



KINTEEL

Residential Campus, Inc.



1600 Lydia Rippey Rd. Aztec, NM 87410

Phone (505) 334-6565 Fax (505) 334-8630

Marian John – BOT President, Gloria Harrison – BOT Vice President, Kerby Johnson – BOT Secretary, David Tsosie – BOT Member

Dear Applicant,

We welcome your interest to Kinteel Residential Campus, Inc., for future employment. We are a residential program serving Native American high school students throughout the four corners area.

To assist us to determine your qualification, we require a variety of documentation to apply for employment at Kinteel Residential Campus, Inc. The application contains instructions which must be completed in detail, and copies of the following documents must be included in order to be considered for any position.

1. Drivers License
2. Certificate of Indian Blood
3. Social Security Card
4. CPR & First Aide Card
5. Transcripts /Degree(s)/Certifications
6. DD-214 for Veterans

Your application will remain in our active file with the Human Resource Office for six months. If you wish to have your application remain active beyond that time, you must notify us.

At any time you want to contact our office for any information, you are welcome to call 505-334-6565 from Monday through Friday – 8.00 AM to 4.30 PM.

Sincerely,

Lorraine Ashley
Administrative Assistant/HR Office

Kinteel Residential Campus, Inc.

1600 Lydia Rippy Road

Aztec, N.M. 87410

(505) 334-6565 or Fax (505) 334-8630

EMPLOYMENT APPLICATION

Position Applying for: _____

Date of Application: _____

EMAIL _____

PERSONAL INFORMATION

Name (Last, First, Middle)		Social Security Number
Mailing Address (Street, City, State)		(Area Code) Telephone
Tribal Census Number (attach CIB)		Will You Perform Shift Work?
Employment Desired Full-Time [] Part-Time []	Date Available for Work	Hourly-rate or Salary Desired

EDUCATION BACKGROUND

Education -Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Major-Minor Course of Study	Dates Attended	Degree Received	Degree Date
College, University, Vocational				
College, University, Vocational				
College, University, Vocational				
High School and Address			GED or Diploma	
Other Special Training That You Would Like Us to Consider. (Military courses, Apprenticeships, Certificates)				

EMPLOYMENT RECORD -(start with present or most recent employer) PLEASE LIST ALL EMPLOYERS

USE ADDITIONAL SHEETS IF NECESSARY- Do not indicate "See Resume".

Employer & Address	From Mo/Yr	To Mo/Yr	Supervisor & Position	Duties and Responsibilities (include your accomplishments that you would like to be considered).	Highest Salary

OTHER INFORMATION

Are you a U.S. Citizen? Yes No (If not, submit your legal right to work in the United States.)

Valid Driver's License: State _____ Number _____ Classification _____

Do you claim veteran's preference? Yes No

REFERENCES: (Give three references familiar with your work & education, do not include relatives and friends.)

Name	Occupation	Address	Phone

Have you ever been convicted of a felony? Yes No If yes, give details on a separate sheet of paper.

Have you been convicted on traffic violatons within the last 3 years? Yes or No If yes, give details on a separate sheet of paper.

Do you have a relative working at Kinteel Residential Campus, Inc.? Yes or No

OTHER QUALIFICATIONS

List **Job-related** training courses, (give title and year). **Job-related skills** (other languages, computer software, tools, machinery, typing speed, etc.) **Job-related** certificates and licenses (current only). **Job-related** honors, awards, and special accoumplishments.

Equal Employment Opportunity -- It is the policy of the Kinteel Residential Campus, Incorporated to provide equal employment opportunity of all qualified persons without regard to race, color, religion, age, sex, national origin, or handicap.

Other- It is the policy of the Kinteel Residential Campus, Inc. to avoid the practice and the appearance of nepotism in employment. Any offer of employment may be made contingent on application passing a job related physical examination and drug test.

I authorize and consent to background investigation of all statements contained in this application for employment decision, in event of employment. I understand that false or misleading information given in my job application may result in disqualification of employment or termination. I further declare that all information furnished in the attached application, signed and dated by me this date, is true to the best of my knowledge and belief and that any willful misrepresentation herein shall be sufficient cause for termination.

Signature _____ Date _____

REFERENCE CHECK



Date: _____

To: Administration
Kinteel Residential Campus, Inc.

From: _____
Name of Applicant

Subject: Background Investigation

DOB: _____ **Social Security:** _____

Birth Place: _____

You may call the following references below:

Former Employers (Name)

Phone Numbers

1. _____
2. _____
3. _____

1. _____
2. _____
3. _____

Personal References (Name)

Phone Numbers

1. _____
2. _____
3. _____

1. _____
2. _____
3. _____

FOR OFFICE USE ONLY

- _____ No derogatory information was received from the above sources.
- _____ Derogatory information was received and is explained on the back. I still plan to hire this individual if approval is received from the Personnel Management.

I _____, Administrative Assistant certify that I have contacted the above named references and no record was found on _____

Applicant Screening Questionnaire
Indian Children Protection Requirements

Name: _____ Social Security Number: _____
(please print)

Job Title: _____

Notification Requirements

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

YES 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.

NO

Section 408 of the Miscellaneous Indian Legislation, Pubic Law 101-630 (codified in 25 United States Code § 3207), requires a criminal history records 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, 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?

YES 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.

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 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

**FCRA NOTICE AND ACKNOWLEDGMENT
IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT**

NOTICE REGARDING BACKGROUND INVESTIGATION

Kintel Residential Campus, Inc ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (7720 North 16th Street, Suite 200, Phoenix, AZ 85020, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. []

Applicants of New York Employers only: I acknowledge that by signing below, I have also received a copy of Article 23-A of the New York Correction Law, in compliance with Article 25 Section 380-g of the New York General Business Law.

California applicants only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. []

Signature _____

Date _____

Full Name (First/Middle/Last) _____

Social Security Number (SSN) _____

Driver License State / Number _____

Social Security Number

--	--	--	--	--	--	--	--	--

Date of Birth - used for identification purposes only

MONTH		DATE		YEAR			

First Name	Middle Name	Last Name
Other Names Used (maiden name, AKA names, etc.)		

Current Residential Address		
City	State	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					[]
					[]
					[]
					[]
					[]

Driver's License Number	State of Issue
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KINTEEL RESIDENTIAL CAMPUS, INC.
1600 LYDIA RIPPEY ROAD
AZTEC, NEW MEXICO 87410
TELEPHONE: 505-334-6565 OR FAX: 505-334-8630

**CRIMINAL HISTORY BACKGROUND CHECK
ATTENTION: EMPLOYEE INVESTIGATOR AND ADJUDICATOR**

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR OBTAINING COPIES
OF ANY CRIMINAL HISTORY BACKGROUND CHECK**

DATE: _____

REQUESTER NAME: _____

REQUESTOR ADDRESS: _____

ATTENTION RECORD REQUEST:

I, _____, am requesting a criminal history background check for personal review pursuant to 28CFR16.30-16.34. Please mail the results of the check to the following address:

KINTEEL RESIDENTIAL CAMPUS, INC.
1600 LYDIA RIPPEY ROAD
AZTEC, NEW MEXICO 87410
PHONE: 505-334-6565 FAX: 505-334-8630

I have read a reason/date that requires expeditious handling (optional):
(PLEASE PLACE DATE/REASON ON OUTSIDE OF MAILING ENVELOPE)

DATE REQUIRED: _____ REASON: FOR EMPLOYMENT
IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE CONTACT ME AT:

TELEPHONE: _____ E-MAIL: _____

SINCERELY,

SIGNATURE

KINTEEL RESIDENTIAL CAMPUS, INC.

DRIVER BACKGROUND CHECK AUTHORIZATION FORM

As required by policy, **Kinteel Residential Campus, Inc.**, that all vehicle operation, regular full or part-time employees must:

1. Possess a valid driver's license with the State of New Mexico or other States for vehicles they are authorized to operate and,
2. Be insurable and endorsed under our insurance carrier, The Mahoney Group--Native American Schools insurance policy; and
3. Maintain a good driving status while our insurance carrier, The Mahoney Group--Native American Schools insurance provides auto insurance coverage for Kinteel Residential Campus, Inc.

Kinteel Residential Campus, Inc. will use this Authorization Form to conduct driver background investigation to determine driver's qualifications, insurability, routine and review of driving habits. This procedure is vital to protect the Kinteel Residential Campus, Inc. assets from any auto loss, liability and your protections as an operator.

I hereby authorize Kinteel Residential Campus, Inc. through our insurance carrier, The Mahoney Group--Native American Schools to investigate and obtain Motor Vehicle Report(s) from the State of New Mexico Motor Vehicle Department and/or the Navajo Nation Department of Public Safety to determine driving qualifications and insurability while operating a Kinteel Residential Campus, Inc. vehicle.

Employee Signature: _____

Date: _____

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All employees of Kinteel Residential Campus, Inc. who are required to operate a vehicle shall provide the appropriate person, in original form, a valid driver's license. The Kinteel Residential Campus, Inc. authorized representative must fill in the following:

- First Time MVR Request
- Routine MVR Request (annually)
- Part Time Employee
- Regular Full Time Employee

Driver's Name: _____

Verification Date: _____

Driver's License No: _____

State: _____

Driver's License Expiration Date: _____

Date of Birth: _____

Department: _____

Position/Title: _____

Authorized Representative Signature: _____

Home Living Supervisor

Administrative Assistant

Kinteel Residential Campus, Inc. shall keep all original reports confidential and maintained by an Authorized Representative. A copy of the report will be provided to each vehicle operator upon request. Vehicle operators will immediately be endorsed onto an insurance carrier, The Mahoney Group--Native American Schools insurance policy upon favorable report. An authorized representative will notify you of any unfavorable or negative driving report prior to any restrictions.



KINTEEL RESIDENTIAL CAMPUS, INC.
RULES OF BEHAVIOR FOR THE
PROPER USE OF KRCI FEDERAL IT SYSTEM
PLEASE READ CAREFULLY AND THOROUGHLY

THE FOLLOWING IS A LIST OF BEHAVIORAL RULES AND IS FOR YOUR PERMANENT RECORDS-DO NOT DISCARD

SECTION I

1. I UNDERSTAND THAT ALL KRCI COMPUTER SYSTEMS ARE MANDATED UNDER THE UNITED STATES FEDERAL GOVERNMENT COMPUTER SYSTEM, INCLUDING ELECTRONIC MAIL (E-MAIL), ALL INTERNET CONNECTIONS (VIA PHONE LINE AND WIRELESS), AND ASSOCIATED EQUIPMENT, SOFTWARE, AND DATA ARE TO BE USED FOR OFFICIAL BUSINESS AND ACCORDING TO KINTEEL RESIDENTIAL CAMPUS, INC. POLICIES ONLY. LAW FORBIDS ANY OTHER USE OF THESE ITMES (SECTION 641 OF 18 U.S. CODE, PUBLIC LAW 99-474, AND OTHER FEDERAL STATUTES AND REGULATIONS).
2. I UNDERSTAND THAT INDIVIDUALS ARE SUBJECT TO HAVING ANY OF THEIR ACTIVITIES USING KRCI COMPUTER SYSTEMS, INCLUDING PERSONAL E-MAIL ACCOUNTS, MONITORED AND RECORDED AT ANY TIME BY THE UNITED STATES FEDERAL GOVERNMENT COMPUTER SYSTEMS. VIOLATIONS OF THE LAW CAN RESULT IN THE LOSS OF COMPUTER PRIVILEGES AND DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION FROM EMPLOYMENT AND OTHER CRIMINAL AND CIVIL PENALTIES.
3. I WILL USE ONLY LEGALLY AUTHORIZED COPIES OF COPYRIGHTED OR LICENSED SOFTWARE. I WILL NOT REPRODUCE, EXCEPT FOR BACKUP PURPOSES, ANY COPYRIGHTED OR LICENSED SOFTWARE OR THE RELATED DOCUMENTATION UNLESS AUTHORIZED TO DO SO IN WRITING BY THE APPROPRIATE VENDOR.
4. I WILL SELECT APPROPRIATELY COMPLEX PASSWORDS FOR USE ON THE KRCI COMPUTER SYSTEMS OR ON ANY PERSONAL E-MAIL ACCOUNTS AND I WILL NOT SHARE MY PASSWORDS WITH ANYONE ELSE NOR STORE THEM IN ANY WAY THAT INCREASES THE PROBABILITY THAT THEY WILL BE COMPROMISED.
5. I WILL HANDLE SENSITIVE INFORMATION APPROPRIATELY, WHETHER RECEIVED THROUGH A PERSONAL E-MAIL ACCOUNT OR THROUGH OTHER CHANNELS. I WILL NOT DISCLOSE INFORMATION COVERED BY THE PRIVACY ACT TO UNAUTHORIZED PERSONNEL. I UNDERSTAND THAT SENSITIVE OR PROPRIETARY INFORMATION IS NOT TO BE EXCHANGED, DIVULGED, OR COMPROMISED IN ANY WAY UNLESS AN EXCHANGE IS NECESSARY FOR OFFICIAL KRCI BUSINESS.
6. IF I BECOME AWARE OF A SECURITY BREACH OR INCIDENT SUCH AS PASSWORD SHARING OR UNAUTHORIZED USE OF ANY KRCI COMPUTER SYSTEM, INCLUDING THE ANY PERSONAL E-MAIL ACCOUNT, I WILL IMMEDIATELY NOTIFY MY SUPERVISOR. THE KRCI INFORMATION TECHNOLOGY SECURITY MANAGER, THE REGIONAL INFORMATION TECHNOLOGY SECURITY SINGLE POINT OF CONTACT, OR THE SYSTEM ADMINISTRATOR OF THE AFFECTED COMPUTER SYSTEMS SHALL ALSO BE NOTIFIED OF THE INCIDENT AT THIS TIME.

I HAVE READ AND UNDERSTAND THE **RULES OF BEHAVIOR** FOR THE USE OF KRCI IT SYSTEM. MY SIGNATURE BELOW INDICATES THAT I WILL ABIDE BY THE **RULES OF BEHAVIOR**.

EMPLOYEE SIGNATURE

DATE

THIS PROPER USE OF AHSD FEDERAL IT SYSTEMS IS MANDATED UNDER THE UNITED STATES FEDERAL GOVERNMENT COMPUTER SYSTEM, WHICH MAY BE ACCESSED AND USED ONLY FOR OFFICIAL AHSD BUSINESS BY AUTHORIZED PERSONNEL. UNAUTHORIZED ACCESS OR USE OF THIS COMPUTER SYSTEM MAY SUBJECT VIOLATORS TO CRIMINAL, CIVIL AND/OR ADMINISTRATIVE ACTION UNDER 18 U.S.C. 1030 ET AL.