



# KHA'P'O COMMUNITY SCHOOL (KCS)

**625 KEE STREET, ESPANOLA, NM 87532 OFFICE: (505) 753-4406 FAX: (505) 753-8866**

**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. Native American Preference. Applications submitted will be shredded 6 months after the application date, if not hired. Email resume, required documentation plus questions to: [pswentzell@khapoeducation.org](mailto:pswentzell@khapoeducation.org)

<b>1. POSITION APPLYING FOR:</b>				<b>Teacher License # (if Applicable)</b>	
<b>2. Last Name</b>		<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth:</b>	
<b>3. Other Names Used</b>				<b>4. Phone No.</b> (   )   (   )	
<b>5. Email Address:</b>				<b>Ethnicity:</b>	
<b>Are you a Veteran?</b> Mark your answer: YES <input type="checkbox"/> NO <input type="checkbox"/>		Driver's License Number;	License State:	Driver's License issue / Expiration Date	
<b>7. Residence</b> – 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 & Mailing Address		City	State      Zip code
1)      To Present					
Month/Year	Month/Year	Street Address & Mailing Address		City	State      Zip code
2)      To					
Month/Year	Month/Year	Street Address & Mailing Address		City	State      Zip code
3)      To					
Month/Year	Month/Year	Street Address & Mailing Address		City	State      Zip code
4)      To					
<b>8. Residence on an Indian Reservation</b> – List any Indian Reservations in which you have lived or worked in the last 5 years.					
Month/Year	Month/Year	Street Address & Mailing 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					
<b>9. Education</b> – List the schools you have attended, beginning with the most recent and working back. Use item 20, if more space is needed.					
Name of School		Month/Year      Month/Year From:              To:		Degree/Diploma/Other	Month/Year Awarded
Street Address and City of School				State	Zip Code
Name of School		Month/Year      Month/Year From:              To:		Degree/Diploma/Other	Month/Year Awarded
Street Address and City of School				State	Zip Code
Name of School		Month/Year      Month/Year From:              To:		Degree/Diploma/Other	Month/Year Awarded
Street Address and City of School				State	Zip Code

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**Application continuation**

**10. Employment: All periods must be accounted for in employment. If you have gaps in employment indicate reason.**

<b>1) Employer Name</b>	Month/Year From:	Month/Year To: Present	Position Title	
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone number ( )	Other Employer Reference	Telephone Number ( )	
Reason you left				

<b>2) Employer Name</b>	Month/Year From:	Month/Year To:	Position Title	
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone number ( )	Other Employer Reference	Telephone Number ( )	
Reason you left				

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

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

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



### Application continuation

**11. Personal References** – List 3 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. Try not to list relatives or anyone who is listed elsewhere else on this application.

<b>1) Name</b> Email address: _____	Dates Known Month/Year    Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night (    )
Home or Work Address	City	State    Zip Code
<b>2) Name</b> Email address: _____	Dates Known Month/Year    Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night (    )
Home or Work Address	City	State    Zip Code
<b>3) Name</b> Email address: _____	Dates Known Month/Year    Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night (    )
Home or Work Address	City	State    Zip Code

**12. Do you have relatives working for KCS?**     Yes     No  
 If you answered "yes", please list their names: \_\_\_\_\_  
 \_\_\_\_\_

**Background Information** – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name is on any attachments to this application. **Please Read Carefully!**

<b>13. In the last 5 years, have you been arrested, convicted of, been imprisoned, been on probation, or been on parole for any offense(s)?</b> 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 20 to provide <b>the date</b> , 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"/>
<b>14. Have you been convicted by a military court-martial in the past 5 years?</b>  If "YES", use item 20 to provide <b>the date</b> , 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"/>
<b>15. Are you now under charges for any violation of law?</b>  If "YES", use item 20 to provide <b>the date</b> , 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"/>
<b>16. 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?</b>  If "YES", use item 20 to provide <b>the date</b> , an explanation of the problem, reason for leaving, and the employer's name and address.	YES  <input type="checkbox"/>	NO  <input type="checkbox"/>
<b>17. Have you <u>ever</u> been convicted with a crime involving a child?</b>  If "YES", use item 20 to provide <b>the date</b> , 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"/>
<b>18. Have you <u>ever</u> 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?</b>  If "YES," use item 20 to provide <b>the date</b> , 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"/>



## Authorization for Release of Information (Consent Form)

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, motor vehicle records, and/or national criminal history records.

I further authorize any investigator, or other duly accredited representative of the **Kha'p'o 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 **Kha'p'o Community School** only for the purposes of determining my suitability for employment with **Kha'p'o 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 **Kha'p'o Community School**, whichever is sooner.

Other Names Used			Social Security Number
Current Address	State	Zip Code	Contact Number (    )

**\*\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**\*\* Electronic signature not accepted.**