

TIOSPAYE TOPA SCHOOL HC 76 BOX 300 RIDGEVIEW, SD 57652 605-733-2290 (Office) 605-733-2299 (Fax)

A complete application shall include the following:

Check List	Applicable 🗸	Not Applicable
Signed Application		
Official Transcripts		
Three Letters of Reference		
Indian Preference – BIA Form 4432		
Veteran's Preference – Form DD214		
Certificates for Training/Workshops		
Special Requirements (driver's license, insurance, etc.)		
Extensive Background Application		
Drug Test		

Incomplete applications will not be considered.



TIOSPAYE TOPA SCHOOL HC 76 BOX 300 RIDGEVIEW, SD 57652 PHONE: (605) 733-2290

FAX:

(605) 733-2290 (605) 733-2299



NON-CERTIFIED STAFF APPLICATION FORM

Indian Preference Policy: Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act of 1934 (Title 25, USC, Section 472). Verification Form BIA-4432 must be submitted with the application if claiming Indian Preference. Consideration will be given to Non-Indian applicants (status or reinstateable) in the absence of qualified Indian Preference eligible.

Equal Opportunity Employer: Within the scope of Indian preference, all candidates will receive consideration without regard to race, color, sex, age, religion, sexual orientation, national origin or other non-merit factors.

Position applying for:			Date:	
Name:			SSN:_	
Address: Street/Box				
PHONE:	City			ZIp
Are you known by another name? ()				
Do you need housing if selected? ()		·		
Do you claim Indian Preference? () Y	YES () NO IFY	es, Tribal Affiliat	ion:	
Do you speak, read and/or write the La	ikota language?	()YES()NO		
Are you a veteran? () Yes () No If	Yes, branch of m	nilitary service: _		
Dates of duty: From:		To:		
Additional Skills Describe skills relevant to the job for wi Skill	hich you are appl Type of Exp		<u>L</u>	evel of Experience
Office equipment, computers, software	Control of the Contro	Difference and the second and the s		
Technical skills, professional licenses				
Heavy equipment, machinery	•			
Other	***************************************			
Can you perform the essential functions If No, provide additional informat	of the job with o	r without reason	able accon	nmodation? () YES () NO

Employment Statement: IMPORTANT! To Properly Assess Your Experience, Please Complete All Sections. Start with your present and/or most recent job (within past 8 years).

Employer:			
•		Phone:	
		nediate Supervisor:	
Dates of Employment: From			
Work Performed:			
Employer:		·	
		Phone:	
Job Title:	Imm	ediate Supervisor:	
Dates of Employment: :From	То	Salary:	
Work Performed:			
Reason for Leaving:			
Employer:			
Address:			
ob Title:	Imme	diate Supervisor:	
Dates of Employment: From			
leason for Leaving:			

Name & Title		Addre	200	Dh	OBO.	Email	A daluana	
	***************************************	- Audie	.55	FI	Phone I		Email Address	
					·	 		
	·							
Educational Bad	kground: To	o be consi	dered, official trans	cripts must b	e atlached w	ith app	lication.	
Туре	School		Address ·	***************************************	Degree earr	ned	Date received	
High School/GED								
Indergraduate		·						
Sraduate								
Other			reconstruction de service de la construction de la					
	idered separa		d on job duties and					
position applied	for involves d	riving, hav	Oriver's License?(re you been convict ?()YES()NO	led, pleaded		or paid		
iscellaneous: Pl	ease complet	le the follo	wing.					
I-	a work for the	Tiospave	Topa School?:					

Internet

Tiospaye.Topa School

Newspaper

Family/Friend/Relative

Other (please specify):

BACKGROUND INFORMATION

Your answers should include convictions resulting from pleas of nolo contender (no contest), but omit (1) traffic fines of \$150 or less, (2) any violation of law committed before your eighteenth withday if finally decided in juvenile court of under a Youth Offender law, (3) any conviction set aside under the Federal Youth Corrections Act or similar tribal or state law and (4) any conviction whose record was expunged under Tribal, Federal or State law.

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

minal i	records check will be conducted.
1.	Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) of guilty to, any felonious offense. If yes, provide the date, explanation of the violation, disposition of the arrest of charge, place of occurrence and the name and address of the police department of court involved. () YES () NO
2.	Have you ever been arrested for or charged with a crime involving a child? If yes, provide the date, explanation of the violation, disposition of the arrest of charge, place of occurrence and the name and address of the police department of court involved. () YES () NO
3.	Have you ever been found guilty of, or entered a plea of noto contendere (no contest) or guilty to, under rederal, state, or tribal law involving crimes of violence; sexual assault; molestation, exploitation, contact or prostitution; or crimes against persons? If yes, provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence, and the name and address of the police department or court involved. () YES () NO
4.	Have you ever been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms, or explosive violations, misdemeanors, and all other offenses.) If yes, use additional space to provide the date, explanation of the violation, place of occurrence, and the name, and address of the police department or court involved. () YES () NO
5.	Are you now under charges for any violations of the law? If yes, use additional space to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

()YES ()NO

CERTIFICATION

I certify that all answers given are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further understand that a false 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. 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 my own copy of any criminal history report made available to the Tiospaye Topa School and/or CRST Education Agency by contacting the originating agency. I also understand my rights to challenge the accuracy and completeness of any information contained in the report.

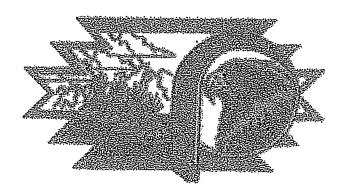
Signature of Applicant	Date

<u>AGREEMENT</u>

I authorize the Tiospaye Topa School and/or CRST Education Agency to make such investigations and inquiries of my personal employment, financial or medical history and other related matters as may be necessary at arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application, and hereby specifically give them permission to release any information requested by Tiospaye Topa School.

Signature of Applicant	Date

^{**} Please do not submit original documents (except transcripts) with your application as they will not be returned.



Tiospaye Topa School HC 76 BOX 300 – RIDGEVIEW, SD 57652 605-733-2290 (office) ~ 605-733-2299 (fax)

Questionnaire/Application								
Applicant Name:		Date:						
Position Applied for:			·					
Your Mailing Address: (All correspondence will be sent to this address)								
Street / P.O. Box	City	State	Zip Code					

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. 2. Date of Birth 1. Full Name Year 0000 Last Name First Name Middle Name Jr., 11, Month 00 Day 00 4. Social Security Number 3. Other Names Used - Former name, from a former marriage, alias(s), or nickname(s). Name 5. Telephone Number Alternate Telephone Number 6. E-mail address 7. Place of Birth State City County 8. 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. State Zip code City Month/Year Street Address Month/Year To Present State Zip code Month/Year City Street Address Month/Year To State Zip code Street Address City Month/Year Month/Year To Zip code Month/Year City State Street Address Month/Year To State Zip code City Street Address Month/Year Month/Year To State Zip code City Month/Year Street Address Month/Year 9. Residence on an Indian Reservation List any Indian Reservations in which you have lived or worked in the last 5 years. 10. Education : List the schools you have attended, beginning with the most recent and working back 5 years. Use tem 20 or separaterpage if more space is needed. Degree/Diploma/Other Month/Year Awarded Name of School Month/Year - Month/Year Zip Code State Street Address and City of School Month/Year Awarded Degree/Diploma/Other Month/Year - Month/Year Name of School Zip Code State Street Address and City of School

Last Name	First Name	Middle Initial	Jr., II, etc.		
11. Employment e List your emplo) Dyment activities, beginni	ng with the present and w	l orking back	5 years. The	5 year peno
		ds.of.unemployment, list a	ates and au	nemployed::c	r attending
Month/Year Month/Year Employer	Name		1	Position Title	
1) To					
1) To Employer Street Address		City		State	e Zip Co
					1
Supervisor's Name	Telephone number	Other Employer Reference		Te	elephone Numb
•	1,			1,	
Reason you left					
Reason you test					
				m w Till.	
Month/Year Month/Year Employer Na	me			Position Title	
2) To					
Employer Street Address		City		State	·Zip Coo
Supervisor's Name	Telephone number	Olher Employer Reference		Te	lephone Numbe
•				1,	1
Reason you left					
Reason you left					
				-11 - Tilp	
	ame		Po	silion Tille	
Month/Year Month/Year Employer N	ame		Po		
Month/Year Month/Year Employer N	ame	City	Po	sition Title	Zip Cod
Month/Year Month/Year Employer N			Po	State	
Month/Year Month/Year Employer N 3) To Employer Street Address	ame Telephone number	City Other Employer Reference	Po	State	Zip Cod
Month/Year Month/Year Employer N 3) To Employer Street Address			Po	State	
Month/Year Month/Year Employer N 3) To Employer Street Address Supervisor's Name			Po	State	
Month/Year Month/Year Employer N 3) To Employer Street Address Supervisor's Name			Po	State	
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Month/Year Month/Year Employer N 3) To Employer Street Address Supervisor's Name Reason you left	Telephone number			State	
Month/Year Month/Year Employer N 3) To Employer Street Address Supervisor's Name Reason you left	Telephone number			State	
Month/Year Month/Year Employer N 3) To Employer Street Address Supervisor's Name Reason you left Month/Year Month/Year Employer Name 4) To	Telephone number	Other Employer Reference		State Tel (lephone Numbe
3) To Employer Street Address Supervisor's Name Reason you left Month/Year Month/Year Employer Name 4) To	Telephone number			State	lephone Numbe
Month/Year Month/Year Employer N 3) To Employer Street Address Supervisor's Name Reason you left Month/Year Month/Year Employer Name 4) To	Telephone number	Other Employer Reference		State Tel (lephone Numbe
Month/Year Month/Year Employer N 3) To Employer Street Address Supervisor's Name Reason you left Month/Year Month/Year Employer Name	Telephone number	Other Employer Reference		State Tel (lephone Numbe

		Application in	continuation 📉 🐬					V
Last Name		First Name	Middle Initial	Jr., II, etc.				
	ł							
12. Personal References	-List 3 people	who know you well. Ti	ney should be good frie	nds, peers,	roon	imates,	eic.; an	who 💉
have known you for at leas								
1) Name			Dates Kr			phone N		
			Month/Year To	Month/Year	,	Work (Home (}	
						Cell (<u> </u>	
Home or Work Address			City			State	Zip	Code
2) Name			Dates Kn			phone N	umber	
				Month/Year		Nork ()	
			То			Home (Cell (}	
Home or Work Address			City			State	Zip C	ode
3) Name			Dafes Kn	own	Tele	phone No	ımber	
•				Month/Year		Vork ()	
			То			lome (Cell (}	
Home or Work Address			City			State	Zip C	ode
								,
Background Information	For all question	ns: provide all addition	al required information a	n the space	.brov	ided or	on a ser	arate
sheet: Ensure full name an	id social security	number is on any atta	chments to this applica	lion.				
13. In the last 5 years, hav	e you been arre	sted for, charged with,	or convicted of, been in	nprisoned, l	been	on	YES	NO
probation, or been on parol	e for any offense	e(s)? Include all offens	es where you have bee	n found gu	ilty, p	led	F	
guilty or nolo contendere (n	o contest). (Lea	ive out traffic fines of le	ss than \$150.00.)				- Louis	Leane
If "YES", use item 21 to pro	vida iba data a	unlanation of violation	nices of accurrance or	d the name	and			
address of the police depar			place of occurrence, an	iu inc nami	anu			
14. Have you been convict	ed by a military	court-martial in the nas	5 years?				YES	NO
17. Have jou been convict	od by a military	bodit markar in the pao-	, o joulor				- Franci	1
If "YES", use item 21 to pro	vide the date, e	xplanation of the violati	on, place of occurrence	, and the n	ame a	and		
address of the military author	ority or court inv	olved.						
15. Are you now under cha	rges for any viol	ation of law?					YES	NO
If "YES", use item 21 to pro			place of occurrence, an	a tne name	ano		land.	land.
address of the police depart 16. During the last 5 years,	iment or court in	Volved. Fred from onviols for o	ny roasan, did you quit	ofter heing	fold t	hat	YES	NO
you would be fired, or did yo	, nave you been ou loove any ich	by mutual acreement i	ny reason, ara you quit because of specific prof	alici belliy Jeme?	tota t	llat	ı	1
ou would be lifed, of ald yo	ou leave any job	by mutual agreement i	necause of sheems bron	nomo:				
f "YES", use item 21 to prov	vide the date, a	n explanation of the pro	blem, reason for leavin	g, and the e	emplo	ver's		
name and address.	vido tito dato, di	1 Onplanation of the pro-		0,		•		
17. Have you ever been a	rrested for or ch	arged with a crime invo	lving a child?				YES	NO
•						:		
If "YES", use item 21 to prov	vide the date, e	kplanation of the violation	on, disposition of the ar	rest(s) or cl	narge	(s),		
place of occurrence, and the	e name and add	ress of the police depar	rtment or court involved				<u> </u>	

	Application continu	ation	<u> Carakara</u>		WAY!	
Last Name	First Name	Middle Initial	Jr., II, etc.			
					Question and the second	
18. Have you ever been found guilty of,	or entered a plea of nolo conter	dere (no contes	t) or guilty t	o, any	YES	NO
felonious offense, or any of two or more recrimes of violence; sexual assault, moles	nisdemeanor offenses under Fe	deral, State, or i	inbal law in\ In teniene e	olving ersons: or		
offenses committed against children?	tation, exploitation, contact of pr	osuuuun, omic	a agamat þ	sidulia, ui		
If "YES," use item 21 to provide the date, place of occurrence, and the name and a	, explanation of the violation, dis	position of the a	mest(s) or d d	harge(s),		
19. In the last 5 years have you illegally	used any controlled substance,	for example, ma	arijuana, co	caine, crack	YES	NO
cocaine, hashish, narcotics (opium, morph	hine, codeine, heroin, etc.), amp	hetamines, dep	ressants (b	arbiturates,	prosent.	
methaqualone, tranquilizers, etc.), halluci	nogenics (LSD, PCP, etc.), or ill	<u>legally</u> used pre	scription dr	ugs?	Erail.	Brench 1
If "YES", use Item 21 below to provide the	e date(s) of use, identify the con	trolled substance	e(s) and/or	prescription		
drugs used, and the number of times each	h was used. Include any treatme	ent or counseling	received.		1/50	110
20. In the last 5 years, have you been inversely, shipping, receiving, or sale of an	volved in the illegal purchase, managed to the control of the cont	anufacture, traffi t_ballucinogen	cking, prod or cannahis	uction, for your	YES	NO
own intended profit or that of another?	y narcouc, depressant, sumulan	t, Hallucillogen,	oi Gaillabia	, ioi youi	arms.	
•			,			
If "YES", use Item 21 below to provide info and any other details relating to your invo	formation relating to the type of s	substance(s), the	e nature of t	he activity,		
21. Use this space to provide explanation	ns to any questions you may have	e answered, "Y	ES" on this	questionnaire	·.	
	•••					
					74.114.647.64	
	Certification that my Answ	ers are True				
My statements on this application, a	and any attachments to it, a	are true, comp	lete, and froudulent	correct to the	ne best	or my
knowledge and belief and are made i item on any part of this application or i	in good talin. Turiueisiariu i ite attachmants may constituti	ilat a laise oi e arounds for r	nauuulen of hiring m	answer to a ne. or firing n	ne after	beain
work, and may be punishable by fine of	or imprisonment.	o groundo ioi i		.0, 0		J
morn and may be perminented by mile	Applicant's	initials Da	ite			
				······································		
I certify that my responses to the abo	ove questions are made unde	er penalty of p	erjury, whi	ch is punish	able by	fine or
imprisonment and that I have received	d notice that a criminal histor	y records chec	k will de co	onducted and	ıs a co	nattion
of employment, I understand my righ River Sioux Tribe — Tiospaye Topa	it to obtain a summary of CRN School and my rights to o	inial history re challenge the	accuracy	avaliable to and comple	teness	of anv
information contained in the report.	Contour and my nyme to t	manongo mo	-Juniary	Jop.o		
anomidation committee in the report						
Applicant's Signature	Printed Name)ate		
Applicants olynature	i initoa raino		_			1

INSTRUCTIONS FOR COMPLETING INVESTIGATIVE FORMS

- All identifying information (last name, first name, middle name, including any other names you have used, date and place of birth and social security number) must be the same on all investigative forms submitted. Please note: your middle name is the name you were given at birth. Do not use your maiden name as your middle name.
- > Carefully read each question and type or legibly print your answers in black ink If your forms are not legible, they can not be processed.
- ➤ All questions must be answered. If you answer "Yes" to any questions, you must provide additional information in the space provided for you or attach a separate sheet.
- > Your forms cannot be processed if you have not responded to each and every question.
- ➤ If you find that you cannot recall an exact date, approximate or estimate the date to the best of your ability and indicate this by printing "APPROX," or "EST" in front of the date.
- If you need additional space to list your residences, employments, education, or provide explanations, attach a blank piece of paper. Each blank piece of paper you use must contain your full name and social security number at the top of the page.
- > You must initial and date all changes and/or corrections to the investigative forms, including additions, deletions, and changes made with correction fluid.
- ➤ You must sign and date the original of each investigative form where indicated. Your signature certifies that you have provided true, complete and correct information. You can be found unsuitable for the position for which you are applying if you provide false information or statements on your investigative forms.