


On the HOME page look on the sidebar for “Quick Announcements”

Look for “Download an application here”

HR Manager contact information is located below, that is who to direct your application to.

## Welcome to the 2023-24 school year!

👉 Welcome Warriors!  
Posted 1/13/24



**Wounded Knee District School**  
*Cankpe Opi Owayatva*  
114 Manderson School RD • Box 350 • Manderson, South Dakota 57756  
Main Tele: (605) 867-4350 • Fax: (605) 867-5156  
Business Office: (605) 867-4358 • Fax: (605) 867-1219

VACANCY ANNOUNCEMENT

THE WOUNDED KNEE DISTRICT SCHOOL BOARD IS ACCEPTING APPLICATIONS FOR THE FOLLOWING POSITIONS:

Maintenance/Transportation worker  
Paraprofessional

**Open Until Filled**

SUBMIT APPLICATION TO:

Valentina Makes Him First, HR Manager  
[Valentina.Makeshimfirst@k12.sd.us](mailto:Valentina.Makeshimfirst@k12.sd.us)  
Or mail to: Wounded Knee District School  
PO Box 350  
Manderson, SD 57756  
Or on our website: [woundedkneeschool.com](http://woundedkneeschool.com)

ALL PERSONS APPLYING FOR EMPLOYMENT ARE REQUIRED TO PASS A BACKGROUND CHECK AND DRUG TEST.

ANY UNFAVORABLE RESULT OF THE PRE-EMPLOYMENT INQUIRY SHALL BE GROUNDS FOR NON-SELECTION.

State & Federal Background \$43.25 - Tribal Background \$20.00 Drug Test \$35.00

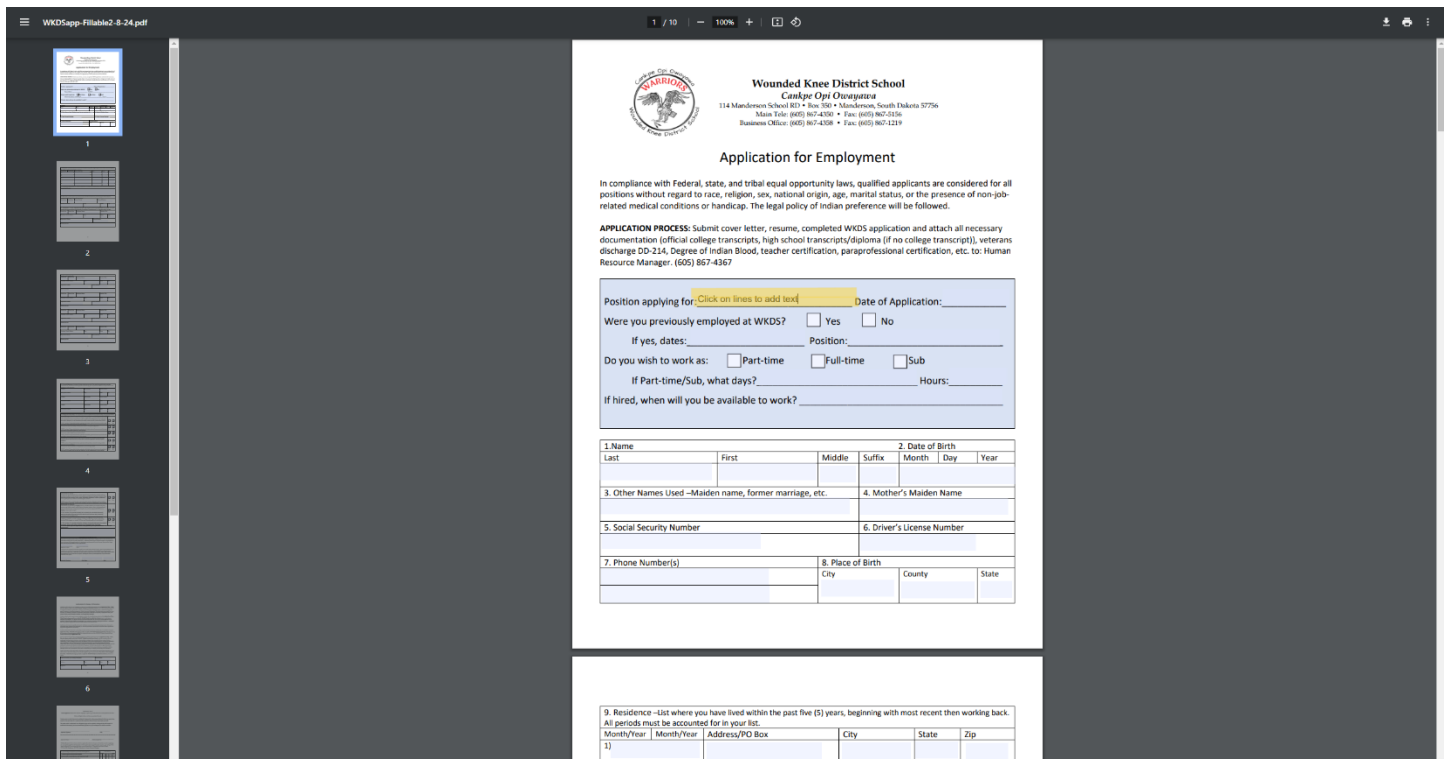
### Quick Announcements

**VACANCY ANNOUNCEMENT**

👉 WKDS School board is accepting applications for the following positions:  
-Maintenance/Transportation Worker  
-Paraprofessional  
View announcement [here](#)  
Download an application [here](#) and submit to acting HR Manager - Valentina Makes Him First.  
Email:  
[Valentina.MakesHimFirst@k12.sd.us](mailto:Valentina.MakesHimFirst@k12.sd.us)

👉 If you think you have COVID-19, please follow [these steps](#) from the CDC to help prevent the spreading the virus to others. And please remember to wear your masks!

The application will open, ALL fields are fillable, just click inside the grey boxes.



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*Cankpe Opi Owayatva*  
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Business Office: (605) 867-4358 • Fax: (605) 867-1219

### Application for Employment

In compliance with Federal, state, and tribal equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or the presence of non-job-related medical conditions or handicap. The legal policy of Indian preference will be followed.

**APPLICATION PROCESS:** Submit cover letter, resume, completed WKDS application and attach all necessary documentation (official college transcripts, high school transcripts/diploma (if no college transcripts), veterans discharge DD-214, Degree of Indian Blood, teacher certification, paraprofessional certification, etc. to: Human Resource Manager. (605) 867-4367

Position applying for:  Date of Application:

Were you previously employed at WKDS?  Yes  No  
If yes, dates:  Position:

Do you wish to work as:  Part-time  Full-time  Sub  
If Part-time/Sub, what days?  Hours:

If hired, when will you be available to work?

1. Name				2. Date of Birth		
Last	First	Middle	Suffix	Month	Day	Year
3. Other Names Used -Maiden name, former marriage, etc.				4. Mother's Maiden Name		
5. Social Security Number				6. Driver's License Number		
7. Phone Number(s)			8. Place of Birth			
			City	County	State	

9. Residence -list where you have lived within the past five (5) years, beginning with most recent then working back. All periods must be accounted for in your list.

Month/Year	Month/Year	Address/PO Box	City	State	Zip
1)					

When finished filling out the application, click the Download icon in the top RIGHT corner, Choose "With my Changes" to get a copy with your information.

Send completed app to [Valentina.MakesHimFirst@k12.sd.us](mailto:Valentina.MakesHimFirst@k12.sd.us)

School Fax number is on application.

Wounded Knee District School  
Cankpe Opi Oteagatao  
114 Mandarewe School Rd • Box 106 • Mandarewe, South Dakota 57756  
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Business Office: (605) 867-4358 • Fax: (605) 867-1234

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Position applying for: Click in lines to add text Date of Application: \_\_\_\_\_

Were you previously employed at WKDS?  Yes  No  
If yes, dates: \_\_\_\_\_ Position: \_\_\_\_\_

Do you wish to work as:  Part-time  Full-time  Sub  
If Part-time/Sub, what days? \_\_\_\_\_ Hours: \_\_\_\_\_

If hired, when will you be available to work? \_\_\_\_\_

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3. Other Names Used --Maiden name, former marriage, etc. 4. Mother's Maiden Name

5. Social Security Number 6. Driver's License Number

7. Phone Number(s)		8. Place of Birth		
		City	County	State

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In the top right corner of the PDF viewer, there are two buttons: "With your changes" and "Without your changes". A red arrow points to the "With your changes" button.