



## Wounded Knee District School

*Cankpe Opi Owayawa*

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

# 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 transcript)), 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)					
2)					
3)					
4)					
5)					

10. Residence/Employment in Tribal Community—List any tribal communities in which you have lived/worked in the last five (5) years.

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11. Education—List the schools you have recently attended and within the past five (5) years. Please attach a separate sheet of paper if you need more space.

Month/Year	Month/Year	Name of school	Degree/Diploma
Address of School		City	State
			Zip

12. Employment –List your employment activities beginning with present and working back five (5) years. The 5-year period must be accounted for without breaks. For periods of “unemployment” or “attending school” list dates.

Month/Year	Month/Year	Employer Name	Position Title
Employer Street Address		City	State
			Zip
Supervisor’s Name			Phone Number

Reason you left

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Employment (continued)				
Month/Year	Month/Year	Employer Name	Position Title	
Employer Street Address		City	State	Zip
Supervisor's Name			Phone Number	
Reason you left				
Month/Year	Month/Year	Employer Name	Position Title	
Employer Street Address		City	State	Zip
Supervisor's Name			Phone Number	
Reason you left				
Month/Year	Month/Year	Employer Name	Position Title	
Employer Street Address		City	State	Zip
Supervisor's Name			Phone Number	
Reason you left				
Month/Year	Month/Year	Employer Name	Position Title	
Employer Street Address		City	State	Zip
Supervisor's Name			Phone Number	
Reason you left				

**13. Personal References –List three (3) people who know you well. They should be good friends, co-workers, roommates, etc., and who have known you for at least five (5) years. Try not to list relatives or anyone who is listed elsewhere on this application.**

1) Name	Dates Known	Phone Number	
Home/Work Address	City	State	Zip
2) Name	Dates Known	Phone Number	
Home/Work Address	City	State	Zip
3) Name	Dates Known	Phone Number	
Home/Work Address	City	State	Zip

**14. 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.**

In the last five (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 less than \$150.00  If "YES", use Item 15 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	
Have you ever been convicted by a military court-martial in the past five (5) years?  If "YES", use Item 15 to provide the date, explanation of violation, place of occurrence, and the name and address of the military authority or court involved.	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	
Are you now under charges for any violation of law?  If "YES", use Item 15 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	
During the last five (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 a job mutual agreement because of specific problems?  If "YES", use Item 15 to provide the date, explanation of the problem, reason for leaving, and the employer's name and address.	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	
Have you ever been arrested for or charged with a crime involving a child?  If "YES", use Item 15 to provide the date, explanation of violation, place of occurrence, disposition of the arrest(s) or charge(s) and the name and address of the police department or court involved.	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	

<p><b>REQUIRED BY PL 101-647</b></p> <p>Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any Felonious offense, or any two (2) or more 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?</p> <p>If "YES" use Item 15 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</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No</p>
<p><b>REQUIRED BY 25 CFR 63.15</b></p> <p>In the last five (5) years have you <b>illegally</b> 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 <b>illegally</b> used prescription drugs?</p> <p>If "Yes" use Item 15 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 of counseling received.</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No</p>
<p>In the last five (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 15 to provide information relating to the type of substance(s), the nature if the activity, and any other details relating to your involvement with illegal drugs.</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No</p>
<p><b>15. Use this space to provide explanations to any questions you may have answered "YES" to on this questionnaire.</b></p>	
<p> </p>	
<p style="text-align: center;"><b>Certification My Answers Are True</b></p>	
<p>My statements on this questionnaire, 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 or fraudulent answer to any question or item on any part of this questionnaire or its attachments may be grounds for not hiring me, firing me after I begin work, and may be punishable by fine or imprisonment.</p>	
<p>_____</p> <p>Applicant's Initials</p>	<p>_____</p> <p>Date</p>
<p>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 a copy of any criminal history report made available to the Wounded Knee District School and my rights to challenge the accuracy and completeness of any information contained in the report.</p>	
<p>_____</p> <p>Applicant's Signature</p>	<p>_____</p> <p>Print Name</p>
<p>_____</p> <p>Date</p>	

## 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 PL 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 PL 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 made 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 PL 100-297 Tribally Controlled Grant Schools**, and only for the purpose of determining my suitability for employment with one of the PL 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 PL 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 PL 100-297 Tribally Controlled Grant Schools**, whichever is sooner.

Position for which you are being investigated		Phone Number	
Address	City	State	Zip
Signature	Print Name		Date

## Reference Form

**To the applicant:** Please have a former employer or person you know well (not a relative) fill out this form.

### *Waiver of Right to Access to Recommendation Records*

I hereby waive my right of access to confidential statement(s) and recommendation(s) which are a part of my records in the possession of or used by the Wounded Knee District School, its principle, and staff.

This waiver which I understand is not obligated to sign can be revoked in writing and only with respect to confidential statement(s) and recommendation(s) placed in my files subsequent to written revocation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

.....  
\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Position Applied For

**To the reference:** You have been asked to supply information for the person listed above, who is applying for a job at Wounded Knee District School. If the applicant has signed the above waiver, your rating will be kept confidential. Please return this form as soon as possible to: Wounded Knee District School, P.O. Box 350, Manderson, SD 57756, Attention to: Human Resource Manager.

To my knowledge and experience, the above-named applicant:	Circle Choice				
	Disagree		Agree		
1. Show willingness to do extra tasks assigned.	1	2	3	4	5
2. Has the ability to work effectively with students and staff.	1	2	3	4	5
3. Is punctual and consistent in attendance.	1	2	3	4	5
4. Completes assigned tasks in a competent manner.	1	2	3	4	5
5. Completes tasks without constant supervision.	1	2	3	4	5
6. Works cooperatively with supervisor and other staff.	1	2	3	4	5

You may comment on traits and qualities covered above. Some areas that could apply are: communication skills, creativity, independence of thought, judgment, and knowledge in areas applied for specific achievement and prediction of future success.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Position Applied For

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Certified Applicant's Only

Teaching certificate you hold (please attach with application):

State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Endorsements: \_\_\_\_\_

Subjects: \_\_\_\_\_

If you do not have a South Dakota Teaching Certificate at this time, when do you anticipate obtaining one?

\_\_\_\_\_

Are you under contract with a school system? (circle one)

Yes

No

If yes, when does your contract expire? \_\_\_\_\_

Please answer each of the questions below as best as you can. The space provided should be adequate, but if you need more, please attach additional pages.

1. Use this space in any way you wish to support your candidacy. You may want to give information about your particular experience, qualifications, abilities, ambitions, or philosophy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What will you want to accomplish as a teacher?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever worked with Native Americans? If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_