



WIDE RUINS COMMUNITY SCHOOL

P.O. Box 309
Chambers, Arizona 86502

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Tsehootsoi ii- Ft. Defiance Schools GOVERNING BOARD

Board President	Sophia Attakai
Board Vice President	Genevieve Jackson
Board Secretary	Hoskie Bryant
Board Member	Raymond Smith, Jr.
Board Member	Linda J. Youvella
Principal	Jeannie Lewis

RELEASE AND AUTHORIZATION BACKGROUND CHECK

I, hereby authorize Wide Ruins Community School, to conduct an investigation into my personal background for the purpose of evaluating my qualification for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that the compliance official may obtain information pursuant to such investigation through personal interview with acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, employment history and public record information (e.g., record of civil judgment, convictions, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses and transcripts maybe relevant to Wide Ruins Community School's evaluation of my qualifications and that such inquiry will be made pursuant to such investigation to release and disclose it to the compliance official of Wide Ruins Community School. I hereby release **WRCS Human Resource Personnel** and any person providing information in connection therewith from any and all liability, which may arise in connection with the above described background investigation. In authorization such investigation, I hereby voluntarily provide the following supplemental data to ensure that any records located which may refer to a person with a name identical or similar to mine are properly determined as referring to, or not to me. I understand that I am not required to provide the supplemental data, and that if I do so it will be used only in connection with the investigation authorized herewith.

I have been advised and I understand that I have the right to make a written request within thirty (30) days from the date hereof to receive information concerning the nature and scope of the above described background investigation. The forgoing is in accordance with my understanding and agreement and my signature on this Release and Authorization confirms my acceptance hereof. Copies of the Release and Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with anyone of my choosing, including, an attorney.

Signature of Applicant

Date

This Release and Authorization shall not be valid later than ninety (90) days from the date signed above. You may be asked to complete a new Release and Authorization upon expiration of such ninety (90) day period.

Investigative Questionnaire for a Child Care Position

Notice to Applicant: Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code S 13041), and Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code S 3207) requires a 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 criminal record check will be conducted as a condition of employment.

1. Full Name				2. Date of Birth		
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).				4. Social Security Number		
Name						
5. Your Tele phone No.		6. Alternate Telephone No.		7. Your Email Address		
()		()				
8. Place of Birth					9. Gender	
City		County		State		<input type="checkbox"/> Male <input type="checkbox"/> Female
10. Residence - List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 ears must be accounted for in your list. Include the month and the ear 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)						
Month/Year	Month/Year	Street Address	City	State	Zip code	
3)						
Month/Year	Month/Year	Street Address	City	State	Zip code	
4)						
Month/Year	Month/Year	Street Address	City	State	Zip code	
5)						
Month/Year	Month/Year	Street Address	City	State	Zip code	
6)						
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 5 years.						
12. Education - List the schools you have attended, beginning with the most recent and working back 5 years. Use item 25, if more space is needed.						
Month/Year	Month/Year	Name of School	Major		Degree/Diploma/Other	
1)						
Month/Year Awarded		Street Address and City of School		State	Zip Code	
Month/Year	Month/Year	Name of School	Major		Degree/Diploma/Other	
2						
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 5 years. The 5-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 Address:			Email Address:				
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 Address:			Email Address:				
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 Address:			Email Address:				
Reason you left							
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 Address:			Email Address:				
Reason you left							

Questionnaire continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
14. Professional References — List 5 people who know you well. They should be good friends, peers, associates, etc., and who have known you for at least the last 5 years. Do not list relatives or anyone who is listed elsewhere on this application.				
1) Name	Dates Known Month/Year Month/Year		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()	
Email address				
Home or Work Address	City	State	Zip Code	
2) Name	Dates Known Month/Year Month/Year		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()	
Email Address				
Home or Work Address	City	State	Zip Code	
3) Name	Dates Known Month/Year Month/Year		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()	
Email Address				
Home or Work Address	City	State	Zip Code	
4) Name	Dates Known Month/Year Month/Year		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()	
Email Address				
Home or Work Address	City	State	Zip Code	
5) Name	Dates Known Month/Year Month/Year		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()	
Email Address				
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 <input type="checkbox"/>	NO <input type="checkbox"/>
16. Have you <u>ever</u> received other than an honorable discharge from the military? If "YES," provide the circumstances, date of discharge and type of discharge below.			YES <input type="checkbox"/>	NO <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 is on any attachments to this application.

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code S 13041), and Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code S 3207) requires a 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 <u>ever</u> 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 been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? 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 <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.), or <u>illegally</u> 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 s 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
<p align="center">Certification that My Answers are True</p> <p>My statements on this application, 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 application 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> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <hr style="width: 150px;"/> <p>Applicant's/Consumer's initials</p> </div> <div style="text-align: center;"> <hr style="width: 100px;"/> <p>Date</p> </div> </div> <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 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 Wide Ruins Community School and my rights to challenge the accuracy and completeness of any information contained in the report.</p> <div style="display: flex; justify-content: space-between; margin-top: 40px;"> <div style="width: 40%;"> <hr style="width: 100%;"/> <p>Applicant's/Consumer's Signature</p> </div> <div style="width: 30%;"> <hr style="width: 100%;"/> <p>Printed Name</p> </div> <div style="width: 20%;"> <hr style="width: 100%;"/> <p>Date</p> </div> </div>				

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 criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Wide Ruins Community School and Personnel Security Consultants, Inc., 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 Wide Ruins Community School and Personnel Security Consultants, Inc. only for the purposes of determining my suitability for employment with the Wide Ruins Community School.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the Wide Ruins Community School and Personnel Security Consultants Inc. 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 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 Wide Ruins Community 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	