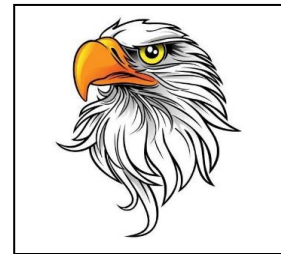


LITTLE EAGLE GRANT SCHOOL
234 1 School Street
P O Box 26
Little Eagle SD 57639
605-823-4235
605-823-2292 (Fax)
www.littleeagleschool.org



APPLICATION FOR EMPLOYMENT

In compliance with Federal and Tribal equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, marital status, or the presence of non job-related medical conditions or handicap. Indian Preference employment is considered by the Little Eagle Grant School Board.

POSITION APPLIED FOR: _____ DATE OF APPLICATION: _____

NAME: _____ SOCIAL SECURITY NO: _____
Last First Middle

ADDRESS: _____
Street P.O. Box City State Zip Code

TELEPHONE: (Home) _____ (Work) _____ (Cell) _____

E-MAIL Address: _____

If employed, when will you be available to work? _____

Are you known by another name to schools and references? ___ Yes ___ No

If yes, by what name? _____

Were you previously employed at the LITTLE EAGLE GRANT SCHOOL?

___ Yes ___ No If yes, date of employment and position held _____

Are you a Citizen of the United States? ___ Yes ___ No If no, are you authorized to work in the US? ___ Yes ___ No

Are you claiming Indian Preference? ___ Yes ___ No If yes, submit documentation.

Are you claiming Veterans Preference? ___ Yes ___ No If Yes, Submit DD214

Have you ever been convicted of any felony or misdemeanor involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offences committed against children? ___ Yes ___ No

If Yes, Please explain _____

Are you currently on probation or parole or recently released from prison?

___ Yes ___ No If Yes, Please explain _____

EDUCATIONAL BACKGROUND

List the schools you have attended, beginning with the most recent and working back 5 years.

Month/Year 1)	Month/Year	School Name	Address	City	State	Zip Code
Month/Year 2)	Month/Year	School Name	Address	City	State	Zip Code
Month/Year 3)	Month/Year	School Name	Address	City	State	Zip Code
Month/Year 4)	Month/Year	School Name	Address	City	State	Zip Code
Month/Year 5)	Month/Year	School Name	Address	City	State	Zip Code

**To complete application, transcripts must accompany the application form.*

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." It is very important that you complete all information requested in order for Little Eagle Grant School to be able to properly assess your job experience. Attach additional sheets, if necessary. Resume may be attached.

NAME OF EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ TELEPHONE: _____

JOB TITLE: _____ SALARY: _____

STARTING DATE: _____ ENDING DATE: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR/REFERENCE? ___ YES ___ NO

DESCRIBE DUTIES: _____

NAME OF EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ TELEPHONE: _____

JOB TITLE: _____ SALARY: _____

STARTING DATE: _____ ENDING DATE: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR/REFERENCE? ___ YES ___ NO

DESCRIBE DUTIES: _____

EMPLOYMENT CONTINUED

NAME OF EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ TELEPHONE: _____

JOB TITLE: _____ SALARY: _____

STARTING DATE: _____ ENDING DATE: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR/REFERENCE? ___ YES ___ NO

DESCRIBE DUTIES: _____

NAME OF EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ TELEPHONE: _____

JOB TITLE: _____ SALARY: _____

STARTING DATE: _____ ENDING DATE: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR/REFERENCE? ___ YES ___ NO

DESCRIBE DUTIES: _____

NAME OF EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ TELEPHONE: _____

JOB TITLE: _____ SALARY: _____

STARTING DATE: _____ ENDING DATE: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR/REFERENCE? ___ YES ___ NO

DESCRIBE DUTIES: _____

REFERENCES

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ ADDRESS: _____

TELEPHONE: _____ CELL: _____ YRS. KNOWN: _____

REFERENCES CONTINUED

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ ADDRESS: _____

TELEPHONE: _____ CELL: _____ YRS. KNOWN: _____

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ ADDRESS: _____

TELEPHONE: _____ CELL: _____ YRS. KNOWN: _____

**Three letters of reference are required to be submitted with this application.*

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge and hereby authorize designated *Little Eagle Grant School* to conduct follow-up consultation regarding my previous employment and other information as may be necessary in arriving at an employment decision. I authorize a criminal record background check and fingerprinting. I also understand that if employed I will be subject to drug testing. I hereby release the *Little Eagle Grant School* from all liability for other employers' or individuals' responses to inquiries in connection with this application for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Application Process: Submit completed application with required documentation.

(Transcripts, Three (3) Letters of Reference, Degree of Indian Blood; if claiming Indian Preference)

MAIL TO: Little Eagle Grant School, Human Resource Office, P O Box 26, Little Eagle SD 57639.

Applicant Signature

Date

Office use

Date received: _____

Comments:

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 1)	Month/Year	Address	City	State	Zip Code
Month/Year 2)	Month/Year	Address	City	State	Zip Code
Month/Year 3)	Month/Year	Address	City	State	Zip Code
Month/Year 4)	Month/Year	Address	City	State	Zip Code
Month/Year 5)	Month/Year	Address	City	State	Zip Code

Residence on an Indian Reservation

List any Indian Reservations in which you have lived or worked in the last 5 years.

Month/Year 1)	Month/Year	Name of Reservation	Address	City	State	Zip Code
Month/Year 2)	Month/Year	Name of Reservation	Address	City	State	Zip Code
Month/Year 3)	Month/Year	Name of Reservation	Address	City	State	Zip Code
Month/Year 4)	Month/Year	Name of Reservation	Address	City	State	Zip Code
Month/Year 5)	Month/Year	Name of Reservation	Address	City	State	Zip Code

Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency 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.

I further authorize any investigator, or other duly accredited representative of the *Little Eagle Grant School*, 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 may be available to me from the reporting agency.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or 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 *Little Eagle Grant School* only for the purposes of determining my suitability for employment with *Little Eagle Grant School*.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for Three (3) years from the date signed or upon the termination of my affiliation with the *Little Eagle Grant School*, whichever is sooner.

Printed Name:	Other Names Used:
Social Security Number:	Phone Numbers:
Current Address:	State and Zip Code:
Signature:	Today's Date:

Information contained in this questionnaire is for official use only.

Background Questionnaire

For all questions, provide all additional information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.

<p>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 \$15.00).</p> <p>If "YES", provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	Yes	No
<p>Have you been convicted by a military court-martial in the past 5 years?</p> <p>If "YES", provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	Yes	No
<p>Are you now under charges for any violation of law?</p> <p>If "YES", provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	Yes	No
<p>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 jobs by mutual agreement because of specific problems?</p> <p>If "YES", provide the date, explanation of the problem, reason for leaving, and the employer's name and address.</p>	Yes	No
<p>Have you ever been arrested for or charged with a crime involving a child?</p> <p>If "YES", 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>	Yes	No

Background Questionnaire Continued

<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 of two 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, provide date, explanation of violation, disposition of arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved:</p>	Yes	No
<p>In the last 5 years, have you illegally used any controlled substances, for example marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin) amphetamines, depressants (barbiturates, methaqualone, tranquilizers), hallucinogens (LSD, PCP), ect or illegally used prescription drugs?</p> <p>If YES, provide date of use, identify controlled substance(s) used, and the number of times each was used. Include any treatment or counseling received.</p>	Yes	No
<p>In the last 5 years, have you been in the illegal purchase, manufacture, trafficking, production, transfer, shipping, or sale of any narcotic, depressant, stimulant, hallucinogens, or cannabis for your own intended profit or that of another?</p> <p>If YES, provide information relating to the type of substance(s), the nature of the activity, and any other details related to your involvement with illegal drugs, including any treatment or counseling received.</p>	Yes	No

My statements on this application, 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 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 a copy of any criminal history report, from the reporting, agency made available to the *Little Eagle Grant School*, and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature

Printed Name

Date