

**HOPI BOARD OF EDUCATION NOMINATION
CANDIDATE PACKET 2021**
NOMINATIONS ACCEPTED: October 28, 2021
CANDIDATE PACKET DUE DATE: November 30, 2021 @ 5:00 P.M.

I. CALL FOR NOMINATIONS:

This is a call for candidates interested in appointment to the new Hopi Board of Education (HBE). The Hopi Education Code (Code) was enacted by the Hopi Tribal Council on August 7, 2019. The Code unifies all seven of Hopi's Tribally Controlled Schools into a single, comprehensive Hopi School System under the oversight of a new, independently elected HBE. The new HBE will have the authority and responsibility to oversee and set educational policy, fiscal management, and administrative services for all Hopi's Tribally Controlled Schools.

On October 22, 2021, the first Hopi Board of Education was officially seated with 5 members. There are 4 positions that need to be filled. The HBE is seeking representatives for the following positions:
Keams Canyon Elementary School Attendance Area
First Mesa Elementary School Attendance Area
Hotevilla Bacavi Community School Attendance Area
At Large Member

II. IMPORTANT DATES FOR CANDIDATE PACKETS, FILING & DUE DATES:

October 28, 2021 - Nominations Open & Packets are available by downloading at:
<https://www.hopi-nsn.gov/tribal-services/department-of-education/>
or by contacting via email, Dr. Noreen Sakiestewa at NSakiestewa@hopi.nsn.us

November 30, 2021 - All completed packets due to Dr. Noreen Sakiestewa at NSakiestewa@hopi.nsn.us by **5:00 p.m.**

III. MEMBERSHIP OF THE HOPI BOARD OF EDUCATION:

A. A total of 9 members will be appointed to the HBE as follows:

- Seven members will be appointed, 1 from each of the 7 school Attendance Areas; and
- Two members will be appointed at-large for the entire Hopi Reservation.

B. Terms of Office:

- The initial Terms of Office will be **no more than 3 years or until an official election is conducted in 2024.**
- Appointed members are eligible to submit candidacy for the official election. Appointed term will not count towards the 2 term limit as defined in the Hopi Education Code.

IV. SUMMARY OF QUALIFICATION REQUIREMENTS:

7 Attendance Area Members Qualifications	2 At-Large Members Qualifications
<ul style="list-style-type: none">• Hold an Associate or higher degree in any field• Be at least 25 years of age• Hopi Tribal member preferred, but not required• Pass a background check• Not a member of the Hopi Tribal Council or a local school board (as of date of HBE swearing in)• Not a current employee or direct relative of an employee of Hopi's schools, pre-schools, or Dep't of Education (as of date of HBE swearing in)	<ul style="list-style-type: none">• Hold a Bachelor or higher degree in an education field• Be at least 25 years of age• Hopi Tribal member required• Pass a background check• Not a member of the Hopi Tribal Council or a local school board (as of date of HBE swearing in)• Not a current employee or direct relative of an employee of Hopi's schools, pre-schools, or Dep't of Education (as of date of HBE swearing in)

For Hopi Education Code and Hopi Board of Education questions, contact: Dr. Noreen Sakiestewa, Hopi Department of Education and Workforce Development, at 928-734-3501, and NSakiestewa@hopi.nsn.us

CANDIDATE INSTRUCTIONS

Candidates for the HBE appointment must complete and sign the following forms and documents and submit them to Dr. Noreen Sakiestewa at NSakiestewa@hopi.nsn.us by **November 30, 2021, by 5:00 p.m.**

1. *Affidavit of Candidacy Form;*
2. *Hopi Office of Human Relations' Background Check Form, which includes:*
 - a. *Applicant Consent to Release Liability and Reference Information, and*
 - b. *Consent to Request Information for a Criminal Background Check;*
3. *A current, close-up photo showing your head and shoulders (Passport Size 2" x 2" with white background)*

The above forms and files can be submitted via the below methods listed in the order of preference:

1. Scanning your completed and signed Candidate forms, and email them as an attachment to NSakiestewa@hopi.nsn.us, or
2. Hand delivery to the Hopi Department of Education & Workforce Development, or
3. Mail to the Hopi Department of Education & Workforce Development, P.O. Box 123, Kykotsmovi, AZ 86039.

For Hopi Education Code and Hopi Board of Education questions, contact: Dr. Noreen Sakiestewa, Hopi Department of Education and Workforce Development, 928-734-3501, or NSakiestewa@hopi.nsn.us

HOPI BOARD OF EDUCATION APPOINTMENT

Affidavit of Candidacy

Forms Due: November 30, 2021, 5:00 PM

Dr. Noreen Sakiestewa at NSakiestewa@hopi.nsn.us

Print clearly in black ink or type.

1. Nominee Name (no titles, parentheses, or quotation marks): _____

2. Nominate By (Check all that apply)

_____ Board _____ School Committee _____ Community Member _____ Self

Name of Nominating Group/Person: _____

3. Indicate if seeking office as an Attendance Area Member, or an At-Large Member (check only one):

_____ Attendance Area Member Specify Attendance Area: _____

_____ At-Large Member

4. List all Higher Education Degrees you achieved (do not include High School diploma):

Degree(s) achieved: College/University which issued the degree: Major/area of study:

_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Physical Home Location (brief description of your home's location, and if living in a village, describe where your home is located):

_____ Village/Street	_____ City	_____ State	_____ Zip
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6.

_____ Mailing Address Street or P.O. Box	_____ City	_____ State	_____ Zip
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7. Home Phone: _____ Cell Phone: _____

8. Email: _____

9. Will you be twenty-five (25) years or older on or before date of appointment? ____ Yes ____ No

10. Are you a Hopi Tribal Council member or a local school board member of a Hopi Tribally Controlled School? ____ Yes ____ No. If yes, you are a member of: _____.
11. Are you an enrolled member of the Hopi Tribe? ____ Yes ____ No
Village Affiliation _____ Enrollment Number _____
12. Are you employed by the Hopi Department of Education and Workforce Development, one of Hopi's Tribally Controlled Schools, or a Hopi pre-school/Headstart? ____ Yes ____ No
If yes, your employer is: _____.
13. Are you a "direct relative" of an employee of the Hopi Department of Education and Workforce Development, one of Hopi's Tribally Controlled Schools, or a Hopi preschool? ____ Yes ____ No
Name of relative: _____
If yes, will your direct relative resign prior to you being sworn into the HBE if you are elected? ____ Yes ____ No

NOTE: "Direct Relative" means an employee's or candidate's parent, sibling, child, or spouse through legal or traditional Hopi marriage, and includes a domestic live-in partner and a non-biological child through adoption or legal guardianship.

14. Complete the "Statement of Interest" in the box below describing why you would like to serve on the HBE, your qualifications, and how you intend to improve and build Hopi educational systems. Your Statement of Interest may be publicly posted for appointment purposes. *Print clearly in black ink or type.*

Statement of Interest of: _____ (Print Your Name)

Candidate's Affirmation

I swear (or affirm) that: the information provided on this form is correct to the best of my knowledge; that I have reviewed the requirements of HBE membership; that I satisfy or will satisfy all requirements to hold this office by the date of the appointment; and if I am appointed, I will take the oath of office.

I further swear (or affirm) that if I am a Hopi Tribal Council member, local school board member, or an employee of the Hopi Department of Education and Workforce Development, local school, or pre-school of the Hopi School System, and am appointed to the HBE, I will resign from this position in writing and provide a copy of my resignation to the Hopi Department of Education and Workforce Development: Dr. Noreen Sakiestewa, and any other identified parties prior to taking the HBE oath of office.

Candidate's Signature: _____ Date: _____

Questionnaire/Application for Hopi Board of Education

Notice to Applicant: The Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment.

1. Full Name				2. Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).				4. Mother's Maiden Name		
Name						
5. Social Security Number				6. Driver's License Number		
7. Your Telephone No.		8. Place of Birth				
()		City	County		State	
9. Residence – List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list.						
Month/Year	Month/Year	Street Address	City	State	Zip code	
1)	To Present					
Month/Year	Month/Year	Street Address	City	State	Zip code	
2)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
3)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
4)	To					
10. Residence on an Indian Reservation – List any Indian Reservation, Village, or Community in which you have lived or worked in the last 5 years.						
11. Education – List the schools you have attended, beginning with the most recent and working back 5 years. Use item 23, if more space is needed.						
Month/Year	Month/Year	Name of School	Degree/Diploma/Other		Month/Year Awarded	
	To					
Street Address and City of School				State	Zip Code	
12. Employment - List your employment activities, beginning with the present and working back 5 years. The 5 year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school."						
Month/Year	Month/Year	Employer Name	Position Title			
1)	To Present					
Employer Street Address			City	State	Zip Code	
Supervisor's Name		Telephone number	Other Employer Reference		Telephone Number	
		()			()	
Reason you left						

Application continuation						
Last Name		First Name		Middle Initial	Jr., II, etc.	Social Security Number
Employment Continued –						
Month/Year Month/Year 2) To		Employer Name			Position Title	
Employer Street Address				City		State Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference			Telephone Number ()
Reason you left						

Month/Year Month/Year 3) To		Employer Name			Position Title	
Employer Street Address				City		State Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference			Telephone Number ()
Reason you left						

Month/Year Month/Year 4) To		Employer Name			Position Title	
Employer Street Address				City		State Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference			Telephone Number ()
Reason you left						

Month/Year Month/Year 5) To		Employer Name			Position Title	
Employer Street Address				City		State Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference			Telephone Number ()
Reason you left						

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
13. Personal References – List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Try not to list relatives or anyone who is listed elsewhere on this application.				
1) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()	
Home or Work Address	City		State	Zip Code
2) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()	
Home or Work Address	City		State	Zip Code
3) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()	
Home or Work Address	City		State	Zip Code
Background Information – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.				
14. LEFT BLANK INTENTIONALLY			<input type="checkbox"/>	<input type="checkbox"/>
15. Have you been convicted by a military court-martial? If "YES", use item 23 to provide the date , explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Are you now under charges or awaiting trial for any violation of law? If "YES", use item 23 to provide the date , explanation of violation, place of occurrence, and the name and address of the police department or court involved.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
17 Have you ever been fired from any job for any reason, did you quit after being told that you would be fired, have you resigned at the request of your employer or while employment charges or an investigation into your conduct was pending, or did you leave any job by mutual agreement because of specific problems? If "YES", use item 23 to provide the date , an explanation of the problem, reason for leaving, and the employer's name and address.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. Have you ever been arrested for or charged with a crime involving a child, a sex crime or a drug felony? You must answer "Yes" even if the matter was later dismissed, deferred, vacated or expunged. <div style="background-color: yellow; text-align: center; font-weight: bold; padding: 2px;">REQUIRED BY PL 101-647</div> If "YES", use item 23 to provide the date , explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.			YES <input type="checkbox"/>	NO <input type="checkbox"/>

Application continuation					
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
<p>19. Have you ever had a license or certificate of any kind revoked or suspended, have you been sanctioned, penalized or investigated by any licensing, certifying, or regulating agency, or is any charge, investigation, disciplinary action or complaint now pending against you by virtue of any license or certificate?</p> <p>If "YES", use item 23 to provide the name, address and telephone number of the licensing, certifying or regulating agency, a statement of the accusations against you, the date of any proceedings, and the final disposition of the matter(s).</p>				<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>20. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felony or misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children? REQUIRED BY PL 101-630</p> <p>If "YES," use item 23 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.</p>				<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>21. In the last 5 years have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or <u>illegally</u> used prescription drugs?</p> <p>If "YES", use Item 23 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.</p>				<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>22. In the last 5 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?</p> <p>If "YES", use Item 23 below to provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.</p>				<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>23. Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.</p>					

Certification that My Answers are True
<p>My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false, incomplete or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.</p> <p style="text-align: right;">_____ Applicant's initials Date</p> <p>I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a summary of any criminal history report made available to the Kaw Nation and my rights to challenge the accuracy and completeness of any information contained in the report.</p>
<p>_____ Applicant's Signature Printed Name Date</p>

Authorization for Release of Information

I authorize and consent to any investigator, or other duly accredited representative of the Hopi Tribe, who is conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information, whether or not specifically requested.

I further authorize and consent to any investigator, or other duly accredited representative of the Hopi Tribe who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize and consent to custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by Hopi Tribe and only for the purpose of determining my suitability for employment with the Hopi Tribe.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the Hopi Tribe and their respective officers, employees, Board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and criminal history checks and using and relying on any information obtained there from. Additionally, **I forever release, fully discharge, and agree to indemnify, defend and hold harmless** any current or former employer or educational institution, and any officer, employee, volunteer, representative or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to furnishing such information.

Copies or facsimiles of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Hopi Tribe whichever is sooner.

Signature (sign in black ink)		Printed Name		Date Signed
Position for Which you are being Investigated			Primary Contact Number	
Current Address	State	Zip Code	Secondary Contact Number ()	



Consent to Request Information for a Criminal Background Check

I understand that the Hopi Tribe will use the services of law enforcement agencies to perform a Criminal History Background Check as part of the procedure for employment or as a volunteer. I understand that these law enforcement agencies will conduct an investigation that verifies my social security number and includes obtaining information regarding criminal background. These law enforcement agencies may tract my counties of residence to search for criminal records.

I understand that the information contained in the Criminal History Background Check will be available to those persons involved in making employment decisions or performing the background investigation and that this information will be used for the purpose of making employment decisions.

I hereby consent to the Criminal History Background Check as described above and authorize the Hopi Tribe to procure reports concerning my background as stated above. I hereby fully release and discharge the Hopi Tribe or other authorized representatives and any individual organization, agency or other source providing information to the Hopi Tribe from all claims and damages arising out of or relating to any investigations of my background for employment purposes.

Criminal convictions or arrests may not automatically disqualify you from employment, but failure to provide this information may disqualify you.

Signature

Date

Printed Name

Date of Birth

Maiden or other last name used: _____

Social Security Number: _____

Drivers License Number: _____ **Expiration Date:** _____

Privacy Act Notice: The Hopi Tribe is authorized to perform a criminal background check on employees and applicants under the Indian Child Protection and Family Violence Prevention Act, Public Law 101-630 which states that:

To ensure that individuals in positions involving regular contact with, or control over, Indian children have not been found guilty of or entered a plea of nolo contendere or guilty to any felonious or any of two or more misdemeanor offenses under Federal, State or Tribal law involving: crimes of violence; sexual assault; molestation; exploitation; contact or prostitution; crimes against persons; or offenses committed against children.

Providing your social security number is necessary to perform these investigations and will be used with your consent for the purposes described above.

Applicant Consent to Release Liability and Reference Information

I, _____ (print name), in consideration of employment with the Hopi Tribe, hereby authorize the Hopi Tribe to perform background checks, reference checks and employment verifications on me. These checks may include, but are not limited to discussions with: supervisors, coworkers, business associates, or any other party who the Hopi Tribe may use sole discretion believes may have relevant job related information regarding my suitability for employment. The Hopi Tribe may also verify information that I have provided on the completed employment application and/or resume.

I agree not to assert any demands, damages, claims, suits or causes of action of any kind against the Hopi Tribe, its offenders, employees, agents or the organizations, officers, employees, and agents contacted arising out of the Hopi Tribe performing a good faith effort to check my employment references.

I acknowledge that my failure to authorize the Hopi Tribe to check my references shall disqualify me from consideration from employment. I acknowledge, the Hopi Tribe has made no representation that employment will be offered to me upon the completion of reference checks.

I understand the position I am applying for may require a satisfactory background check.

I acknowledge that employment at the Hopi Tribe may be conditioned upon satisfactory completion of an employment medical assessment, which may include a screening test for the presence of controlled substances. Continued employment would be continued upon the successful completion of any additional medical assessments that may be reasonably requested by the Hopi Tribe. Upon reasonable suspicion, the Hopi Tribe may require that I participate in further urinalysis screening tests for the presence of controlled substances.

I also acknowledge that if the position requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license and understand that I will be required to provide a copy of my driving record.

I hereby verify, under the penalty of perjury, the information contained in this application is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose misrepresentation or falsification, my application will be rejected, and I may be dismissed from employment and disqualified from future employment with the Hopi Tribe.

A photocopy or facsimile (fax) of this form that shows my signature shall be as valid as the original.

I UNDERSTAND THAT THIS APPLICATION IS VALID ONLY FOR THE POSITION APPLIED.

Applicant's Signature

Date

ATTENDANCE AREA DESIGNATIONS MAP

