



Diné College

Department of Human Resources

Application & Procedures for Faculty or Adjunct Faculty Employment

EEO / Navajo Preference / Veteran Preference / APP Incomplete Packets & FAX Copies WILL NOT be accepted.

NAME: _____

DATE: _____

TITLE: _____

VAC #: _____

Employment packets are available online and at all Diné College site. To be considered, applicants must submit as a whole packet, the following Required Documents by the **CLOSING** date of each vacancy applying towards. Send all Complete Packets to:

Diné College - DHR
PO Box 98
Tsaile, Arizona 86556

Contact #: 928.724.6602

√ REQUIRED DOCUMENTS:

____ 1. **Diné College Application:** Complete & Signed - Provide all employment history on application.

____ 2. **Curriculum Vitae:** The vitae will **NOT** serve as an application.

____ 3. **Credentials Supplement:** Complete parts A and B. This will **NOT** serve as an application.

____ 4. **Three Letters of Recommendation:** written within the past year.

1st letter 2nd letter 3rd letter Other _____

____ 5. **COPY of Academic Transcripts with application, OFFICIAL transcripts** will need to be presented upon hire.

Official Unofficial Other _____

____ 6. **Personal Philosophy Statement:** Should be a typed/written statement indicating your goals and beliefs as related to the position for which you are applying.

____ 7. **Universal Background Screening**

POSITION DESCRIPTION:

Job Vacancy Announcements / Position Descriptions are available on-line (<http://www.dinecollege.edu>) or at the Department of Human Resources. Please inquire within the department.

APPLICATION RESPONSIBILITIES:

Make sure application is complete and all *Required Documents* are submitted at time of submission.

1. DHR **does not** provide copying services.
2. Ensure a separate application is submitted for each job vacancy.
3. Vacancy Number must be indicated on the application for the desired position.
4. Copies of the employment application are acceptable and **must** have the original signature of the applicant.

COMMENTS:

FOR OFFICE USE ONLY

COMPLETE

DATE & INITIAL



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▲ Vacancy Announcement Number ▲

▲ Vacancy Title ▲

Type of Employment You Would Consider?

Faculty

Adjunct Faculty

TO THE APPLICANT: A curriculum vitae, credential supplement, and OFFICIAL TRANSCRIPTS are required in addition to this REQUIRED employment application. Please type or print legibly in ink. An original signature is required for each application that is submitted.

◆ PERSONNEL INFORMATION

Name: _____, _____, _____
 ▲ (Last) ▲ ▲ (First) ▲ ▲ (Middle Initial) ▲

Social Security Number: > _____

Address: _____ City: > _____ State: > _____ Zip: > _____

Telephone: Home: > _____ Message: > _____

Email Address(es): > _____

Availability Date: > _____ Salary Desired: \$ > _____

◆ EDUCATIONAL BACKGROUND

Name & Location of High School Attended	Date Attended	G.E.D. Issued by:
>	FROM: >	>
Graduated? YES > <input type="checkbox"/> NO <input type="checkbox"/>	TO: >	

Name & Location of College/University	Dates		Credits /Hours Completed		Major	Minor	Type of Degree	Month/Year of Degree
	From	To	Sem	Qrt				

OTHER SCHOOLS AND/OR TRAINING (Trade, Vocational, or Business): Give Name & Location of each school, Dates attended, Subjects studied, Certificates & other pertinent data. ▼

SPECIAL QUALIFICATIONS AND SKILLS (License, Public Speaking, Professional Societies, Awards & Fellowships, Foreign Languages, etc.) ▼

Describe your duties and any special training related to the position for which you are applying: ▼

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◆ MILITARY SERVICE: Complete this section if you served in the Armed Forces

Branch of Service	Period of Active duty (Month/Year)	Rank of Discharge	Date of Final Discharge
➤	From: ➤ To: ➤	➤	➤

◆ REFERENCES

Name three (3) persons NOT related to you. Do NOT repeat names of supervisors listed under work history or persons who have written you a Letter of Recommendation.

#	NAME	ADDRESS	OCCUPATION	TELEPHONE
1 ➤				
2 ➤				
3 ➤				

◆ WORK HISTORY

Provide information below beginning with the most recent employer. Make additional copies if necessary. May we contact your Current Employer? YES ➤ NO ➤

Present or Last Employer: ➤		Telephone: ➤	
Address: ➤		From: Month: ➤	Year: ➤
Job Title: ➤	Salary: ➤	To: Month: ➤	Year: ➤
Supervisor's Name & Title: ➤		Reason for Leaving: ➤	
Duties: ➤			

Present or Last Employer: ➤		Telephone: ➤	
Address: ➤		From: Month: ➤	Year: ➤
Job Title: ➤	Salary: ➤	To: Month: ➤	Year: ➤
Supervisor's Name & Title: ➤		Reason for Leaving: ➤	
Duties: ➤			

Present or Last Employer: ➤		Telephone: ➤	
Address: ➤		From: Month: ➤	Year: ➤
Job Title: ➤	Salary: ➤	To: Month: ➤	Year: ➤
Supervisor's Name & Title: ➤		Reason for Leaving: ➤	
Duties: ➤			

Present or Last Employer: ➤		Telephone: ➤	
Address: ➤		From: Month: ➤	Year: ➤
Job Title: ➤	Salary: ➤	To: Month: ➤	Year: ➤
Supervisor's Name & Title: ➤		Reason for Leaving: ➤	

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Duties: ➤			
Present or Last Employer: ➤		Telephone: ➤	
Address: ➤		From: Month: ➤	Year: ➤
Job Title: ➤	Salary: ➤	To: Month: ➤	Year: ➤
Supervisor's Name & Title: ➤		Reason for Leaving: ➤	
Duties: ➤			
Present or Last Employer: ➤		Telephone: ➤	
Address: ➤		From: Month: ➤	Year: ➤
Job Title: ➤	Salary: ➤	To: Month: ➤	Year: ➤
Supervisor's Name & Title: ➤		Reason for Leaving: ➤	
Duties: ➤			
Present or Last Employer: ➤		Telephone: ➤	
Address: ➤		From: Month: ➤	Year: ➤
Job Title: ➤	Salary: ➤	To: Month: ➤	Year: ➤
Supervisor's Name & Title: ➤		Reason for Leaving: ➤	
Duties: ➤			
Present or Last Employer: ➤		Telephone: ➤	
Address: ➤		From: Month: ➤	Year: ➤
Job Title: ➤	Salary: ➤	To: Month: ➤	Year: ➤
Supervisor's Name & Title: ➤		Reason for Leaving: ➤	
Duties: ➤			
Present or Last Employer: ➤		Telephone: ➤	
Address: ➤		From: Month: ➤	Year: ➤
Job Title: ➤	Salary: ➤	To: Month: ➤	Year: ➤
Supervisor's Name & Title: ➤		Reason for Leaving: ➤	
Duties: ➤			
Present or Last Employer: ➤		Telephone: ➤	
Address: ➤		From: Month: ➤	Year: ➤
Job Title: ➤	Salary: ➤	To: Month: ➤	Year: ➤
Supervisor's Name & Title: ➤		Reason for Leaving: ➤	
Duties: ➤			

Diné College – Faculty Employment Application

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- < YES < NO 1. Are you legally eligible to work in the USA?
(PROOF OF ELIGIBILITY IS REQUIRED UPON HIRE)
- < YES < NO 2. Are you an enrolled member of the Navajo Tribe? If YES, please provide your Census Number: _____
- < YES < NO 3. Have you previously been employed by Diné College? If YES, when?

- < YES < NO 4. Do you have relatives employed at Diné College? If YES, whom and Relationship?

- < YES < NO 5. Have you ever been denied employment OR received disciplinary action involving your employment? If YES, provide the employer's names, address, telephone number, and the reason for denial:

- < YES < NO 6. Have you ever been convicted of a Felony? If YES, provide specific information (dates, charge, disposition)

- < YES < NO 7. Have you been convicted of any misdemeanor(s) in any Courts? Involving crime Deceit, Untruthfulness, and Dishonesty; including but not limited to Extortion, Embezzlement, Bribery, Perjury, Misuse of Funds and Property; Distributing of Marijuana, Narcotic or Dangerous Drugs, Contributing the Delinquency of a Minor, Commercial Sexual Exploitation, or Child/Sexual Abuse or Sexual Harassment or found Liable in any Civil Action regarding the misdemeanor? If YES, provide specific information (Date, Charge, and Disposition). This should be sufficient:

- < YES < NO 8. Are you currently under contract with any educational institution? If YES, are they aware of this application for employment? Explain.

DEP COURSES AND CURRICULUM INTERGRATION REQUIREMENT:

Diné College faculty are required to take the Diné (Navajo People) Educational Philosophy (DEP) course offered by the college and subsequently work on the DEP Curriculum integration under the guidance of the Center for Diné Studies. DEP is the educational philosophy of the college and it is based on traditional Navajo values and concepts.)

Diné College – Employment Application

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◆ APPLICANTS CERTIFICATION:

I hereby certify that the information given be me in this application for employment, curriculum vitae, credentials supplement, and transcript are true and correct to the best of my knowledge. I understand that any misrepresentation or omission in this application packet may be sufficient cause for rejection of this application or dismissal after employment. I agree to an investigation of the contents of this application for employment. I also agree to take a physical examination by a licensed physician at the direction of Diné College.

Signature of Applicant

Date

AUTHORIZATION TO OBTAIN EDUCATIONAL RECORDS: I authorize Diné College to obtain my educational records and verify my degrees from educational institutions that I have listed as my educational background and degrees conferred.

Print Name

Signature of applicant

Date

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**Request for
Background Check**

002174

Customer

Social Security Number - -	Date of Birth (Month/Day/Year - for identification purposes only) / /
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Full Name (First / Full Middle Name / Last)
Other Names Used (maiden names, 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	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Driver's License Number	State of Issue
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APPLICANT DO NOT WRITE IN THIS BOX – FOR EMPLOYER USE ONLY:

Your standard package will be automatically performed unless you specify otherwise below:	
<input type="checkbox"/> Perform selected services <i>in addition to</i> standard package	
<input type="checkbox"/> Perform selected services <i>in place of</i> standard package	
<input type="checkbox"/> 39-Month driving record <input type="checkbox"/> Social Security Address/Alias Trace <input type="checkbox"/> Additional County Criminal History Searches (check box next to addresses above)	<input type="checkbox"/> Educational Degree Verification <input type="checkbox"/> Personal/Prof. Reference Verification <input type="checkbox"/> Professional Licensure Verification <input type="checkbox"/> Previous Employment Verification
Phone 602-263-8033 or 1-877-263-8033	Fax orders to 602-274-3551

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FCRA NOTICE AND ACKNOWLEDGMENT

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

Diné College (“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 my 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 (4000 North Central Avenue, Suite 1000, Phoenix, AZ 85012, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of 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 or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer 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 Employer, and/or Employer itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

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

California applicants or employees 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

Printed Name

Social Security Number (SSN)