



TOKA NUWAN WAYAWAPI

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 www.esds.us

Enemy Swim Day School is an Equal Opportunity Employer
 and an Indian Preference Employer.

SUPPORT STAFF APPLICATION FOR EMPLOYMENT

(Please print clearly)

Full-Time Part-Time Substitute

POSITION(S) APPLYING FOR:	
<input type="checkbox"/>	Substitute-Teacher
<input type="checkbox"/>	Para Educator
<input type="checkbox"/>	Office Assistant
<input type="checkbox"/>	Bus Driver
<input type="checkbox"/>	Facilities
<input type="checkbox"/>	Food Services
<input type="checkbox"/>	After School (OST)
<input type="checkbox"/>	FACE position
<input type="checkbox"/>	Other _____

DATE: _____

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

DRIVER'S LICENSE #: _____

PHONE NUMBER(S)/CELL NUMBER(S): _____

EMAIL ADDRESS: _____

Are you 18 years of age or older? _____ Yes _____ No

Are you a Veteran? _____ Yes _____ No

(If yes, documentation is required)

Are you claiming Indian Preference? _____ Yes _____ No

(If yes, documentation is required)

Have you ever worked here before? If yes, give dates and job title: _____

List any family members who work here: _____

Emergency Contact Information:	
Name:	_____
Ph No.	_____

EDUCATION

	High School/GED (year)	College/University	Graduate/Professional
Did you graduate?			
Diploma/Degree/Major:			
Name of School & Address:			

(Please attach documentation, i.e., high school diploma, GED certificate, college diploma, etc.)

Are you currently working towards a degree? _____ Yes _____ No

If so, which institution and which degree? _____

Are you able to travel (which may include airline travel) if job requires it? _____ Yes _____ No

Are you currently employed? ___Yes ___No Date available for work: _____

PRIOR WORK HISTORY – List your employment, beginning with the present and working back 5 years. If additional space is needed please continue on another sheet of paper.

If you do not want employers contacted – explain why in REASON FOR LEAVING BOX			
DATES		NAME EMPLOYER & ADDRESS	YOUR TITLE
FROM			
TO			
WORK PERFORMED		REASON FOR LEAVING*	
Supervisor Name & Phone Number			Final Hourly Rate Or Yearly Salary
If you do not want employers contacted – explain why in REASON FOR LEAVING BOX			
DATES		NAME EMPLOYER & ADDRESS	YOUR TITLE
FROM			
TO			
WORK PERFORMED		REASON FOR LEAVING*	
Supervisor Name & Phone Number			Final Hourly Rate Or Yearly Salary
If you do not want employers contacted – explain why in REASON FOR LEAVING BOX			
DATES		NAME EMPLOYER & ADDRESS	YOUR TITLE
FROM			
TO			
WORK PERFORMED		REASON FOR LEAVING*	
Supervisor Name & Phone Number			Final Hourly Rate Or Yearly Salary

**Must complete these areas above.*

Please list any special skills, training, or experience that may qualify you for this position (include licenses, etc.):

To be completed by Bus Driver applicants only

Do you have a CDL with a School Bus Endorsement? Yes No

Have you had any vehicle accidents in the last three (3) years? Yes No

If yes, give approximate date(s): _____

REFERENCES:

List three (3) individuals who have firsthand knowledge about your employment experiences, qualifications, abilities, and character.

NAME	ADDRESS	PHONE NUMBER	POSITION/TITLE

Please attach three (3) Letters of Reference with this application. Application is considered incomplete without all required documentation attached.

I certify that the foregoing statements are true and correct to the best of my knowledge, and grant Enemy Swim Day School permission to verify such answers and investigate all references. I understand that any false statements or omission of facts on this application may cause the cancellation of this application and/or dismissal. I authorize the employers or schools listed above to give any information regarding my previous employment, character and general reputation to Enemy Swim Day School as part of my application for employment. I understand this is an employment application and no employment contract has been offered.

Signature: _____ Date: _____

Print Name: _____

**Applicant Screening Questionnaire
Indian Children Protection Requirements**

Name: _____
(Please print)

Job Applying for: _____

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 USD Code § 13041) requires that employment applications for Federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment. Further, it is required to ask the following:

Have you ever been arrested for or charged with a crime involving a child?

YES _____ NO _____

[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.]

Section 408 of the Indian Child Protection and Family Violence Prevention Act, Public Law 101-630 (codified in 42 CFR § 136.406), requires a criminal history records check as a condition of employment that involves regular contact with or control over Indian children. Further, it is required to ask the following:

Have you ever been arrested, 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?

YES _____ NO _____

[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.]

BACKGROUND INVESTIGATION AUTHORIZATION/DISCLOSURE

I certify that I have received notice that a criminal history records check will be conducted and is a condition of employment. I hereby consent to and authorize a criminal record check. I understand my right to obtain a copy of any criminal history report made to the Enemy Swim Day School and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature

Date

SEX OFFENDER REGISTRY CHECK

South Dakota Codified Law 26-6-14.11 requires all registered or licensed child care programs to ensure that no individual hired to work or volunteer after June 30, 2010 has their name listed on the Sex Offender Registry (SOR) check is performed prior to the potential employee having contact with children in the child care program. This form can serve as documentation of that Registry check.

The Sex Offender Registry is located on the internet at <https://sor.sd.gov/> or the information can be obtained from a local sheriff or police department.

Name of applicant: _____

Other names used by applicant: _____

Address: _____ City: _____

County: _____ Zip Code: _____

OFFICE USE ONLY:

Name and title of person checking the Sex Offender Registry for the above named individual.

Name: _____ Title: _____

RESULTS:

Yes, the name appeared on the SOR No, the name is not on the SOR

Date of check: _____ Signature: _____

ALCOHOL AND DRUG FREE WORKPLACE

As an applicant, I understand that if I have a positive test or refuse to submit to this drug/alcohol screening analysis and test this will constitute voluntary withdrawal of my application for employment and no further consideration shall be given. As an employee, I understand that if I have a positive test or refuse to submit to this drug/alcohol screening analysis and test, this will constitute a violation of the Alcohol and Drug Free policy and I will be subject to disciplinary action up to and including termination.

By my signature below, I am freely and voluntarily agreeing and consenting to submit a personal specimen of urine for chemical analysis and testing to determine or rule out the presence of illegal, abused, or prohibited drugs/alcohol or substances in my body fluids, upon request.

Applicant's Signature

Date