



Diné College

Department of Human Resources, PO Box 98, One Circle Drive, Tsale, AZ 86556

FACULTY & ADJUNCT EMPLOYMENT APPLICATION

EEO / Navajo Preference / Veteran Preference / ADA

Incomplete Packets & FAX Copies WILL NOT be accepted.

REQUIRED DOCUMENTS:

- 1. Signed Diné College Application, includes Background Screening form & Philosophy Statement
- 2. Curriculum Vitae
- 3. Three Letters of Recommendation: written within the past year.
 - 1st date _____
 - 2nd date _____
 - 3rd date _____
- 4. Unofficial copy of Academic Transcripts with application.

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.

APPLICATION RESPONSIBILITIES:

1. Make sure application is **complete** and **all Required Documents** are submitted at time of submission.
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.
5. DHR **does not** provide copying services.

FOR OFFICE USE ONLY

COMPLETE

DATE & INITIAL

◆ INDICATE WHICH YOU ARE APPLYING FOR

<input type="checkbox"/> FACULTY & Location: _____	<input type="checkbox"/> ADJUNCT & Location: _____
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Vacancy Announcement Number

Vacancy Title

◆ PERSONNEL INFORMATION

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

Social Security Number: _____ Other Name Used: _____

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

Telephone: Home: _____ Message: _____

Email Address(es): _____

Availability Date: _____ Salary Desired: \$ _____

FACULTY & ADJUNCT EMPLOYMENT APPLICATION

◆ 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 & State 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:

◆ MILITARY SERVICE: (DD-214 is required if claiming Veteran's Preference)

Branch of Service	Period of Active duty (Month/Year)	Rank of Discharge	Date of Final Discharge
	From: <input style="width: 80%;" type="text"/>		
	To: <input style="width: 80%;" type="text"/>		

◆ REFERENCES

Name three (3) persons (NOT related to you) but know your work ethics.

	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 Employers? YES NO

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

FACULTY & ADJUNCT EMPLOYMENT APPLICATION

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

FACULTY & ADJUNCT EMPLOYMENT APPLICATION

- YES NO 1. Are you legally eligible and able to work and provide proof of U.S. Citizenship?
-
- YES NO 2. Are you an enrolled member of the Navajo Tribe? If YES, please provide your Census Number:
_____ (If claiming Indian Preference, please include your proof of enrollment.)
-
- YES NO 3. Have you previously been employed by Diné College? If YES, when?
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- YES NO 4. Do you have relatives employed at Diné College? If YES, whom and Relationship?
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- 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)
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- 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).
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- YES NO 8. Are you currently under contract with any educational institution? If YES, are they aware of this application for employment?
Explain:
-

◆ APPLICANTS CERTIFICATION:

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 integrating 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.

I hereby certify that the information given by me in this application for employment, curriculum vitae, credentials, and transcripts 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 hiring or dismissal after employment. I agree to an investigation of the contents of this application for employment.

Signature of Applicant

Date

FACULTY & ADJUNCT EMPLOYMENT APPLICATION



Request for
Background Check

Customer # 002174

Social Security Number	Date of Birth (Month/Day/Year)
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First Name	Middle Name	Last Name
Other Names Used (maiden names, AKA names, etc.)		

Current Residential and Postal 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	Class	State of Issue	Expires
Signature		Date	

APPLICANTS DO NOT WRITE IN THIS BOX – FOR EMPLOYER USE ONLY:

Your standard package will be automatically performed from one of the following:	
<input type="checkbox"/> AZ Essential Order # _____	<input type="checkbox"/> National Essential Order # _____
<input type="checkbox"/> NM Essential Order # _____	<input type="checkbox"/> National Complete Order # _____
CONFIRMATION REPORT DETAIL ORDER NUMBER:	
<input type="checkbox"/> County Order # _____	<input type="checkbox"/> 39 Mo Driving Record #: # _____
<input type="checkbox"/> Statewide Order # _____	<input type="checkbox"/> Educational Degree Verification #: # _____
<input type="checkbox"/> Motor Vehicle Report Order # _____	

FACULTY & ADJUNCT EMPLOYMENT APPLICATION

PERSONAL PHILOSOPHY STATEMENT:

SHOULD BE A TYPED/Written STATEMENT INDICATING YOUR GOALS AND BELIEFS AS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING.

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Signature of Applicant

Date

FACULTY & ADJUNCT EMPLOYMENT APPLICATION

◆ APPROVED ACADEMIC AREA OF TEACHING

Instruction: A Faculty Chair reviews transcripts and recommends any academic categories a Faculty is credentialed to teach. The Diné College Faculty Credential Handbook is used to support this recommendation. The Dean of Academic will review and forward the recommendation to the VP of Academics for the final approval, then submit to Human Resource.

◆ NAME OF APPLICANT		CENTER APPLYING TO		SEMESTER TEACHING	
Academic Category	Chair Signature	Academic Category	Chair Signature		
Anthropology	200	Health Education	100		
Art History	200	History	100		
Astronomy	100	History	200		
Biology	100	Humanities	100		
Business & Office Admin	100	Humanities	200		
Business & Office Admin	200	Mathematics	011		
Chemistry	100	Mathematics	100		
Chemistry	200	Mathematics	200		
Computer Infor Syst	100	Navajo Language	100		
Computer Infor Syst	200	Navajo Language	200		
Early Childhd Ed	100	Navajo Language	300		
Early Childhd Ed	200	Navajo Language	400		
Economics	100	Navajo & Indian Studies	090		
Economics	200	Navajo & Indian Studies	200		
Education	200	Navajo & Indian Studies	300		
Education	300	PE and Health	100		
Education	400	Physics	100		
Engineering	100	Political Science	100		
English	100	Psychology	100		
English	200	Psychology	200		
Environmtal Sci & Tech	100	Public Health	100		
Environmtal Sci & Tech	200	Public Health	200		
Fine Arts	100	Sociology	100		
Fine Arts	200	Sociology	200		
Foundation Studies	100	Social Science	100		
Geology	100	Social Work	100		
Geology	200	Social Work	200		
Division Chair	Date	Dean of Academics	Date		

FACULTY & ADJUNCT EMPLOYMENT APPLICATION

◆ REVIEW AND APPROVAL OF FACULTY CREDENTIALS

Name of Applicant	Center Applying To	Semester Teaching

◆ Section 1: Education Faculty

Certification/Licensure	<input type="checkbox"/> YES <i>(If YES, complete boxes below)</i>		<input type="checkbox"/> NO <i>(If NO, skip this section)</i>	
Type	<input type="checkbox"/> Elementary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Early Childhood	<input type="checkbox"/> K-12
Endorsement	<input type="checkbox"/> ESL	<input type="checkbox"/> Bilingual	<input type="checkbox"/> Subject Specify: _____	
State Endorsement	<input type="checkbox"/> Arizona	<input type="checkbox"/> New Mexico	<input type="checkbox"/> National Teacher Exam	
Valid Dates of Licensure	<input type="checkbox"/>			

◆ Section 2: Faculty Profile

Education Background	Institution & Year
<input type="checkbox"/> AA/AS	
<input type="checkbox"/> BACHELOR:	
<input type="checkbox"/> MASTER:	
<input type="checkbox"/> DOCTORAL:	

Related Occupational Experience

Field of Experience	
Number of years in field	
Specialized training, certifications, or licenses held in specified occupational experience.	

Special qualifications documented by department chair and approved by the Dean.

◆ Section 3: Approved Courses

◆ Section 4: Support the Approval or Denial of the Division Chair

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied		Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Division Chair	
		Dean of Academic	Date