



CRAZY HORSE SCHOOL Application Documents

Name:

Date employment/Resume application received:

IF YOU HAVE THESE FOLLOWING ITEMS PLEASE ATTACH WITH YOUR FORM:

___ Degree of Indian Blood

___ Certificates

___ Teacher Certificate

___ Reference Forms (2 or more)

___ College Transcripts

___ Veterans Preference

___ Resume

COMMENTS: _____

Contact Information:

Email: _____

Phone/Cell Number: _____

Fax#: _____

Mailing Address: _____



Home of the Chiefs



245 Crazy Horse School Drive
P.O. Box# 260
Wanblee, South Dakota 57577
PERSONNEL OFFICE (605) 462-6811 FAX (605) 462-6510

JOB APPLICATION

(Revised in Accordance with Federal Guidelines and Board Policy)

GENERAL INFORMATION

DATE: _____ NAME: _____

SOCIAL SECURITY NO. _____

ADDRESS: _____

PREVIOUS ADDRESS: _____

PHONE NUMBER(S): HOME: _____ CELL: _____

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-9 Form (Employment Eligibility Verification) as part of your employment file.

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

Language: _____ Reading: _____ Writing: _____ Speaking: _____

Language: _____ Reading: _____ Writing: _____ Speaking: _____

Language: _____ Reading: _____ Writing: _____ Speaking: _____

"The Crazy Horse School Tiospaye will empower students to nurture their values and succeed personally and professionally in a multicultural, global community"

PREFERENCES

Preferences: If you are as equally qualified as other applicants are, you have the following Preferences provided legal Native American preferences have the high priority.

NATIVE AMERICAN? YES _____ NO _____

If yes, enrolled member of the: _____ TRIBE.

VETERAN? YES _____ NO _____

Branch of service: _____

Type of Discharge: _____

Dates of Active Duty: From: _____ To: _____

LOCAL LEGAL RESIDENT? YES _____ NO _____

NOTE: IF A PREFERENCE IS DECLARED, VERIFICATION IS REQUIRED.

EDUCATION

Name of High School: _____ Years Attended: _____

Address: _____ Diploma Received: YES ___ NO ___ YEAR: _____

Name of College: _____ Years Attended: _____

Address: _____ Diploma Received: YES ___ NO ___ YEAR: _____

Degree/Major: _____

Date Degree Received: _____

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

Type of Professional License/Certification: _____

License or Certification Number: _____ Date Received: _____

Location where License or Certification was Received: _____

<p style="text-align: center;">EMPLOYMENT HISTORY (List MOST RECENT first and include Military Service)</p>

1. Name of Employer: _____ Telephone No. _____

Address: _____ Name of Supervisor: _____

Employment Dates: From: _____ To: _____ Supervisor Title: _____

Position Held: _____ Reason for Leaving: _____

2. Name of Employer: _____ Telephone No. _____

Address: _____ Name of Supervisor: _____

Employment Dates: From: _____ To: _____ Supervisor Title: _____

Position Held: _____ Reason for Leaving: _____

3. Name of Employer: _____ Telephone No. _____

Address: _____ Name of Supervisor: _____

Employment Dates: From: _____ To: _____ Supervisor Title: _____

Position Held: _____ Reason for Leaving: _____

4. Name of Employer: _____ Telephone No. _____

Address: _____ Name of Supervisor: _____

Employment Dates: From: _____ To: _____ Supervisor Title: _____

Position Held: _____ Reason for Leaving: _____

5. Name of Employer: _____ Telephone No. _____

Address: _____ Supervisor Title: _____

Employment Dates: From: _____ To: _____ Supervisor Title: _____

Position Held: _____ Reason for Leaving: _____

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 response 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

REFERENCE FORM

To the applicant: *This reference form must be filled in by former employer, supervisor or someone who has first hand knowledge of your abilities. It must be sent directly from the person providing the reference to the Human Resource Officer of Crazy Horse School.*

(Mailing Address) Crazy Horse School, Box# 260, Wanblee SD 57577 FAX# (605) 462-6621

Applicants Name: _____ Position applying for _____

To my knowledge/experience the above named applicant (RATE YOUR RESPONSE)

5-EXCELLENT 4-GOOD 3-FAIR 2-POOR 1-DON'T KNOW

1. Has the willingness to do extra tasks assigned: _____
2. Has the ability to work effectively with people: _____
3. Is punctual and consistent in attendance: _____
4. Completes assigned tasks in a competent manner: _____
5. Takes the initiative in completing tasks without constant manner: _____
6. Works cooperatively with supervisor and other staff: _____

How long have you known the applicant? _____

Under what circumstances did/do you know the applicant? _____

How long was the applicant under your supervision? _____

COMMENTS: _____

Signature: _____ Title: _____ Date: _____

REFERENCE FORM

To the applicant: *This reference form must be filled in by former employer, supervisor or someone who has first hand knowledge of your abilities. It must be sent directly from the person providing the reference to the Human Resource Officer of Crazy Horse School.*

(Mailing Address) Crazy Horse School, Box# 260, Wanblee SD 57577 FAX# (605) 462-6621

Applicants Name: _____ Position applying for _____

To my knowledge/experience the above named applicant (RATE YOUR RESPONSE)

5-EXCELLENT 4-GOOD 3-FAIR 2-POOR 1-DON'T KNOW

7. Has the willingness to do extra tasks assigned: _____
8. Has the ability to work effectively with people: _____
9. Is punctual and consistent in attendance: _____
10. Completes assigned tasks in a competent manner: _____
11. Takes the initiative in completing tasks without constant manner: _____
12. Works cooperatively with supervisor and other staff: _____

How long have you known the applicant? _____

Under what circumstances did/do you know the applicant? _____

How long was the applicant under your supervision? _____

COMMENTS: _____

Signature: _____ Title: _____ Date: _____

REFERENCE FORM

To the applicant: *This reference form must be filled in by former employer, supervisor or someone who has first hand knowledge of your abilities. It must be sent directly from the person providing the reference to the Human Resource Officer of Crazy Horse School.*

(Mailing Address) Crazy Horse School, Box# 260, Wanblee SD 57577 FAX# (605) 462-6621

Applicants Name: _____ Position applying for _____

To my knowledge/experience the above named applicant (RATE YOUR RESPONSE)

5-EXCELLENT 4-GOOD 3-FAIR 2-POOR 1-DON'T KNOW

13. Has the willingness to do extra tasks assigned: _____
14. Has the ability to work effectively with people: _____
15. Is punctual and consistent in attendance: _____
16. Completes assigned tasks in a competent manner: _____
17. Takes the initiative in completing tasks without constant manner: _____
18. Works cooperatively with supervisor and other staff: _____

How long have you known the applicant? _____

Under what circumstances did/do you know the applicant? _____

How long was the applicant under your supervision? _____

COMMENTS: _____

Signature: _____ Title: _____ Date: _____

Information contained in this questionnaire is for official use only.

Questionnaire/Application for a Child Care Position

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 00
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 Number		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						
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						
Employer Street Address			City	State	Zip Code	
Supervisor's Name		Telephone Number	Other Employer Reference		Telephone Number	
		()			()	
Reason you left						

Information contained in this questionnaire is for official use only.

Application Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 00
-----------	------------	-------------	---------------	----------	--------	---------

12. Employment Continued-

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 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 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 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 Name	Jr., II, etc.	Month 00	Day 00	Year 00
-----------	------------	-------------	---------------	----------	--------	---------

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
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
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

13. 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 attachment to this application.

14. Have you ever been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00) You must answer "YES" even if the matter was later dismissed, deferred, vacated or expunged. If "YES", use item 23 to provide the date, explanation of violation, final disposition, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Have you been convicted by a military court-martial? If "YES", use item 23 to provide the date, explanation of 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, final disposition, 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, 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, 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. REQUIRED BY PL 101-647 If "YES", use item 23 to provide the date, explanation of 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 Name	Jr., II, etc.	Month 00	Day 00	Year 00	
<p>19. Have you 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 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>						YES <input type="checkbox"/>	NO <input type="checkbox"/>
<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 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>						YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>21. In the last 5 years have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.), or illegally used prescription drugs?</p> <p>If "YES", use item 23 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>						YES <input type="checkbox"/>	NO <input type="checkbox"/>
<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 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>						YES <input type="checkbox"/>	NO <input type="checkbox"/>
<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

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.

Applicant's Initials Date

I certify that my response 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 **Oglala Sioux Tribe - Tribal Education Agency and/or one of the P.L. 100-297 Tribally Controlled Grant Schools** and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature Applicant's Printed Name Date

Authorization for Release of Information

I authorize and consent to any investigator, or other duly accredited representative of the **Oglala Sioux Tribe – Tribal Education Agency and/or one of the P.L. 100-297 Tribally Controlled Grant Schools**, 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 **Oglala Sioux Tribe – Tribal Education Agency and/or one of the P.L. 100-296 Tribally Controlled Grant Schools**, 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 the **Oglala Sioux Tribe – Tribal Education Agency and/or one of the P.L. 100-297 Tribally Controlled Grant Schools** and only for the purpose of determining my suitability for employment with one of the P.L. 100-297 Tribally Controlled Grant Schools chartered by the **Oglala Sioux Tribe**.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the **Oglala Sioux Tribe – Tribal Education Agency and/or one of the P.L. 100-297 Tribally Controlled Grant Schools**, 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 therefrom. 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 **Oglala Sioux Tribe – Tribal Education Agency and/or one of the P.L. 100-297 Tribally Controlled Grant Schools**, 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 ()