



Pueblo of Santa Ana
02 Dove Road
Santa Ana Pueblo, NM 87004
(505) 867-3301
Fax: (505) 867-3395

BACKGROUND INVESTIGATION PACKET INTERNAL PROCEDURES

1. This packet must be completed by all personnel applying for positions of tribal school employees, social and mental health workers, headstart programs, child day-care programs, all health care positions that have contact and/or control over Indian children, detention, correctional, or treatment services and all law enforcement personnel that have contact and/or control over children. Any positions requiring this packet MUST stipulate within the advertisement the need to complete this packet.
2. The completed packet along with a resume and/or employment application must be submitted together to the Human Resources Manager in order to be considered for the position applied for.
3. All applicants shall be prescreened according to the Selection Process as outlined within the Human Resources Policy and Procedure Manual. Only those applicants which are deemed qualified for the position shall move to the next step. All applications will be screened within 5 days of the closing date.
4. The Human Resources Manager shall submit the packet to the Santa Ana Police Department within 3 days of the packet being prescreened.
5. The Human Resources Manager will coordinate the scheduling of finger printing. The finger print shall be scheduled within 7 days of the completion of screening. The Santa Ana Police Department shall be responsible for conducting the finger printing and sending in the finger prints for analysis within 3 days of the prints being taken. Human Resources is responsible for submitting the requisition and providing a check to the Santa Ana Police Department for payment of the finger print analysis. The finger prints and check for payment shall be sent in at the same time. The finger print analysis, once received, will be placed with the original application.
6. The Santa Ana Police Department shall complete a Background Analysis within 14 days of receiving the packet. The Background Analysis shall summarize all information received during the background check. The analysis will be returned to the Human Resources Manager and kept with the original application.
7. No offer for employment can be extended unless the background packet has been provided to the Santa Ana Police Department, and a minimum of 3 references have been completed.



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ADDENDUM TO SANTA ANA TRIBAL APPLICATION FOR EMPLOYMENT
INVOLVING POTENTIAL CLOSE CONTACT WITH CHILDREN

1. HAVE YOU EVER BEEN ARRESTED FOR, AND/OR CHARGED WITH A CRIME INVOLVING A CHILD? (please initial) Yes _____ No _____
2. IF "YES," DESCRIBE THE DISPOSITION OF THE ARREST OR CHARGE ON A SEPARATE ATTACHMENT SHEET.

It is mandatory for all personnel applying for positions of tribal school employees, social and mental health workers, headstart programs, child day-care programs, all health care positions that have contact and/or control over Indian children, detention, correctional, or treatment services and all law enforcement personnel that have contact and/or control over children, to answer the above posed questions to be considered for employment.

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

I certify that I have been notified by the Pueblo of Santa Ana that a background-investigation through the Federal Bureau of Investigations, including submission of fingerprint cards, and an inquiry through all applicable local, state, and federal agencies deemed necessary, will be required as a condition of employment prior to entrance or duty into a child care position and/or a position having potential contact with children. I also understand that I voluntarily waive my right to review, and to have made available, any of the contents of the background investigative case file, and under no circumstances will this information be released. I consent to the release of information about my eligibility and fitness for employment by employers, schools, law enforcement agencies, licensing agencies, and other individuals and organization to investigators, personnel staffing, specialist, and other authorized employees of the Pueblo of Santa Ana.

I certify that, to the best of my knowledge, all statements are true, correct, complete, and made in good faith. I understand that intentional false statements may be grounds for not hiring me, or for terminating me after I begin work, and may be punishable by fine or imprisonment.

Applicant Signature

Date



Pueblo of Santa Ana
PERSONAL HISTORY STATEMENT

Application for the position of:

GENERAL INSTRUCTIONS:

Hand print an answer to every question. If the question does not apply to you, so state with "N/A." If space is insufficient, use a separate sheet and precede each answer with the number of the referenced block.

DO NOT MISSTATE OR OMIT MATERIAL SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT. THIS STATEMENT MUST BE RETURNED WITHIN THE APPLICATION PROCESS.

1. Legal Name (last) (first) (middle)

2. By what other names are you/have you been known?

3. Social Security Number

4. Physical Residence Address Mailing Address (if different) Phone Number

5. **From PRESENT TO PAST, state each and every place you have resided within the last 10 years (attach additional sheet if needed). Beyond the 10 years, please list every city, state you've resided in.**

Month and Year	ADDRESS	Landlord name and Phone Number
From	To	

Month and Year	ADDRESS	Landlord name and Phone Number
From	To	

Month and Year	ADDRESS	Landlord name and Phone Number
From	To	

Month and Year	ADDRESS	Landlord name and Phone Number
From	To	

Month and Year
From

ADDRESS
To

Landlord name and Phone Number

6. Indicate below ALL arrests, and/or criminal charges which did not result in arrest, including juvenile arrests and/or charges:

Date	Violation or Actual Charge (specify)	Location (city/state)	Agency	Disposition
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Date	Violation or Actual Charge (specify)	Location (city/state)	Agency	Disposition
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Date	Violation or Actual Charge (specify)	Location (city/state)	Agency	Disposition
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7. List ALL traffic violations, parking tickets, etc. you have EVER received (include written warning citations):

Date	Violation or Actual Charge	Location	Agency	Disposition
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Date	Violation or Actual Charge	Location	Agency	Disposition
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Date	Violation or Actual Charge	Location	Agency	Disposition
------	----------------------------	----------	--------	-------------

8. List below ALL traffic accidents you have been involved in within the last 10 years:

Date	Location	Who was driving?	Agency reported to:
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9. Were you ever the plaintiff, defendant, petitioner, or respondent in a civil action or proceeding, including bankruptcy, child support, divorce, alimony, etc., in this state or elsewhere? _____ If so, attach explanation on a separate sheet.

EMPLOYMENT HISTORY

10. Were you ever terminated or asked to resign from employment? YES _____ NO _____
**IF SO, PLEASE GIVE DETAILS OF DISCHARGES, OR FORCED RESIGNATIONS ON AN ATTACHED SHEET.
 FAILURE TO DO SO WILL CAUSE APPLICATION TO BE REJECTED.**

11. Were you ever subjected to disciplinary action in commencement with any employer (including written and verbal reprimands)? YES _____ NO _____

If _____ yes, _____ give details: _____

12. **LIST BELOW PRESENT TO PAST, EACH AND EVERY PLACE YOU HAVE BEEN EMPLOYED WITHIN THE LAST 20 YEARS. OMIT NONE, INCLUDING PART-TIME EMPLOYMENT, CONCURRENT EMPLOYMENT, AND PERIODS OF IDLENESS.**

From:	To:	Employer/Company Name	Immediate Supervisor Name
Position		Employer's Current Address	Current Phone Number
Brief Description of Duties			Reason for Leaving

From:	To:	Employer/Company Name	Immediate Supervisor Name
Position		Employer's Current Address	Current Phone Number
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Brief Description of Duties			Reason for Leaving

CONTINUE ON ANOTHER SHEET OF PAPER IF NECESSARY

MILITARY SERVICE

13. Have you ever served in the Armed Forces of the U.S. ? YES _____ NO _____

14. List branch of service, and military occupational specialty: _____

15. List current (or most recent) name of first-line supervisor while in the military: _____

16. List below all periods of Active Duty and Reserve service:

From	To	Rank Held	Branch	Duty Station/Unit
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From	To	Rank Held	Branch	Duty Station/Unit
------	----	-----------	--------	-------------------

From	To	Rank Held	Branch	Duty Station/Unit
------	----	-----------	--------	-------------------

17. Specify the type of Military Discharge received (Honorable, General, Dishonorable, Medical Chapter, etc.):

18. Were you ever court-martialed, punished under company or field-grade Article 15, or other UCMJ Action? **IF SO, STATE CIRCUMSTANCES:**

19. Reason for Discharge from Military Service: _____

20. Are you now an active member or inactive member of the Reserve Forces of the U.S.? _____

21. Were you ever considered unfit for Military Service? _____

EDUCATIONAL INFORMATION

22. What college degrees or professional licenses do you possess? _____

23. Do you have a H.S. Diploma? _____ G.E.D.? _____ Date Received: _____

24. List each High School, Trade School, Night-School, Business College, University and other schools you have attended. Start with the most recent school you have attended. Do not include military service schools.

Name of School	Location of School	Dates Attended	Degree?
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Name of School	Location of School	Dates Attended	Degree?
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Name of School	Location of School	Dates Attended	Degree?
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Name of School	Location of School	Dates Attended	Degree?
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FINANCIAL AND DRIVING HISTORY

25. Have you ever had garnishments or assignments made on your wages, or have you ever claimed indebtedness? If so, please explain: _____

26. Driver's License number: _____ Restrictions: _____

27. Has your license EVER been **suspended** or **revoked**? YES _____ NO _____

If YES, state when, and reason(s) why: _____

RELIABLE REFERENCES

28. Give the names and phone numbers of FIVE reliable persons, other than RELATIVES or PAST-EMPLOYERS, who know you well enough to give information about you:

Name Home Phone: Work Phone: Occupation:

29. Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which is or may be relevant, directly or indirectly, in connection with a background investigation of your eligibility or concerning your character, physical or mental condition, temperance, habits, employment, education, family (including any domestic disputes and/or violence), associates, criminal record, traffic violations, residence, or otherwise?

If YES, please explain:

30. Do you know of anything that would disqualify you from appointment to the position applied for, or prevent your full discharge of duties of such a position?

If YES, explain:

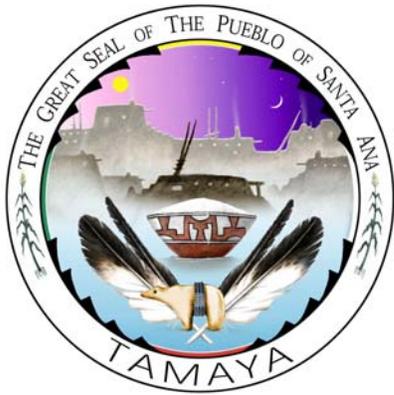
31. What prompts you to apply for the position you are seeking?

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS PERSONAL HISTORY STATEMENT IS COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS MAY BE DEEMED SUFFICIENT CAUSE FOR REJECTION AND/OR TERMINATION OF EMPLOYMENT.

Date: _____ Signature: _____

A copy of the following items must accompany this Personal History Statement:

- Certified copy of Birth Certificate _____
- Copy of High School Diploma or G.E.D. _____
- Copy of College Degree (If available) _____
- Form DD-214 (military persons only) _____
- Any certificates, awards, commendations _____
- Copies of high school/college transcripts _____
- Copy of Current Drivers License _____
- Other: _____ _____



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AUTHORITY FOR RELEASE OF INFORMATION

I, the undersigned, authorize release of information from law enforcement agencies, previous employer(s), schools, and other individuals and organization to law enforcement investigators and authorized employees of the Pueblo of Santa Ana. This information is to be used to determine my employment eligibility for the position to which I have applied. By signing this form, I understand that the contents of the background investigative file will, under no circumstances, be released nor disclosed to myself.

Copies of this authorization that show my signature are as valid as the original release form signed by me.

First Name (printed) Middle Name Last Name

Signature

Social Security Number Date of Birth

Current Address (number and street name) (city) (state) (zip)

Home Telephone Number Date Signed

IMPORTANT: THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY- PUBLIC BEFORE SIGNING BELOW!

Printed Name: _____

Signature: _____

Signed this ____ day of _____, 2008.

NOTARIZATION:

Subscribed and Sworn before me this ____ day of _____, 2008.

(SEAL) Notary Public _____

My commission expires: _____