

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:

<i>Check List</i>	<i>Applicable</i> ✓	<i>Not Applicable</i> ✓
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.



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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 reinstatable) 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: _____
Last First MI

Address: _____
Street/Box City State Zip

PHONE: _____ Email: _____

Are you known by another name? () YES () NO If Yes, by what name: _____

Do you need housing if selected? () YES () NO

Do you claim Indian Preference? () YES () NO If Yes, Tribal Affiliation: _____

Do you speak, read and/or write the Lakota language? () YES () NO

Are you a veteran? () Yes () No If Yes, branch of military service: _____

Dates of duty: From: _____ To: _____

Additional Skills

Describe skills relevant to the job for which you are applying.

<u>Skill</u>	<u>Type of Experience</u>	<u>Level of Experience</u>
Office equipment, computers, software	_____	_____
Technical skills, professional licenses	_____	_____
Heavy equipment, machinery	_____	_____
Other	_____	_____

Can you perform the essential functions of the job with or without reasonable accommodation? () YES () NO
 If No, provide additional information: _____

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: _____

Address: _____ Phone: _____

Job Title: _____ Immediate Supervisor: _____

Dates of Employment: From _____ To _____ Salary: _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____

Address: _____ Phone: _____

Job Title: _____ Immediate Supervisor: _____

Dates of Employment: From _____ To _____ Salary: _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____

Address: _____ Phone: _____

Job Title: _____ Immediate Supervisor: _____

Dates of Employment: From _____ To _____ Salary: _____

Work Performed: _____

Reason for Leaving: _____

References: List three references, not related to you, who have observed your work and who may be contacted.

Name & Title	Address	Phone	Email Address

Educational Background: To be considered, official transcripts must be attached with application.

Type	School	Address	Degree earned	Date received
High School/GED				
Undergraduate				
Graduate				
Other				

Background Information

Each case is considered separately based on job duties and performance areas.

Do you have a valid South Dakota State Driver's License? () YES () NO Other state: _____

If position applied for involves driving, have you been convicted, pleaded no contention or paid a fine for any traffic violation over the past five (5) years? () YES () NO If Yes, please explain: _____

Miscellaneous: Please complete the following.

Why do you want to work for the Tiospaye Topa School? : _____

How / where did you hear about the position for which you are applying? *Circle all that apply.*

Family/Friend/Relative Newspaper Internet Tiospaye Topa School

Other (please specify): _____

BACKGROUND INFORMATION

Your answers should include convictions resulting from pleas of nolo contendere (no contest), but omit (1) traffic fines of \$150 or less, (2) any violation of law committed before your eighteenth birthday if finally decided in juvenile court or 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 notice that a criminal records check will be conducted.

1. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense. If yes, 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.
() 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 or charge, place of occurrence and the name and address of the police department or court involved.
() YES () NO
3. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, under federal, 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

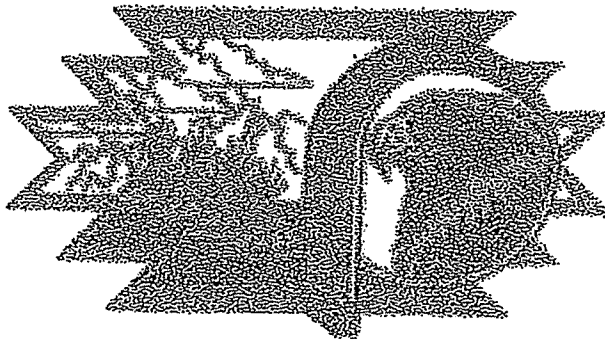
Date

AGREEMENT

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



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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

PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH ADVERTISED VACANCY

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 - Former name from a former marriage, alias(s), or nickname(s)				4. Social Security Number		
Name						
5. Telephone Number		Alternate Telephone Number		6. E-mail address		
()		()				
7. Place of Birth						
City		County		State		
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.						
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						
Month/Year Month/Year	Street Address		City	State	Zip code	
5) To						
Month/Year Month/Year	Street Address		City	State	Zip code	
6) To						
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 item 20 or separate page if more space is needed.						
Month/Year - Month/Year To	Name of School			Degree/Diploma/Other		Month/Year Awarded
Street Address and City of School				State	Zip Code	
Month/Year - Month/Year To	Name of School			Degree/Diploma/Other		Month/Year Awarded
Street Address and City of School				State	Zip Code	

Application continuation

Last Name		First Name		Middle Initial	Jr., II, etc.		
1) 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							

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

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

Month/Year	Month/Year	Employer Name				Position Title	
4)	To						
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.	
12. 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 else on this application.				
1) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Home () <input type="checkbox"/> Cell ()	
Home or Work Address	City		State	Zip Code
2) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Home () <input type="checkbox"/> Cell ()	
Home or Work Address	City		State	Zip Code
3) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Home () <input type="checkbox"/> Cell ()	
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.		
13. In the last 5 years, have you 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.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 21 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.		
14. Have you been convicted by a military court-martial in the past 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 21 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.		
15. Are you now under charges for any violation of law?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 21 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.		
16. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 21 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.		
17. Have you ever been arrested for or charged with a crime involving a child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 21 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.		

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.