

TOKA NUWAN WAYAWAPI

13525 446th Avenue • Waubay, SD 57273

Ph: (605) 947-4605 • Ph: (888) 825-7738 • Fax: (605) 947-4188

www.esds.us

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



TEACHER/ADMINISTRATOR EMPLOYMENT APPLICATION

Date Application Submitted _____

Position Applying for _____

List, in order of preference, the grades, subjects, and/or positions for which you are applying:

1. _____ 2. _____ 3. _____

PERSONAL INFORMATION

Name _____
Last First Middle

Home Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Driver's License # _____

Have you served in the US Armed Forces Yes No (attach verification)

Are you 18 years of age or older Yes No

Are you applying under Indian Preference Yes No (attach verification)

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

List any family members who work here _____

CURRENT POSITION (please respond to each item)

Present Title _____

Employer _____

Employer Address _____

City, State, Zip _____

K-12 Enrollment _____

Present Annual Salary _____

Length of Present Contract _____

Current Contract Expires When _____

EDUCATIONAL BACKGROUND

Please list the colleges or universities you have attended and the degrees received. List them in order, beginning with the most recent.

Name/Address of Institution	Year (s)	Degree	Major

TEACHING EXPERIENCE

Please list teaching experience first, beginning with your current assignment.

Position	Name of District	City and State	Specific Years Employed

(Please explain any gaps in employment – if any)

OTHER RELEVANT EMPLOYMENT OR EXPERIENCE

Position	Employer	City and State	Specific Years Employed

LIST ACTIVITIES THAT YOU ARE QUALIFIED TO SUPERVISE OR COACH:

If you have not been previously employed in a teaching position, please complete the following:

STUDENT OR PRACTICE TEACHING

Grade or Subject Taught	Name and Addresses of School	1. College Supervisor 2. Cooperating Teacher
	<hr/> <hr/> <hr/>	1. 2.
	<hr/> <hr/> <hr/>	1. 2.
	<hr/> <hr/> <hr/>	1. 2.
	<hr/> <hr/> <hr/>	1. 2.

Student Teaching References:

Please attach photocopies of letters of reference and/or evaluations from college/university student teacher supervisor and cooperating teacher(s).

REFERENCES

Please list three individuals who are very familiar with your professional work and who may be contacted.

Name of Individual	
Official Position	
Business Phone	
Home/Cell Phone	
Email Address	
Name of Individual	
Official Position	
Business Phone	
Home/Cell Phone	
Email Address	
Name of Individual	
Official Position	
Business Phone	
Home/Cell Phone	
Email Address	

ESSAY

Please respond to each of the following questions on a separate sheet of paper.

1. Why do you want to be a teacher for the Enemy Swim Day School?
2. What experience do you have specific to the position you are applying for and how would you use that experience to be a success at Enemy Swim Day School?
3. My philosophy of student discipline/classroom management.
4. How are information technology and the Dakota Culture integrated into the instructional process.

BACKGROUND

If you answer "yes" to any of the following questions, please attach a written response describing, in detail, an explanation of the circumstances involved:

1. Have you ever been terminated or discharged, or resigned at the request of your employer from any job related to K-12 education?

Yes No If yes, please explain:

2. Have you ever had a certificate revoked or suspended, or have you ever surrendered a certificate in any state?

Yes No If yes, please explain:

3. Has any state licensing authority taken any other adverse action against your certificate?

Yes No If yes, please explain:

4. Are you currently under investigation by any regulatory body, for any alleged misconduct or other alleged grounds for discipline?

Yes No If yes, please explain:

5. Has there been any incident that could affect your ability to lead or teach at this school?

Yes No If yes, please explain:

AUTHORIZATION

Please read carefully and then sign your name.

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: _____

APPLICATION PROCESS

In order for your application to be considered for this position, your application materials must include the following:

- Completed application form (including signatures)
- Resume'
- Three recent letters of recommendation
- A copy of your current teachers license and endorsements
- Photocopy of your college/university transcripts

If you fail to provide the required information, your application will be considered incomplete.

Contact the Human Resources office to submit your application for positions available. After one (1) year applications will need to be updated.

All application material should be returned to:

Human Resources
 Enemy Swim Day School
 13525 446th Ave.
 Waubay, SD 57273

Phone: 605-947-4605
 Email: ncontreras@esds.us

**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