

CERTIFIED/ADMINISTRATIVE EMPLOYMENT APPLICATION



NA' NEELZHIIN JI OLTA', INC.

HCR 79 Box 9

Cuba, N.M. 87013

Phone: 505-731-2272

Fax: 505-731-2252

Website: www.njo.bia.edu

This School does not discriminate on the basis of age, race, color, national origin, religion, sex, or disability in its employment practices.

PRINT CLEARLY OR USE TYPEWRITER. Answer all questions completely. This application is part of the review procedure. Incomplete information will affect the evaluation of your application. No question on this application should be answered in such a manner as to disclose race, color, creed, national origin, ancestry, age, marital status, sex, or the existence of any physical or mental condition unrelated to the performance of the position for which you are applying.

Position Applying for:

From what source were you referred to Na' Neelzhiin Ji Olta'?

Name	Date of Application
Previous Last Name(s)	<i>Please complete entire application. Do not use "Refer to resume" or equivalent statement.</i>
Social Security Number	
Mailing Address	Person other than spouse who will always be able to provide us with your current address and/or phone number:
Residence Address	<u>Name</u>
City, State, Zip Code	Mailing Address
Telephone: Home	City
Cellular:	State Zip Code
Telephone: Work	Telephone:

NEW MEXICO CERTIFICATIONS

Certificate* (Elementary, Secondary, Vocational, etc.)	Endorsements* (ESL, Bilingual, Learning Disabled, Physical Education, etc.)	Date of Expiration

*Attach copies of certificates/endorsements.

If you are not immediately placed in a teaching position, are you interested in Substitute Teaching in the mean time? (Check) Yes No

IF YOU DO NOT HOLD NEW MEXICO CERTIFICATION, PLEASE CONTACT:

New Mexico Public Education Department
 300 Don Gaspar Avenue
 Jerry Apodaca Education Building
 Santa Fe, NM 87501-2786
 Professional Licensure Bureau
 Phone: 505-827-6587 Fax: 505-827-4148
www.ped.state.nm.us

PROFESSIONAL REFERENCES

List three references, other than relatives, who have knowledge of your work experience and abilities. At least one should be a previous Principal, Supervisor, or Mentor Teacher. Please list in reverse chronological order, beginning with your most recent first.

Name	Title	Address	Phone

EDUCATIONAL AND PROFESSIONAL TRAINING

Please list in chronological order all educational institutions attended. Transcripts must be provided for each institution listed. The information on all items should be complete and accurate as it is used as the basis for determining salary.

Name and Location of Institution	From	To	Semester Hours*	Degree/ GPA**	Major	Minor
Undergraduate College Work						
Graduate College Work						

TEACHING EXPERIENCE

Account for any gaps in employment. Attach a specific supplement if necessary. Do not indicate, "See Resume."

Dates (Mo./Yr.)	# of Yrs.	Employer		Subject(s)/Grade(s) taught
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Principal/Supervisor
To	Salary	Phone	Reason for leaving	
Dates (Mo./Yr.)	# of Yrs.	Employer		Subject(s)/Grade(s) taught
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Principal/Supervisor
To	Salary	Phone	Reason for leaving	
Dates (Mo./Yr.)	# of Yrs.	Employer		Subject(s)/Grade(s) taught
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Principal/Supervisor
To	Salary	Phone	Reason for leaving	
Dates (Mo./Yr.)	# of Yrs.	Employer		Subject(s)/Grade(s) taught
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Principal/Supervisor
To	Salary	Phone	Reason for leaving	

STATEMENT OF TEACHING PHILOSOPHY

Answer the following questions. You may attach one additional sheet.

1. What specific areas of teaching do you feel particularly knowledgeable, and what are some ways you implement that knowledge in the classroom?

2. If a student is not working up to his/her potential, what will you do about it?

3. What skills do you need to develop to become a "world-class" teacher?

Check instructional or management techniques/programs of which you have a working knowledge.

- | | | |
|---|---|--|
| <input type="checkbox"/> 6 Trait/ Point Writing Rubric | <input type="checkbox"/> Crisis Prevention Training | <input type="checkbox"/> Phonemic Awareness/Phonics |
| <input type="checkbox"/> At-Risk Student Models | <input type="checkbox"/> Dual Language Programs | <input type="checkbox"/> Reality Therapy (Glasser) |
| <input type="checkbox"/> Balanced Literacy | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Reciprocal Teaching |
| <input type="checkbox"/> Behavior Disordered Programs | <input type="checkbox"/> Structured English Immersion | <input type="checkbox"/> Responsible Thinking Process (Ford) |
| <input type="checkbox"/> Block Scheduling | <input type="checkbox"/> Essential Elements of Instruction (Hunter) | <input type="checkbox"/> Site-based Advisory Councils |
| <input type="checkbox"/> Brain Compatible Learning | <input type="checkbox"/> Hands-on /Minds-on Math | <input type="checkbox"/> Thematic Units |
| <input type="checkbox"/> Cognitively Guided Instruction | <input type="checkbox"/> Hands-on /Minds-on Science | <input type="checkbox"/> Writing Across the Curriculum |
| <input type="checkbox"/> Computers as an Instructional Tool | <input type="checkbox"/> Integrated Instruction | <input type="checkbox"/> Year-round Education |
| <input type="checkbox"/> Conflict Management | <input type="checkbox"/> Literature-Based Programs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Constructivist Teaching/Learning | <input type="checkbox"/> Peer Tutoring | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cooperative Learning | | <input type="checkbox"/> Other _____ |

Use second entry if you had two student teaching assignments. Attach another sheet if you had more.						STUDENT TEACHING	
Year Fall/Spring?	GRADE LEVEL	SUBJECT	NAME OF MENTOR TEACHER	NAME OF SCHOOL & DISTRICT WHERE STUDENT TAUGHT	HOURS EARNED		
University Supervisor's Name				Phone			
Year Fall/Spring?	GRADE LEVEL	SUBJECT	NAME OF MENTOR TEACHER	NAME OF SCHOOL & DISTRICT WHERE STUDENT TAUGHT	HOURS EARNED		
University Supervisor's Name				Phone			

SUBSTITUTE TEACHING		
SCHOOL/DISTRICT/ADDRESS/PHONE	School Year	No. Of Mos.

ADMINISTRATIVE OR SUPERVISORY EXPERIENCE					
Dates (Mo./Yr.)	# of Yrs.	Employer		Position Held	
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Supervisor	
To	Salary	Phone	# of Staff Supervised	Reason for leaving	
Dates (Mo./Yr.)	# of Yrs.	Employer		Position Held	
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Supervisor	
To	Salary	Phone	# of Staff Supervised	Reason for leaving	
Dates (Mo./Yr.)	# of Yrs.	Employer		Position Held	
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Supervisor	
To	Salary	Phone	# of Staff Supervised	Reason for leaving	
Dates (Mo./Yr.)	# of Yrs.	Employer		Position Held	
From	Check <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Address/City/State/Zip		Name of Supervisor	
To	Salary	Phone	# of Staff Supervised	Reason for leaving	

EXPERIENCE OTHER THAN TEACHING			
Note: List ALL employment including U.S. Armed Forces in chronological order with present employer first. Attach extra page if needed.			
Dates (Mo./Yr.)	POSITION HELD	EMPLOYER	SUPERVISOR
From			Name
To	Address	City/State/Zip	Phone
From			Name
To	Address	City/State/Zip	Phone

GENERAL EMPLOYMENT INFORMATION

1. Are you legally eligible to work in the United States? (Check) Yes No
2. Do you have authorization to begin working immediately? (Check) Yes No
3. Have you ever been dismissed from a position? (Check) Yes No

If yes, explain _____

4. Have you ever been asked to resign from a position? (Check) Yes No

If yes, explain _____

5. Have you ever worked for the Na' Neelzhiin Ji Olta', Inc.? (Check) Yes No

If yes, when and in what capacity? _____

REQUIREMENTS FOR CERTIFICATED APPLICATIONS

Applications are required to be complete when submitted. Items 1-5 must be submitted together for your application to be considered complete.

1. **COMPLETED APPLICATION, RESUME, AND COVER LETTER:** You must complete all sections of the application form. We urge you to enclose a resume and a cover letter indicating your specialty areas with your application. It is to your advantage to express all your specialties, training, and areas of expertise.
2. **TRANSCRIPTS:** Unofficial transcripts are acceptable until you are employed. Official Transcripts must be received within 30 days of hire. Complete transcripts include all course work listed on your application.
3. **NEW MEXICO TEACHING CERTIFICATE:** If you currently hold a New Mexico Teaching Certificate, we ask that you submit a copy with your application. We do not require you to hold a New Mexico Teaching Certificate prior to your preliminary interview, or to consider your file complete; however, holding the appropriate New Mexico Certificate and filing it with the School Executive Director is a condition of employment.
4. **LETTERS OF RECOMMENDATIONS:** Attach three letters of recommendation.
5. **CERTIFICATE OF INDIAN BLOOD:** A certificate issued by a Native American Agency Office designated to issue authorized members a census number, or validity of Native American blood quantity.

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE.

Every answer I have provided on this Application is both complete and truthful. I understand and agree that: (1) if any information is omitted from or not filled in on this Application, or if any false information is furnished, the employer will reject my Application, (2) if any false information is furnished, I will be ineligible for any future consideration for employment and may be subject to criminal prosecution, and (3) if I am employed by the employer, I may be dismissed from employment, criminally prosecuted, and if certified or licensed, my certificate or license may be revoked, if it is later determined that I have furnished false information on this Application.

This Application is signed under the penalty of perjury, subject to all applicable punishments, pursuant to 42 U.S.C. §13041(d).

SIGNATURE OF APPLICANT (unsigned applications are not valid)

Date

All complete applications will be kept on active file for one school year or until confirmation has been received that you have signed a contract.

REFERENCE CHECK

I, _____, have applied for employment with Na' Neelzhiin Ji Olta', Inc. as indicated by my signature below, I give my consent for a reference check from my previous employer.

Signature

Date

NPEA RECORDKEEPING REGULATION

Na' Neelzhiin Ji Olta', Inc. is subject to the Navajo Preference in Employment Act (NPEA), which requires employers on the Navajo Nation to give employment preference to enrolled members of the Navajo Nation, and in some cases, their spouses. The School is also subject to Title VII of the Civil Rights Act of 1964, which allows employers on or near Indian Reservations to give preference to enrolled members of federally-recognized Indian Tribes. In order to implement these laws, the School invites all applicants to complete the following information. The information obtained will be used solely for purposes of complying with these laws. Please type or print.

Name _____ Social Security No. _____

Address _____

_____ Zip Code

- I am an enrolled member of the Navajo Nation.
- I am an enrolled member of another federally-recognized Indian Tribe living on or near the Navajo Nation.
- I am not an enrolled member of the Navajo Nation, but I am legally married to a Navajo and I have resided within the territorial jurisdiction of the Navajo Nation for a continuous one-year period immediately preceding the date of this application.
- Does not apply.

Signature _____ Date _____

CONVICTION REPORT — Please read carefully and answer all questions.

Na' Neelzhiin Ji Olta', Inc. has a tremendous responsibility to its schools and community and must have information from all applicants and employees regarding convictions. ***A record of conviction does not prohibit employment. However, your failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of dismissal if employed and may result in prosecution for filing false information with a public agency.** Applicants and employees must report any convictions that occur subsequent to the time they initially complete this form. Questions regarding this information should be directed to the Executive Director.

A. Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer "YES" even if the matter was later dismissed, deferred, vacated, or expunged. If you answer "YES," you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you, and the final disposition of the case(s).

YES NO Explanation: _____

B. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, while charges against you or an investigation of your behavior was pending? You must answer "YES" even if the matter resolved with any form of settlement or severance agreement regardless of the terms. If you answer "Yes," you must provide the date of termination of employment, the name, address, and telephone number of the employer(s), and a statement of the alleged reasons for termination.

YES NO Explanation: _____

C. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer "YES," you must provide the dates of proceedings, name, address, and telephone number of the agency or body here proceedings took place, a statement of the accusations against you, and the final disposition.

YES NO Explanation: _____

D. Are you now being investigated for any alleged misconduct or other alleged misconduct or other alleged grounds for discipline by any licensing, certification, or other regulatory body (teacher certification or other wise), or by your current or any previous employer? If you answer "YES," you must provide the name, address, and telephone number of the employer or licensing body and a statement of the accusations against you.

YES NO Explanation: _____

E. Have you ever been found guilty of, entered a plea of nolo contendere (no contest) or guilty to, been arrested for, been charged with, or are you awaiting trial for any felony or misdemeanor offense under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, exploitation, contact or prostitution, crimes against persons, or offenses committed against or involving children? If so, provide details below, including date of conviction, court where convicted, sentence imposed, and present status of conviction.

YES NO Explanation: _____

REFERENCE CHECK

I, _____, have applied for employment with Na' Neelzhiin Ji Olta', Inc. as indicated by my signature below, I give my consent for a reference check from my previous employer.

Signature

Date