



Information contained in this questionnaire is for official use only.

**Blackwater Community School
Akimel O’Otham Pee Posh Charter School
Questionnaire/Application for Employment**

Notice to Applicant: The Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment.

1. Full Name				2. Today's Date		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).				4. Your Telephone No.		
Name				Home: Cell:		
5. Place of Birth				6. Social Security Number		
City	County	State		Driver's License Number		
7. Residence – List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 10 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					
8. Residence/Employment on an Indian Reservation – List any Indian Reservations, communities, villages, or pueblos in which you have lived or worked in the last 10 years.						
9. Education – List the schools you have attended, beginning with the most recent and working back 10 years. Use the blank space on item 20 if more space is needed. Include both Masters and Bachelor Degree information if this pertains, even you received your degree(s) longer than 10 years ago.						
Month/Year	Month/Year	Name of School	Degree/Diploma/Other	Month/Year Awarded		
	To					
Street Address and City of School				State	Zip Code	
10. Employment - List your employment activities, beginning with the present and working back 10 years. The 10 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	Position Title			
1)	To					
Employer Street Address			City	State	Zip Code	
Supervisor's Name		Telephone number ()	Other Employer Reference		Telephone Number ()	
Reason you left:						

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
Employment Continued –				
Month/Year 2) _____ To _____	Employer Name			Position Title
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference		Telephone Number ()
Reason you left				

Month/Year 3) _____ To _____	Employer Name			Position Title
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference		Telephone Number ()
Reason you left				

Month/Year 4) _____ To _____	Employer Name			Position Title
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference		Telephone Number ()
Reason you left				

Month/Year 5) _____ To _____	Employer Name			Position Title
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference		Telephone Number ()
Reason you left				

Application continuation					
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
17. 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? If "YES," use item 20 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.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. In the last 10 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? If "YES", use Item 20 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
19. In the last 10 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", use Item 20 below to provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
20. Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.					

Certification that My Answers are True
<p>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.</p> <p style="text-align: center;"> </p> <p style="text-align: center;"> Applicant's initials Date </p> <p>I certify that my responses to the above questions are made under 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 the Blackwater Community School and my rights to challenge the accuracy and completeness of any information contained in the report.</p>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between;"> Applicant's Signature Printed Name Date </div>

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 **Blackwater Community School**, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by **Blackwater Community School** only for the purposes of determining my suitability for employment with the **Blackwater 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 **Blackwater Community School**, whichever is sooner.

Signature (sign in black ink)	Printed Name			Date Signed
Other Names Used			Social Security Number	
Current Address	State	Zip Code	Contact Number ()	

Notarized Certification

I do hereby certify that I am not awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the following criminal offenses in this state or similar offenses in another jurisdiction:

Sexual abuse of a minor

Incest

First or second degree murder

Kidnapping

Arson

Sexual Assault

Sexual Exploitation of a minor

Felony offenses involving contributing to the delinquency of a minor

Commercial sexual exploitation of a minor

Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs

Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs

Burglary in the first degree

Burglary in the second or third degree

Aggravated or armed robbery

Robbery

A dangerous crime against children

Child abuse

Sexual conduct with a minor

Molestation of a child

Manslaughter

Aggravated assault

Assault

Exploitation of minors involving drug offenses

Signature _____ Social Security Number _____

Date _____

Subscribed before me this _____ day of _____ 20_____

Notary Public

My Commission Expires _____