



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

Notice to Applicant: Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), and Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207) requires a national criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian children. **This statement is notice that a national 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). Name				4. Social Security Number		
5. Your Telephone No.		6. Alternate Telephone No.		7. Your Email Address		
()		()				
8. Place of Birth					9. Position Applied For	
City		County		State		
10. Residence – List where you have lived, beginning with the most recent and working back 10 years. All periods in the last 10 years must be accounted for in your list. Include the month and the year in the dates for each residence listed.						
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					
Month/Year	Month/Year	Street Address	City	State	Zip code	
5)	To					
Mailing Address:						
11. Residence/Employment in an Indian Community – List any Indian Reservation, Village, Pueblo, Rancheria, and/or Indian community in which you have lived or worked in the last 10 years.						
12. Education – List the schools you have attended, beginning with the most recent and working back 10 years. Use item 25, if more space is needed.						
Month/Year	Month/Year	Name of School	Major	Degree/Diploma/Other		
1)	To					
Month/Year Awarded	Street Address and City of School		State	Zip Code		
Month/Year	Month/Year	Name of School	Major	Degree/Diploma/Other		
2)	To					
Month/Year Awarded	Street Address and City of School		State	Zip Code		

Questionnaire Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
13. 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.” Include the month and the year in the dates for each employment activity listed.				
Month/Year	Month/Year	Employer Name and Phone Number		Position Title
1)	To PRESENT			
Employer Street Address		City	State	Zip Code
Supervisor’s Name:		Telephone number	Other Employer Reference	Telephone Number
Email:		()	Email:	()
For this employment, in the last five (5) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.				Date: (Month/Year)
Reason you left				

Month/Year	Month/Year	Employer Name and Phone Number		Position Title
2)	To			
Employer Street Address		City	State	Zip Code
Supervisor’s Name:		Telephone number	Other Employer Reference	Telephone Number
Email:		()	Email:	()
For this employment, in the last five (5) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.				Date: (Month/Year)
Reason you left				

Month/Year	Month/Year	Employer Name and Phone Number		Position Title
3)	To			
Employer Street Address		City	State	Zip Code
Supervisor’s Name:		Telephone number	Other Employer Reference	Telephone Number
Email:		()	Email:	()
For this employment, in the last five (5) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.				Date: (Month/Year)
Reason you left				

Questionnaire Continuation					
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
Month/Year	Month/Year	Employer Name and Phone Number		Position Title	
4) To					
Employer Street Address		City	State	Zip Code	
Supervisor's Name:	Telephone number	Other Employer Reference	Telephone Number		
Email:	()	Email:	()		
For this employment, in the last five (5) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.				Date: (Month/Year)	
Reason you left					
14. Personal References – List 4 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Do not list relatives or anyone who is listed elsewhere else on this questionnaire.					
1) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()		
Email:					
Home or Work Address	City	State	Zip Code		
2) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()		
Email:					
Home or Work Address	City	State	Zip Code		
3) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()		
Email:					
Home or Work Address	City	State	Zip Code		
4) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()		
Email:					
Home or Work Address	City	State	Zip Code		
Military History					
15. Have you served in the United States military? If "YES," please provide a copy of your DD214.				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever received other than an honorable discharge from the military? If "YES," provide the circumstances, date of discharge and type of discharge below.				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
Month/Year	Type of Discharge	Circumstances			

Questionnaire Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number

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 are on any attachments to this questionnaire.

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), and Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207) requires a national criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian children. The following includes questions required by the above referenced citations:

17. 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.) If “YES”, use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. Have you been convicted by a military court-martial in the past 5 years? If “YES,” use item 22 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19. Are you now under charges for any violation of law? If “YES,” use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
20. Have you ever been arrested for or charged with a crime involving a child? If “YES,” use item 22 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"/>
21. 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 22 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"/>

22. If you have answered “YES” for any of the above questions in this section, explain your answer(s) below and provide court documentation for the information submitted.

Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State	Zip Code

Questionnaire Continuation					
Last Name	First Name	Middle Initial	Jr., II, etc	Social Security Number	
23. During the last 5 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," use item 25 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
24. 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.), hallucinogenics (LSD, PCP, etc.), or illegally used prescription drugs? If "YES," use item 25 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"/>

25. Use this space to provide explanations to any of the above questions you have answered "YES" on this questionnaire or for which you need more space.

Questionnaire Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc	Social Security Number
Certification that My Answers Are True				
<p>My statements on this questionnaire, 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 questionnaire 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: right;">_____</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 national 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/Akimel O’Otham Pee Posh Charter School and my rights to challenge the accuracy and completeness of any information contained in the report.</p>				
<p style="text-align: center;">_____</p> <p style="text-align: center;">Applicant’s Signature Printed Name Date</p>				

BWCS is an equal opportunity employer. However, consistent with 42 U.S.C. § 2000e-2(i) of the Civil Rights Act of 1964, the School will give preference in hiring to qualified Indians who meet or exceed the relevant qualifications for a position. As used here, the term “Indian” means any person who is presently an enrolled member of a federally recognized tribe.

If you are claiming Preference in one or more of the following categories please attach a copy of the required documentation to the completed Employment Application. Native American applicants should submit proof of tribal enrollment. Veterans must meet statutory requirements and submit proof of their service.

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 national criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Blackwater Community School/Akimel O'Otham Pee Posh Charter School who is conducting my background investigation, to request national 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 Blackwater Community School/Akimel O'Otham Pee Posh Charter School only for the purposes of determining my suitability for employment with the Blackwater Community School/Akimel O'Otham Pee Posh Charter School. I hereby agree to indemnify and hold harmless Blackwater Community School/Akimel O'Otham Pee Posh Charter School, its employees, representatives and agents with respect to any information it receives pursuant to this authorization or its handling thereof.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the Blackwater Community School/Akimel O'Otham Pee Posh Charter School and their respective officers, employees, Board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and national criminal history checks and using and relying on any information obtained therefrom. Additionally, I forever release, fully discharge, and agree to indemnify, defend and hold harmless any current or former employer or educational institution, and any officer, employee, volunteer, representative or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to furnishing such information.

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/Akimel O'Otham Pee Posh Charter School whichever is sooner.

Signature (sign in black ink)	Printed Name			Date Signed
Position for Which you are being Investigated				Primary Contact Number
Current Address	State	Zip Code	Secondary Contact Number ()	

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