



## **TAKINI SCHOOL**

HC 77 Box 537

Howes, SD 57748

Office Phone: 605-538-4399

Fax: 605-538-4404

### **SUPPORT STAFF APPLICATION**

#### **A COMPLETE APPLICATION SHALL INCLUDE THE FOLLOWING:**

| <b>Check List</b>                                        | <b>Applicable<br/>✓</b> | <b>Not Applicable<br/>✓</b> |
|----------------------------------------------------------|-------------------------|-----------------------------|
| 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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## SUPPORT 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 Address: \_\_\_\_\_

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.*

| SKILL                                       | TYPE OF EXPERIENCE | LEVEL OF EXPERIENCE |
|---------------------------------------------|--------------------|---------------------|
| Office equipment, computers, software, etc. | _____              | _____               |
| 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:

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## 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:<br>_____<br>_____<br>_____             |                             |
| Reason for Leaving:<br>_____<br>_____<br>_____         |                             |
|                                                        |                             |
| Employer: _____                                        |                             |
| Address: _____                                         | Phone: _____                |
| Job Title: _____                                       | Immediate Supervisor: _____ |
| Dates of Employment: From _____ To _____ Salary: _____ |                             |
| Work Performed:<br>_____<br>_____<br>_____             |                             |
| Reason for Leaving:<br>_____<br>_____<br>_____         |                             |
|                                                        |                             |
| Employer: _____                                        |                             |
| Address: _____                                         | Phone: _____                |
| Job Title: _____                                       | Immediate Supervisor: _____ |
| Dates of Employment: From _____ To _____ Salary: _____ |                             |
| Work Performed:<br>_____<br>_____<br>_____             |                             |
| Reason for Leaving:<br>_____<br>_____<br>_____         |                             |

## 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):

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

Family/Friend/Relative

Newspaper

Internet

Takini 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, requires 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 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 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 of charge, place of occurrence and the name and address of the police department of court involved.  
(   ) YES (   ) NO
  
4. Have you ever been convicted, been imprisoned, been on probation, or been on parole? (Include felonies, firearms, or explosive violations, misdemeanors, and all other offenses.) If yes, use additional space to 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
  
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 Takini 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.

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Signature of Applicant

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Date

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## **AGREEMENT**

I authorize the Takini 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 given them permission to release any information requested by Takini School.

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Signature of Applicant

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Date

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