



**CIBECUE COMMUNITY EDUCATION BOARD, INC.  
P.O. BOX 80068  
CIBECUE, ARIZONA 85911**

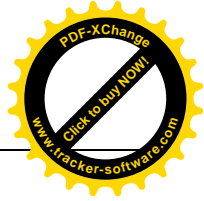
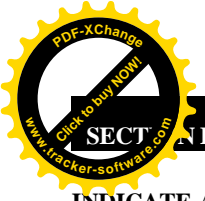
**APPLICATION FOR EMPLOYMENT**

Assistance in completing this application is available through the Administration Office at the Dishchii' Bikoh Community School. Please print or type and fill in all areas requested; if NOT APPLICABLE, write N/A. Do not leave any spaces blank. Incomplete applications or failure to supply any additional information that is being requested may affect your chances for employment.

**PLEASE PRINT**

<b>SECTION A</b>	
<b>1. POSITION(S) APPLIED FOR:</b>	<b>2. DATE OF APPLICATION:</b>

<b>SECTION B</b>		<b>APPLICANT INFORMATION</b>	
<b>3. NAME (Last, First, Middle):</b>		<b>4. SOCIAL SECURITY NUMBER:</b>	
<b>5. MAILING ADDRESS (P.O. Box Number, Street Address):</b>		<b>6. CITY, STATE, ZIP CODE:</b>	
<b>7. COMMUNITY:</b>	<b>8. HOUSE LOCATION:</b>	<b>9. PHONE NUMBER:</b>	
<b>10. HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, GIVE DATES:			
<b>11. HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, GIVE DATES:			
<b>12. ARE YOU CURRENTLY EMPLOYED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, GIVE DATES:			
<b>13. TYPE OF EMPLOYMENT DESIRED:</b> <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> OTHER:			
<b>14. SHIFTS ABLE AND WILLING TO WORK:</b> <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/> ROTATING			
<b>15. WILL YOU TRAVEL, IF THE JOB REQUIRES IT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>16. WILL YOU WORK OVERTIME, IF REQUIRED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>17. IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT PHYSICAL?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>18. HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE LAST SEVEN (7) YEARS?</b> (Such conviction may be relevant, if job related but does not bar you from employment). <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, PLEASE EXPLAIN BELOW, THE NATURE OF THE OFFENCE, DATE AND LOCATION:			
<b>19. DRIVER'S LICENSE NUMBER (if required for the job):</b>		<b>STATE:</b>	
<b>20. IF LIFTING ID REQUIRED ON THE JOB, INDICATE THE AMOUNT OF WEIGHT YOU ARE WILL AND ABLE TO LIFT:</b> <input type="checkbox"/> Up to 25 lbs. <input type="checkbox"/> 25-50 lbs. <input type="checkbox"/> More than 50 lbs. <input type="checkbox"/> none			
<b>21. ARE YOU A U.S. CITIZEN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, ARE YOU ELIGIBLE TO BE EMPLOYED UNDER A VISA OR ENTRY PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO			



# APPLICANT INFORMATION (CONTINUED)

INDICATE ANY LANGUAGES YOU SPEAK, READ, AND WRITE:

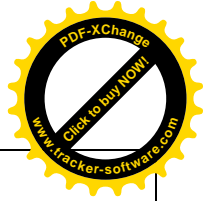
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

## SECTION C EDUCATIONAL AND TRAINING (LIST MOST RECENT FIRST)

SCHOOL NAME:	CITY/STATE:	DATES ATTENDED MO/YR TO MO/YR	HIGHEST GRADE COMPLETED	DEGREE/DIPLOMA DATE RECEIVED

## SECTION D WORK HISTORY (LIST MOST RECENT JOB FIRST AND WORK BACKWARDS)

<b>1. FROM:</b> (MO/YR)		<b>TO:</b>	<b>JOB TITLE:</b>	
<b>TYPE OF BUSINESS:</b>	<b>HRS/WK</b>	<b>STARTING SALARY:</b>	<b>PER</b>	<b>FINAL SALARY:</b> <b>PER</b>
<b>EMPLOYER'S NAME:</b>	<b>COMPLETE ADDRESS:</b>		<b>CITY, STATE, ZIP CODE:</b>	
<b>PHONE NUMBER:</b>	<b>SUPERVISOR'S NAME:</b>		<b>SUPERVISOR'S TITLE:</b>	
<b>REASON FOR LEAVING:</b>				
<b>DESCRIPTION OF DUTIES AND RESPONSIBILITIES:</b>				
<b>2. FROM:</b> (MO/YR)		<b>TO:</b>	<b>JOB TITLE:</b>	
<b>TYPE OF BUSINESS:</b>	<b>HRS/WK</b>	<b>STARTING SALARY:</b>	<b>PER</b>	<b>FINAL SALARY:</b> <b>PER</b>
<b>EMPLOYER'S NAME:</b>	<b>COMPLETE ADDRESS:</b>		<b>CITY, STATE, ZIP CODE:</b>	
<b>PHONE NUMBER:</b>	<b>SUPERVISOR'S NAME:</b>		<b>SUPERVISOR'S TITLE:</b>	
<b>REASON FOR LEAVING:</b>				
<b>DESCRIPTION OF DUTIES AND RESPONSIBILITIES:</b>				



### WORK HISTORY (CONTINUED)

<b>3. FROM:</b> (MO/YR)		<b>TO:</b>	<b>JOB TITLE:</b>	
<b>TYPE OF BUSINESS:</b>	<b>HRS/WK</b>	<b>STARTING SALARY:</b>		<b>FINAL SALARY:</b>
			<b>PER</b>	<b>PER</b>
<b>EMPLOYER'S NAME:</b>	<b>COMPLETE ADDRESS:</b>		<b>CITY, STATE, ZIP CODE:</b>	
<b>PHONE NUMBER:</b>	<b>SUPERVISOR'S NAME:</b>		<b>SUPERVISOR'S TITLE:</b>	
<b>REASON FOR LEAVING:</b>				
<b>DESCRIPTION OF DUTIES AND RESPONSIBILITIES:</b>				

<b>4. FROM:</b> (MO/YR)		<b>TO:</b>	<b>JOB TITLE:</b>	
<b>TYPE OF BUSINESS:</b>	<b>HRS/WK</b>	<b>STARTING SALARY:</b>		<b>FINAL SALARY:</b>
			<b>PER</b>	<b>PER</b>
<b>EMPLOYER'S NAME:</b>	<b>COMPLETE ADDRESS:</b>		<b>CITY, STATE, ZIP CODE:</b>	
<b>PHONE NUMBER:</b>	<b>SUPERVISOR'S NAME:</b>		<b>SUPERVISOR'S TITLE:</b>	
<b>REASON FOR LEAVING:</b>				
<b>DESCRIPTION OF DUTIES AND RESPONSIBILITIES:</b>				

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

### SECTION E REFERENCES

<b>PLEASE LIST THE NAMES OF THREE REFERENCES, WHO ARE NOT RELATED TO YOU.</b>			
<b>NAME</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>	<b>PHONE NUMBER</b>
1.			
2.			
3.			

### SECTION F ADDITIONAL INFORMATION

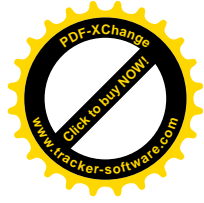
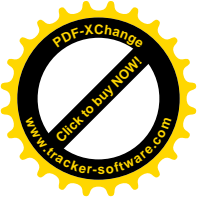
Summarize special skills and qualifications acquired from employment or other experiences that you would like the school to consider: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## EMPLOYMENT DATA RECORD Authorization for Background Investigation

As a condition of employment and pursuant to the Resolution of the White Mountain Tribe of the Fort Apache Reservation, No. 10-93-265, the Indian Child Protection and Violence Prevention Act, Chapter 34 of Public La 101-630, all applicants who are interested in employment with the Dishchii'Bikoh Community School, have to fulfill the requirements of a background investigation of the character of each individual who is being considered for employment in any position which involves regular contact with or control over children.

Therefore your cooperation in the completing the information below will be greatly appreciated. Please be advised that failure to complete this form may delay and affect your chance for employment.

NAME (Last, First, Middle):		DATE OF BIRTH:	
CURRENT ADDRESS:		CITY, STATE, ZIP CODE:	
SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE NUMBER:	STATE:	
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHPLACE:		
OTHER NAME YOU HAVE USED:			

### STATEMENT OF CERTIFICATION

I certify under penalty of law that the information provided anywhere in this form is correct, and complete to the best of acknowledge and belief. I also acknowledge that should investigation at any time disclose any misrepresentation or falsification, my application for employment may be rejected.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## AUTHORIZE TO RELEASE INFORMATION

I hereby authorize the Cibecue Community Education Board, Inc., or its agents to investigate my past and present work, character, education, military and police records to ascertain any and all information which may be pertinent to me employment qualifications and character fitness for the position. I agree to cooperate in such investigation and release from all liability or responsibility all persons and corporations requesting or supplying such information.

This authorization shall be valid for three (3) months from date of my signature below.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

STATE of \_\_\_\_\_

COUNTY of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2 \_\_\_\_\_,

By \_\_\_\_\_

\_\_\_\_\_  
Notary Public