBI/FEDERAL $18.00*** *(takes 2 months)*

Direct to FBI from Dilcon Community School

1. *Processed at Dilcon Community School*
2. *Bring blank Money Order*

 **39-Month MVD Report $3.00**

Due to COVID-19, go on-line to order your MVD Report

1. [www.servicearizona.com](http://www.servicearizona.com)

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

These are just the additional checks HR will complete.

*HR Office will conduct the following additional Background Checks (No Fees):*

1. *Arizona State Judicial Records*
2. [*www.CriminalCheck.com*](http://www.CriminalCheck.com) *(sex offenders)*
3. *Arizona DPS* [*www.icrimewatch.net*](http://www.icrimewatch.net) *(sex offenders)*