



SICANGU OYATE HO, INC.

St. Francis Indian School

PO BOX 379 • 502 E. WARRIOR DRIVE • ST. FRANCIS, SOUTH DAKOTA 57572

JOB APPLICATION

(Revised in Accordance with Federal Guidelines and Board Policy)

GENERAL INFORMATION

NAME: _____

SOCIAL SECURITY NO. _____

CURRENT ADDRESS: _____

PREVIOUS ADDRESS (if any): _____

TELEPHONE NUMBER (H) _____ **(W)** _____

E-MAIL ADDRESS: _____

POSITION DESIRED (please be specific):

RATE OF PAY EXPECTED: _____

Age: Are you over 18 years of age? YES _____ NO _____ If no, you will need to submit a work permit.

Citizenship: Are you a U.S. Citizen? YES _____ NO _____ The Immigration Reform and Control Act of 1987 requires you to fill out an I-19 Form (Employment Eligibility Verification) as part of your employment file.

Language: Name the Language(s) in which you are fluent.

Language: _____ Reading _____ Writing _____ Speaking _____

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HOME ADDRESS FOR PAST FIVE (5) YEARS
(Use additional page if needed)

Address _____ City _____ State _____ Zip Code _____ From: _____ To: _____

Address _____ City _____ State _____ Zip Code _____ From: _____ To: _____

Address _____ City _____ State _____ Zip Code _____ From: _____ To: _____

Address _____ City _____ State _____ Zip Code _____ From: _____ To: _____

Address _____ City _____ State _____ Zip Code _____ From: _____ To: _____

EDUCATION

(HS/GED/COLLEGE TRANSCRIPTS) Please submit your HS or GED to have a completed application. If you have college credits or a college degree please submit a copy of your college transcripts.

Name of High School/GED: _____ Years Attended: _____

Address: _____ Diploma Received: Yes _____ No N/A Year: _____
Street or PO Box City State Zip Code

Name of College: _____ Years Attended: _____

Address: _____ Diploma Received: Yes _____ No _____ Year: _____
Street or PO Box City State Zip Code

Degree/Major: _____ Date Degree Received: _____

List last Name(s) if different than above at time of high school or college attendance:

Type of Professional License/Certification: _____

License or Certification Number: _____ Date Received: _____

REFERENCES

Three (3) references MUST be Professional

1. Name _____ Home No. _____ Business No. _____

Address _____ Years Known Socially: _____ Professionally: _____

Business Address _____ Relation or Job Title: _____

2. Name _____ Home No. _____ Business No. _____

Address _____ Years Known Socially: _____ Professionally: _____

Business Address _____ Relation or Job Title: _____

3. Name _____ Home No. _____ Business No. _____

Address _____ Years Known Socially: _____ Professionally: _____

Business Address _____ Relation or Job Title: _____

4. Name _____ Home No. _____ Business No. _____

Address _____ Years Known Socially: _____ Professionally: _____

Business Address _____ Relation or Job Title: _____

BACKGROUND INFORMATION
Please Read Carefully and Thoroughly

Your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit: (1) traffic fines of \$300.00 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender Law, (4) any conviction set aside under the Federal Youth correction Act of similar State law, and (5) any conviction whose record was expunged under Federal or State law.

Section 231 of the Crime Control Act of 1990, Public Law 101-647; require that employment applications for Federal child care positions have applicants sign a receipt of notice that a criminal records check will be conducted.

1. Have you ever been arrested for or charged with a crime involving a child? **YES NO**
If "Yes", use the additional space section at the end of this application 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.

Section 40§ of the Miscellaneous Indian Legislation, Public Law 101-630, requires a criminal records check for positions with regular contact with or control over Indian children.

2. Have you ever: (1) been arrested for or charged with a crime involving a child, and/or (2) been found guilty of, or entered a plea of nolo contendere 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**
If "Yes", use the additional space section at the end of this application 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.
3. During the past ten (10) years, have you ever been convicted, been imprisoned, been on probation, or been on parole? (Include felonies, firearms, or explosives violations, misdemeanors, and all other offenses) **YES NO**
If "Yes", use the additional space section at the end of this application to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
4. Have you been convicted by a military court-martial in the past ten (10) years? (If no military service, answer "No"). **YES NO**
If "Yes", use the additional space section at the end of this application to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.
5. Are you under any charges for any violation? **YES NO**
If "Yes", use the additional space section at the end of this application to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
6. During the last five (5) years, were you fired from any job for any reason, did you quit after being told that 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
7. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federal guaranteed or insured loans such as student and home mortgage loans.) **YES NO**

ADDITIONAL SPACE
(Use Separate Sheet for additional information if necessary)

Person to notify in case of an emergency: _____

Address: _____ Phone No.: _____

I, _____, 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 the report.

Signature of Employee/Applicant

Date

ST. FRANCIS INDIAN SCHOOL

P.O. Box 379

St. Francis, SD 57572

(605) 747-2299

APPENDIX "A"

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **St. Francis Indian School** to conduct an investigation into my personal background for the purpose of evaluating my qualification for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that **St. Francis Indian School** may conduct all or part of such investigation. I also acknowledge and agree that **St. Francis Indian School** may obtain 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, convictions, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degree, licenses and transcripts may be relevant to **St. Francis Indian School's** evaluation of my qualifications and that such inquiry will be made pursuant to such investigation to release and disclose it **St. Francis Indian School**. I do hereby release _____ and any person

(Please leave blank)

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 thirty (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 thereof. Copies of the "Authorization for Release of Information" show that 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 an attorney.

Signature of Applicant

Date Signed

Printed Name