



**ESTABLISHED 1951**

**HOPI MISSION SCHOOL**

**PO Box 39**

**Kykotsmovi, AZ 86039-0039**

**Phone: 928.734.2453**

**Fax: 928.734.5126**

**Email: [hmschool03@gmail.com](mailto:hmschool03@gmail.com)**

**Mission Statement:** Hopi Mission School is a Christian school whose faculty, staff, and Board are dedicated to promoting the education and development of the whole child through sound academic instruction in a spiritual, safe, caring, and constructive Christ-centered environment.

**EMPLOYMENT/ VOLUNTEER APPLICATION**

**Applicant Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Home or Cell (Please mark one) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Phone Number \_\_\_\_\_

*In case of emergency notify:* \_\_\_\_\_ *Phone Number* \_\_\_\_\_

Desired Position \_\_\_\_\_ Desired Salary \_\_\_\_\_

Date available for employment \_\_\_\_\_

Employment Experience:		Former	Phone #
Former Employers' Name	Address	Position Held	Years of Service

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Reason for Leaving (Please match the numbers below with the numbers above)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Education:**

College(s) Attended	Degree	Year(s) Attended	Year Graduated
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

High School(s) Attended	Subjects	Years(s) Attended	Year Graduated
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Vocational Education	Subjects	Year(s) Attended	Year Graduated
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Describe your interest in Hopi Mission School and why you are interested in the desired position you are applying for.

What do you know about who Jesus is as mentioned in The Holy Bible?

References:

Note: These persons will be contacted, either by phone, e-mail or us mail, using the sample person reference form attached.

(Provide complete addresses and telephone numbers of people not related to you.)

Name	Address	Phone or Cell Number	E-Mail Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Other:**

General Health (at time of application)

\_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Are you currently under a doctor's supervision? YES NO

List any medical condition(s) which may affect work: \_\_\_\_\_

# BACKGROUND RELEASE FORM

I \_\_\_\_\_ hereby authorize Hopi Mission School or any representative thereof to perform a complete background investigation and to prepare a consumer report, including, but not limited to obtaining a consumer report and information as to my character, general reputation, credit standing, personnel characteristics, and mode of living. This report may involve personal interviews with sources such as neighbors, friends, associates, past employers, and educational institutions. Public records may be used in this report, such as civil and criminal records, driving record, liens, judgments, and bankruptcies that are deemed to have a bearing on my job performance. In using a consumer report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates, a copy of the report and a description in writing of the rights of the consumer under this title, as described by the Federal Trade Commission section 609 © (3) and the name, address, and phone number of the agency that provided the consumer report (Reliant, 4405 E. Baseline, Phoenix, AZ 85042, 602-438-8880).

## “PLEASE PRINT CLEARLY”

First Name	Middle	Last Name	
Present Address	City	State	Zip
All previous names and the years those names were used			Date of Birth
Social Security Number	Drivers License #	Expiration Date	State

List below all cities and state of residence, and corresponding years for the past 10 years or your 18<sup>th</sup> birthday, whichever comes first.

City	State	Last name used	yr. from	to
City	State	Last name used	yr. from	to
City	State	Last name used	yr. from	to

Signature	Date	Witness	Date
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### **PERSONAL REFERENCE FORM**

The person named below is interested in working at Hopi Mission School. We are asking for your assistance in getting to know the applicant. You may respond in a letter form if you find this form too confining but please answer all of the questions. Thank you for your prompt reply.

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

1. When did you learn to know this person and what is your relationship?
  
2. Describe this person's family relationships (parent/child, husband/wife, extended family.)
  
3. Describe this person's personality (behavior, characteristics, emotional tendencies, strengths and weaknesses).
  
4. Describe this person's reactions to problem and/or decision-making situations.
  
5. What has been this person's experience in church, community and school activities?

6. Evaluate this person's ability (as you see it), to work and live in a close, semi-isolated situation for an extended period of time.

7. Is this person capable of realistic self-appraisal?

8. How would you evaluate this person's physical, mental and emotional health?

Name of Person Completing This Form \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Telephone/Cell Number \_\_\_\_\_

Occupation \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your assistance.

Please return this form **as soon as possible to:**

**HUMAN RESOURCE MANAGER  
HOPI MISSION SCHOOL  
PO BOX 39  
KYKOTSMOVI AZ 86039**

Please write "Confidential" on the envelope.

