

OGLALA LAKOTA COLLEGE-HEAD START
490 PIYA WICONI ROAD
KYLE, SOUTH DAKOTA 57752
(605) 455-6000

APPLICATION FOR EMPLOYMENT

Date: _____

Position Applied for: _____

PERSONAL INFORMATION

Name: _____ Other names used: _____
Last First Middle Maiden or other

Sex: Male _____ Female _____ Social Security No. _____

Home Mailing Address: _____

Home Telephone No. _____ Work Telephone _____

Date of Birth: _____ Birthplace: _____
City and State

Are you an Enrolled Member of the Oglala Sioux Tribe? _____ Yes _____ No

Are you an Enrolled Member of Another Tribe? _____ Yes _____ No

Are you a Veteran of the U.S. Armed Forces? _____ Yes _____ No

If you answered YES to any of the above questions, Please Attach Appropriate Documentation (Degree of Indian Blood, DD-214 Form) to Complete your Application.

EDUCATIONAL BACKGROUND:

Name/Address	Years or Credit Hours	Date Graduated Degree/GED taken
High School: _____		
College: _____		

Graduate School: _____

Business Trade/Other: _____
Special Skills (computers, machines, etc.): _____

EMPLOYMENT RECORD: List all previous employers (Start with present job and work back):

Dates of Employment: _____ **Salary:** _____
From: _____ **To:** _____ **Starting:\$** _____ **Final:\$** _____
Employers Name: _____
Employers Address: _____ **Telephone:** _____

Title & Work Performed: _____

Reason for Leaving: _____

Dates of Employment: _____ **Salary:** _____
From: _____ **To:** _____ **Starting:\$** _____ **Final:\$** _____
Employers Name: _____
Employers Address: _____ **Telephone:** _____

Title & Work Performed: _____

Reason for Leaving: _____

Dates of Employment: _____ **Salary:** _____
From: _____ **To:** _____ **Starting:\$** _____ **Final:\$** _____
Employers Name: _____
Employers Address: _____ **Telephone:** _____

Title & Work Performed: _____

Reason for Leaving: _____

Dates of Employment: _____ **Salary:** _____
From: _____ **To:** _____ **Starting:\$** _____ **Final:\$** _____
Employers Name: _____
Employers Address: _____ **Telephone:** _____

Title & Work Performed: _____

Reason for Leaving: _____

Are you employed now? _____ Full Time or Part-time?

May we contact your present employer? _____ Yes _____ No

BACKGROUND INFORMATION: You must answer the question in this section before we can process your application.

Have you ever been convicted of any violations of tribal, state, or federal laws? ___ Yes ___ No

If you answered Yes, please explain the date, place, and nature of the violation(s).

In the case of violations of said laws or requirements, the college may choose to hire an applicant if the applicant has satisfied all the penalties for the violations, and the violations will not affect the ability of the applicant to legally carry out his/her job duties.

PERSONAL REFERENCES:

Name:	Address:	Occupation:	Phone No.:
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

In case of an Emergency, please notify:

Name	Address	Phone No.
_____	_____	_____

SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION AGREEMENT:

I consent to the release of information about my ability and fitness for Employment with Oglala Lakota College by employers, schools, law enforcement agencies and other individuals and organizations to authorized employees such as the Oglala Lakota College Personnel Director and members of the selection committees. I hereby certify that all statements made herein and attached sheets hereto are true to the best of my knowledge and belief, and I know that any falsehood or misrepresentation later disclosed will be sufficient grounds for loss of employment.

Signature of Applicant

Date

APPLICATION PROCEDURE:

An OLC-HS Application form must be completed & submitted with a professional resume, Official Transcripts, Physical & TB Test and Tribal Background Check to the Personnel Director. Tribal members and/or Veterans of the U.S. Armed Forces must attach appropriate documentation. APPLICATIONS WITH INCOMPLETE INFORMATION WILL NOT BE CONSIDERED. Must pass Drug/Alcohol Screening Test and National background check. For further information, call or write: Personnel Director, Oglala Lakota College, 490 Piya Wiconi Road, Kyle, SD 57752 (605-455-6029).

SUPPLEMENT TO OGLALA LAKOTA COLLEGE HEAD START APPLICATION FORM

**DECLARATION FOR EMPLOYMENT – YOUTH SENSITIVE POSITIONS
INDIAN CHILD PROTECTION ACT (PL 101-630)**

(Please complete both the front and back and sign/date in the designated areas.)

Name: _____ Social Security Number: _____
(Please Print)

Job Title in Announcement: _____ Announcement Number: _____

BACKGROUND INFORMATION

Section 408 of the Indian Child Protection and Family Violence Prevention Act of 1990

Public Law 101-630 requires an investigation of the character of each individual who is employed, or is being considered for employment, in a position with duties and responsibilities that involve regular contact with or control over Indian children.

Section 231 of the Crime Control Act of 1990

Public Law 101-647 requires those employment applications for childcare positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

To assure compliance with the above laws, the following questions are added to the Oglala Lakota College Head Start application for Employment:

- 1) 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.]

- 2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or Tribal law involving crimes of violence; drugs and /or alcohol, sexual assault, molestation, exploitation, contact or prostitution; or 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.]

3) Have you been investigated by a Federal, State, or Tribal child protection services agency (e.g., DSS or CPS)?
____ YES ____ NO

[If “YES”, provide the date, explanation of the investigation, disposition of the investigation, State and county of occurrence, and the name and address of the agency and /or court involved.]

4) Have you ever had a child removed from your custody by a Federal, State, or Tribal child protection services agency (e.g., DSS or CPS)?

____ YES ____ NO

[If “YES”, provide the date, explanation of the situation, disposition of the case, state and county of occurrence, and the name and address of the agency and /or court involved.]

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$10,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any information contained in the report.

Applicant’s Signature

Date