 CROW CREEK TRIBAL SCHOOLS

EMPLOYMENT APPLICATION

103 CHIEFTAIN ROAD

STEPHAN, SD 57346

PHONE: (605) 852-2455 FAX: (605) 852-2669

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position Applying For**:

The application you are about to complete also requires supplemental data for background checks. (Please print clearly, this **application must be complete otherwise it will not be considered for employment with Crow Creek Tribal Schools.**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Security Number**:

**Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Other names used (maiden, alias, nick name):

Mother Maiden Name:

If claiming Indian Preference: Tribe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Citizenship:** Please check the appropriate response:

\_\_\_\_\_\_\_\_I am a US Citizen or national by birth in the US or US territory**. Birth Place:**

\_\_\_\_\_\_\_\_I am a US Citizen, but was NOT born in the US (Answer B, C, and D).

\_\_\_\_\_\_\_\_I am NOT a Citizen. (Answer B and E).

If you are a US Citizen but were not born in the United States, please provide about the following:

Naturalization certificate (where you were naturalized)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship certificate (where was the certificate issues)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Department Form 240-Report of birth abroad of a Citizen of the US.

Dual Citizenship: What other Country?

VISA#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Attach Passport copy.\_\_\_\_\_\_\_\_\_\_\_

**Driver's License#**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ (Please attach a copy of your driver's license)

**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.

From: To:

|  |  |  |
| --- | --- | --- |
| Address City | State | Zip Code |
| Address City | State | Zip Code |
| Address City | State | Zip Code |

 Mo/.yr. Mo/Yr.

From: To:

Mo/Yr. Mo/Yr.

From: 

Mo/Yr. Mo/Yr.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address | City | State | Zip Code | From: | Mo/Yr. | Mo/Yr. |

From: To:

Address City State Zip Code Mo/Yr. Mo/Yr.

**EDUCATION:**

(High School Diploma or GED is a minimum requirement for employment). List the schools you have attended, beginning with the most recent and working back 5 years. Use additional page if more space is needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Last High School (HS) GED School. Give the School's Name, City, State, Zip Code | | | |
| Circle highest level complete: HS/GED Some College Associate Bachelor Masters Doctoral | | | |
| List all Colleges and Universities attended.  Attach Transcript if possible. Include Address | Total Credits Earned | Major(s) | Degree (if received) Year Retrieved |
|  |  |  |  |

Other Qualifications (Type of Professional License or Certifications: (Attach copies)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT HISTORY**: 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 if "unemployed" or "attending school".

|  |
| --- |
| Name of Employer: Phone#:  Supervisor:  Address of Previous Employer  Employment Dates: to:  Supervisors Title  Position Held: Reason for Leaving:  Description of Job Duties: |
| Name of Employer: Phone#:  Supervisor:  Address of Previous Employer  Employment Dates: to:  Supervisors Title  Position Held: Reason for Leaving:  Description of Job Duties: |
| Name of Employer: Phone#:  Supervisor:  Address of Previous Employer  Employment Dates: to:  Supervisors Title  Position Held: Reason for Leaving:  Description of Job Duties: |

**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 5 years. Try not to list relatives or anyone who is listed elsewhere on this application. The school reserves the right to contact persons not specified by you. Submission of an application to the school constitutes your permission and consent for the school to contact any person(s) and discuss you, your qualifications, and other pertinent matters.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years known professionally: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years known socially: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what professional capacity did you know this reference?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years known professionally: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years known socially: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what professional capacity did you know this reference?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: 

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years known professionally: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years known socially: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what professional capacity did you know this reference?



**VETERANS**

Are you a US Military Veteran? \_\_\_\_\_ If so what Branch? \_\_\_\_\_\_\_\_ Type of Discharge: \_\_\_\_\_\_\_\_

**SELECTIVE SERVICE**

If you are a male and born after December 31, 1959, have you registered with the selective service? \_\_

If so, what is your registration #? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, what is the reason for your legal exemption? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

Your answers should include convictions resulting for a plea of nolo contendere (no contest), but omit: I.) traffic fines of under 300.00 or 2.) Any violations of law committed before your 1 8 the birthday if finally decided in juvenile court or under a Youth Offender law, 3.) Any convictions set aside under the Federal Youth Corrections Act or similar state law, and (4 any conviction whose record was expunged under Federal, State, or Tribal law.

Section 231 of the Crime Control Act of 1990 Public Law 1 01-647, requires that employment applications for Federal child care positions have applicants sign a receipt of notice that a criminal records check will be conducted.

I. Have you ever been arrested for or charged with a crime involving a child? YES NO Indian Child Protection and Family Violence Prevention Act of 1990, Public Law 101-630, requires criminal records checks for positions with regular contract with, or control over Indian Children.

1. Have you ever been found guilty of, or entered a plea of nolo contend ere or guilty to any offense under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, exploitation, contact

Or prostitution or crimes against persons? **YES NO**

1. Have you ever been convicted, imprisoned, on probation, or been on parole (include felonies, firearms or



Explosives violations, misdemeanors, and all other offenses). **YES NO**

1. Are you under charges for any violation of law? **YES NO**
2. Have you ever been fired from any job for any reason, did you quit after being told you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal,

State, or Tribal employment such respective agency and/or Tribe? **YES NO**

1. Are you delinquent on any federal debt? (Include delinquencies arising from Federal taxes, loans, over payment of benefits and other debts to the US Government, plus defaults of Federal guaranteed or insured

Loans such as student and home mortgage loans). **YES NO**

1. Have you ever used, possessed, supplied or manufactured illegal drugs and/or narcotics? **YES NO**

If you answered YES to any of the above questions, use the additional space below to provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence and the name and address of the Police Department or Court involved.

ADDITIONAL SPACE: (Use separate sheet if necessary)

Certify that my responses to these questions are made under Federal penalty of perjury which is punishable by fines or imprisonment, and that I have received notice that a criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any information contained in this report.



Signature of Applicant/Employee Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize Crow Creek Tribal Schools to conduct an investigation into my personal background for the purpose of evaluating my qualifications for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that Crow Creek Tribal Schools may' conduct all or part of such investigation through personal information pursuant to such investigation through personal interview with acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, employment history and public record information. (e.g., record of civil judgment, conviction, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses, and transcripts may be relevant to Crow Creek Tribal Schools evaluation of my qualifications and such inquiry will be made pursuant to such investigation to release and disclose it to Crow Creek Tribal Schools. I hereby release Crow Creek Tribal Schools and any person providing information in connection therewith from any and all liability which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide the following supplemental data to insure that any records located which may refer to a person with a name identical or similar to mine are properly determined as referring to, or not to me. I understand that I am not required to provide the supplemental data and that if I do so it will be used only in connection with the investigation authorized herewith.

I have been advised and I understand that I have the right to make a written request within (30) days from the date hereof to receive information concerning the nature and scope of the above described background investigation. The foregoing is in accordance with my' understanding and agreement and my' signature on this "Authorization for Release of Information" confirms my acceptance hereof. Copies of the "Authorization for Release of Information" that show my signature are as valid as the original "Authorization for Release of Information" signed by me. Before signing, I have had the opportunity to review this document with anyone of my choosing including my attorney.

I understand all my background information will be kept in a separate security file under lock and key and only the Background Investigator and Adjudicator will have access to my file and my information will remain Confidential and will need school board approval to release information.



Signature of Applicant/Employee Date

**ALL POTENTIAL EMPLOYEES MUST SUBMIT TO ALCOHOL AND DRUG SCREENING AND HAVE CRIMINAL BACKGROUND CHECKS COMPLETED PRIOR TO EMPLOYMENT WITH THE CROW CREEK TRIBAL SCHOOLS.**

**THANK YOU FOR OUR INTEREST IN APPLYING TO CROW CREEK TRIBAL SCHOOLS.**

Please check the position you are applying for:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | --- | --- | --- | | Teacher — 5 Year Teacher Certificate  Attach: l ) Copy of Teaching Certificate 2) Resume | Yes | No | | Principal — Masters in Administration | Yes | No | |
|  | |  |  |  | | --- | --- | --- | | Attach: l ) Copy of Certificate 2) Resume |  |  | | School Paraprofessional — 48 College Credits | Yes | No | |
|  | |  |  |  | | --- | --- | --- | | Attach: l ) College Credit Hours |  |  | | Dormitory — 32 College Credits | Yes | No | |

Matron or Recreation Department

Attach: l) College Credit Hours

 Other/Specify

Attach: 1) Resume

I understand that Crow Creek Tribal Schools requires a background and investigation check on all current and potential new employees in accordance with:

Public Law 101-630 and Public Law 101-647.



Signature Date