



TIISYAAKIN RESIDENTIAL HALL

1100 West Buffalo Street
Holbrook, Arizona 86025

Phone: (928) 524-6222/6223
Fax: (928) 524-2231

Thank you for your interest in the Tiisyaakiin Residential Hall. We welcome you as an applicant with the Residential Program. The Tiisyaakin Residential Hall is an Equal Opportunity Employer and gives preference in hiring qualified Navajo and Indian preference, and complies with all Code of Federal Regulations, 100-297 Regulation & Federal Statutes related to employment.

Residential Policy prohibits discrimination based on race, color, religion, natural origin, political affiliation, disability, marital status sex, or age. Applications are kept on file for one year at the Residential Hall office. Please complete all required information in its entirety. **An incomplete application will not be considered for an interview.**

The following documents shall be submitted:

1. **Tiisyaakin Residential Hall Employment Application**
2. **Updated Resumé**
3. **Letter of Interest**
4. **Three letters of Recommendation (Current; within the last 6 months)**
5. **Valid State Issued Driver's License**
6. **Unofficial Transcripts/Certificates**
7. **Certificate of Indian Blood (if applicable & claiming preference)**
8. **Submit current Local/Tribal Background Check (Window Rock);**
NOTE: Upon hire, a State & FBI/Federal background check is conducted,
hire/employment is contingent upon clearances.

TIISYAAKIN RESIDENTIAL HALL APPLICATION FOR EMPLOYMENT

Section A – Applicant Information

Position Applying For

Last Name	First Name	Middle Name	Social Security Number
Mailing Address		Work Phone Number	Home/Cell Phone Numbers
City	State	Zip Code	Country
Email address (if available)			

Are you related to anyone employed here at TRH? YES ☐ NO ☐
If YES, please list their name and relationship.

Section B – Employment History

List current and previous employers, beginning with the present and working back 5 years or 7 years if you have a moderate risk level position. **The period of employment must be accounted for WITHOUT GAPS in Employment.** For periods of Unemployment, list the dates and “Unemployed” or “Attending School”, etc.

Job Title			
From (mm/yyyy)	To (mm/yyyy)	Salary Per \$	Hours Per Week
Employer's Name and Address		Supervisor's Name	
		Phone Number	

May we contact your current supervisor? YES ☐ NO ☐

If we need to contact your current supervisor before making an offer we will contact you first.

Duties, accomplishments, and related skills. (If you need to attach additional pages, include your name and address)

REASON FOR LEAVING:

Job Title			
From (mm/yyyy)	To (mm/yyyy)	Salary Per \$	Hours Per Week
Employer's Name and Address		Supervisor's Name	
		Phone Number	

May we contact your current supervisor? YES ☐ NO ☐

If we need to contact your current supervisor before making an offer we will contact you first.

Duties, accomplishments, and related skills. (If you need to attach additional pages, include your name and address)

REASON FOR LEAVING:

Job Title			
From (mm/yyyy)	To (mm/yyyy)	Salary Per \$	Hours Per Week
Employer's Name and Address		Supervisor's Name	
		Phone Number	

May we contact your current supervisor? YES ☐ NO ☐

If we need to contact your current supervisor before making an offer we will contact you first.

Duties, accomplishments, and related skills. (If you need to attach additional pages, include your name and address)

REASON FOR LEAVING:

Section C – Residence

List where you have lived beginning with the most recent and working back 5 years. List the Physical Location of your residence, do not use a post office box as an address. **DO NOT leave any Residence Gaps within the past 5 years.**

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
TO					
TO					
TO					

Section D – 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

In the last five years, have you been arrested for, charged with, or convicted of been imprisoned, on probation, or been on parole for any offenses (s); Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). Leave out traffic fines of less the \$150.00	YES	NO
If "YES", provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.		
In the last 5 years, have you illegally used any controlled substances, for example, marijuana, cocaine, crack, hashish, narcotics (opium, morphine, codeine, heroin, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), amphetamines, hallucinogens (LSD, PCP, etc.), or illegally used prescription drugs?	YES	NO
If "YES", provide the date, explanation of violation, place of occurrence, and the name and address of the military authority or court involved.		
Have you been convicted by a military court-martial in the past five years?	YES	NO
If "YES", provide the date, explanation of violation, place of occurrence, and the name and address of the military authority or court involved.		
Are you now under charges for any violation of law?	YES	NO
If "YES", provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.		
During the last five 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?	YES	NO
If "YES", provide the date, an explanation of the problem, the reason for leaving, and the employer's name and address.		
Have you ever been arrested for or charged with a crime involving minors?	YES	NO
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.		

Section E – Education

Last High School (HS)/GED school. Give the school's name, state, ZIP (if known) and year diploma or GED received:

Mark highest level completed:				HS/GED <input type="checkbox"/>	Associate <input type="checkbox"/>	Bachelor <input type="checkbox"/>	Master <input type="checkbox"/>	Doctoral <input type="checkbox"/>
Colleges and Universities attended. Do not attach a copy of your transcript unless requested.			Total Credit Earned		Major (s)		Degree (if any), Year Received	
Name			Semester	Quarter				
City			State	Zip				
Name								
City			State	Zip				
Name								
City			State	Zip				

Section E – Other Education Completed

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards

Section F – Other Qualifications

License or Certificate	Date of Latest License or Certificate	State /Other Licensing Agency

Section F - Other Qualifications

Job-related training courses (give title and year), Job-related skills (other languages, computer software/hardware, tools, machinery, typing, speed, etc.) Job related honors, awards, and special accomplishments (publication, memberships, in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do not send documents unless requested.

Section G – General

Are you a U.S. Citizen? Yes ☐ No ☐  If no, give the Country of your Citizenship

Section H – Applicant Certification

I certify that, to the best on my knowledge and belief, that all of the information on and attached to this application is true, correct, complete, and made in good faith, I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

Signature	Date (mm/dd/yyyy)
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1100 West Buffalo Street
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PLEASE LIST THREE PERSONAL REFERENCES. DO NOT LIST PREVIOUS SUPERVISORS OR IMMEDIATE FAMILY.
(PLEASE PRINT)

NAME: _____

ADDRESS: _____

CITY: _____

TELEPHONE NUMBER: _____ STATE: _____ ZIP: _____

NAME: _____

ADDRESS: _____

CITY: _____

TELEPHONE NUMBER: _____ STATE: _____ ZIP: _____

NAME: _____

ADDRESS: _____

CITY: _____

TELEPHONE NUMBER: _____ STATE: _____ ZIP: _____

**Applicant Screening Questionnaire
Indian Children Protection Requirement**

Name: _____

Social Security Number: _____

NOTIFICATION REQUIREMENTS

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code §13041), required 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 minor?

- ☐ Yes [If "yes" provide the date, explanation of the violation, disposition for 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 record check as a condition of employment for positions in the Department of Interior that involve regular contact with or control over Indian children. Further, it is required to ask the following:

Have you ever been arrested, found guilty of, entered a plea of nolo contendere (no contest) or guilty to any 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 address of the police department or court involved.]
- ☐ No

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 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 Office of Indian Education Programs and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature

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 Tiisyaakin Residential Hall, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining ability 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 T'iisyaakin Residential Hall and only for the purpose of determining my suitability for employment with the T'iisyaakin Residential Hall.

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 T'iisyaakin Residential Hall, whichever is sooner.

Signature (sign in black ink)	Printed Name		Date Signed
Other Names Used		Last Four Digits of SSN	
Position for Which you are being investigated			Primary Contact Number
Current Address	State	Zip Code	Secondary Contact Number