

**St. Michael Indian School**

Executive Director's Office  
 PO Box 650, St. Michaels, AZ 86511  
 928-871-4667



**Application for Employment**

Elementary School

High School

Other

**General Information** *(please print or type)*

Last Name		First Name	Middle Initial	SSN <i>(required when employed)</i>
Mailing Address				
City			State	ZIP Code <i>(5 digit)</i>
Home/Cell Phone	Work Phone	Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		If not, do you have a visa that permits you to work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position Applying for		Salary Expected		Date Available

**Personal Information**

Marital Status <i>(required when employed)</i>		Date of Birth <i>(required when employed)</i>	Birthplace <i>(City, State, and/or Country)</i>
Religion		Parish	Pastor
Do you have any physical limitations that would affect your work as an employee? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain,			

Have you previously been employed with St. Michael Indian School? Yes  No  If yes, please provide...

Previous Date(s) of Employment	Position Held
Supervisor(s)	Previous Name <i>(if different from above)</i>

How did you hear about this open position?

Referred by SMIS Employee <i>(provide name)</i> <input type="checkbox"/>	Newspaper, radio, or Internet ad <input type="checkbox"/>	Other <input type="checkbox"/>
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Do you have any friends or relatives currently employed by SMIS? Yes  No  If yes, please provide...

Name	Relationship	Department
Name	Relationship	Department

**Employment History** (*Show last job first; also please explain lengthy periods of unemployment.*)

School or Company Name		Phone	Supervisor	
Address		City	State	ZIP Code
Job Title and Responsibilities				
From Month/Year	To Month/Year	Reason for Leaving		
School or Company Name		Phone	Supervisor	
Address		City	State	ZIP Code
Job Title and Responsibilities				
From Month/Year	To Month/Year	Reason for Leaving		
School or Company Name		Phone	Supervisor	
Address		City	State	ZIP Code
Job Title and Responsibilities				
From Month/Year	To Month/Year	Reason for Leaving		

Have you ever been convicted of a felony? Yes  No  If yes, please explain...

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Do you have fingerprint clearance to teach? Yes  No  If yes, in what state(s)?

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**U.S. Military Service Record**

Branch	Entry Date	Discharge Date	Rank or Specialty	Reserve or Draft Status

**Education History**

Educational Institute	Address, City and State	Major	Grade / Years Completed	Degree Awarded
High School				
College				
College				
College				
Other				

List relevant skills you possess for the desired position(s):

**Certificate(s)**

State	Certificate ( <i>specify</i> )	Valid Date	Expiration Date	Certificate Number

If you are awaiting receipt of a certificate, please indicate date applied for: \_\_\_\_\_

If you are certified to teach Religion, please indicate issuing diocese: \_\_\_\_\_

**References**

Name	Address, City, State, ZIP	Phone	Occupation	Months and/or Years Known

All applicants are required to have fingerprint clearance in their state of residence before employment. In addition, each new employee from out-of-state must apply for Arizona fingerprint clearance either before or immediately upon arrival at St. Michael Indian School. Other background checks may be conducted.

Official transcripts are required for professional employment (teacher, etc.).

I hereby authorize investigation of all statements contained in this application and certify that all information included herein is complete and accurate. I understand that a misstatement of fact would be grounds for my discharge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

