



Shiprock Associated Schools, Inc.
 P.O. Box 1809
 Shiprock, NM 87420
 P:(505)368-2100 F:(505)368-2076

BACKGROUND CHECK AUTHORIZATION

In connection with my application for employment at Shiprock Associated Schools, Inc. located in Shiprock, New Mexico.

I AUTHORIZE SHIPROCK ASSOCIATED SCHOOLS, INC. AND APPROVED AGENTS CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE BELOW MENTIONED INFORMATION.

This information may include reports with the following types of information: names and dates of previous employers, reason for termination of employment, work experience, criminal history, driving record, education, licensure, and other relevant employment specific history. I further understand that such reports may contain current and/or archived public record information such as, but not limited to: driving record, pending litigation, judgements, criminal records, etc., from federal, state, tribal, and other agencies which maintain such records. Public records will include records obtained from commercial databases.

I have a right to make a request to the reporting agency: Personnel Security Consultants: Upon proper identification, to request the nature and substance of all information in its files on me at the time of my request including the sources of information and the recipients of any reports on me which the agency has previously furnished within a two year period for employment requests and one year for other purposes preceding my request. I hereby consent to Shiprock Associated Schools Inc. obtaining the above information from the agency and I agree that such information which the agency has or obtains, and my employment or history with the school may be supplied by Shiprock Associated Schools, Inc. and to the agency for release to other entities which subscribes to the agency's services.

PERSONAL INFORMATION

I acknowledge I have been provided a copy of the consumer rights under the Fair Credit Reporting Act.

_____ Initials

LAST NAME :	MI:	FIRST NAME :
OTHER NAMES/ALIAS:		
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:
DRIVER'S LICENSE NUMBER:		STATE/PROVINCE:
CDL: YES <input type="checkbox"/> NO <input type="checkbox"/> ENDORSEMENTS:		EXPIRATION DATE:
TRIBAL CENSUS NUMBER (IF APPLICABLE):		
CURRENT INFORMATION		
ADDRESS:		ADDRESS II:
CITY:	STATE:	ZIP CODE:
PHYSICAL ADDRESS (ONLY FOR PO BOX):		
PREVIOUS ADDRESS		
ADDRESS:		ADDRESS II:



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CITY:	STATE:	ZIP CODE:
AUTHORIZATION		
SIGNATURE:		DATE:

DECLARATIONS

A "YES" RESPONSE TO THE FOLLOWING FIVE (5) QUESTIONS WILL NOT NECESSARILY RESULT IN INELIGIBILITY FOR EMPLOYMENT. SHIPROCK ASSOCIATED SCHOOLS, INC. WILL CONSIDER CIRCUMSTANCES INCLUDING THE DATE AND NATURE OF THE EVENTS. YOUR WRITTEN EXPLANATION WILL ASSIST THE SCHOOL IN DETERMINING SUITABILITY FOR EMPLOYMENT. ATTACH ADDITIONAL SHEETS IF NECESSARY.

<p>HAVE YOU EVER BEEN CONVICTED OF, ADMITTED COMMITTING, OR ARE YOU AWAITING TRIAL IN ANY TRIBAL, STATE, OR FEDERAL JURISDICTION FOR ANY CRIME (EXCLUDING ONLY MINOR TRAFFIC VIOLATIONS NOT INVOLVING ANY ALLEGATION OF DRUGS 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).</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>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.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>HAVE YOU EVER BEEN DISMISSED (FIRED) FROM ANY JOB, OR RESIGNED AT THE REQUEST OF YOUR EMPLOYER, OR WHILE CHARGES AGAINST YOU OR AN INVESTIGATION OF YOUR BEHAVIOR WAS PENDING? YOU MUST ANSWER "YES" EVEN IF THE MATTER WAS RESOLVED WITH ANY FORM OF SETTLEMENT OR SEVERANCE AGREEMENT, REGARDLESS OF THE TERMS. IF YOU ANSWER "YES" YOU MUST PROVIDE THE DATE OF TERMINATION/SETTLEMENT, THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE EMPLOYER(S), AND A STATEMENT OF THE ALLEGED REASONS FOR TERMINATION/SETTLEMENT.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>ARE THERE ANY CHARGES OR COMPLAINTS CURRENTLY PENDING, OR ARE YOU AWAITING TRIAL ON ANY CHARGES, INCLUDING MINOR TRAFFIC VIOLATIONS? IF YOU ANSWER "YES" YOU MUST PROVIDE THE DATES OF THE CHARGE/COMPLAINT, THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE AGENCY, AND A STATEMENT OF THE CHARGE/COMPLAINT AGAINST YOU.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>ARE THERE ANY OUTSTANDING WARRANTS FOR YOUR ARREST FOR ANY REASON, OR ARE YOU NOW BEING INVESTIGATED FOR ANY ALLEGED MISCONDUCT, CHARGES, OR COMPLAINTS? IF YOU ANSWER "YES" YOU MUST PROVIDE THE DATE, NAME, ADDRESS AND TELEPHONE NUMBER OF THE AGENCY, AND A STATEMENT OF THE ACCUSATIONS AGAINST YOU OR THE REASONS FOR THE WARRANT.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>