

EMPLOYMENT EXPERIENCE:

Work Experience: IMPORTANT! To properly assess your experience, please complete all sections. List each job held starting with your most present job or most recent job. Include military service assignments and volunteer activities. If more space is needed, use employment supplement attached to this application.

Name of Employer: _____ Telephone #: _____

Address: _____

Job Title: _____ Supervisor: _____

Starting Date: _____ Ending Date: _____ Starting Salary: \$ _____ Ending: \$ _____

Reason for Leaving: _____

Describe Duties: _____

Name of Employer: _____ Telephone #: _____

Address: _____

Job Title: _____ Supervisor: _____

Starting Date: _____ Ending Date: _____ Salary-Starting: \$ _____ Ending: \$ _____

Reason for Leaving: _____

Describe Duties: _____

Name of Employer: _____ Telephone #: _____

Address: _____

Job Title: _____ Supervisor: _____

Starting Date: _____ Ending Date: _____ Starting Salary: \$ _____ Ending: \$ _____

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ADDITIONAL SKILLS, QUALIFICATIONS AND HONORS:

Give the title and year of any certificates, honors, awards, and fellowships you have received. List your special skills, qualifications or accomplishments that you have to help get a job. (Some examples are: skills with computers or other machines, publications, public speaking, writing, memberships, etc.)

HIGH SCHOOL EDUCATION:

Did you graduate high school: ()Yes ()No If yes, what year did you graduate: _____

High School Name & Address: _____

Note: A copy of your diploma or high school transcripts must be attached to this application.

Do you have a GED? ()Yes ()No If yes, what month and year was it obtained: _____

GED Facility Name & Address: _____

Note: A copy of your GED certificate must be attached to this application.

COLLEGE/UNIVERSITY EDUCATION: Have you attended college? ()Yes ()No If so, complete the information:

Name & Address of College/University	Dates From	Attended To	# Credits Completed	Degree Completed	Field of Study	Year Completed

OTHER TRAINING:

If you have completed any other courses or training related to the job you are applying for (trade, vocational, armed forces, previous jobs) give information below.

Location Name & Address of Course	Dates From	Attended To	# Classroom Hours	Subject/Course Title	Completed Yes/No

PERSONAL REFERENCES:

List three (3) personal references, not related to you, who have known you for at least three years.

Name	Occupation/Title	Address (Mandatory)	Telephone (Mandatory)	# Yrs. Known

Emergency Contact:

Name: _____ Telephone #: _____

BACKGROUND INFORMATION:

It is important that you give complete and truthful answers to the following questions. We will consider the date, facts and circumstances of each incident you list.

		YES	NO
1.	During the last five (5) years, have you been convicted, been imprisoned, been on probation, or been on parole? (Include felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES" provide, explanation of the violation, statement regarding the circumstances that led to the occurrence, location, name, and address of court involved. Provide a copy of the police report and any related court documents.		
2.	Have you been convicted by a military court martial in the past five (5) years? If "YES" provide, explanation of the violation, statement regarding the circumstances that led to the occurrence, location, name, and address of court involved. Provide a copy of the police report and any related court documents.		
3.	Are you currently under charges for any violation of law? If "YES", provide the date, explanation of violation, statement regarding the circumstances which led to the occurrence, location, name, and address of the court involved. Provide a copy of documentation relating to the occurrence.		
4.	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, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment? If "YES" provide the date, an explanation of the problem, reason for leaving, employers name and address. Provide a copy of any documentation relating to the occurrence.		
5.	Are you delinquent on any Federal Debt? Include Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student loans and home mortgage loans. If "YES", provide the circumstance which led to the delinquency, the type, length, amount and when the delinquency first began. Also, describe any steps you have taken to correct or repay the debt. Include a copy of any payment arrangements.		
6.	In the last five (5) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with, or otherwise consuming any drug or controlled substance.		

DISPOSITON for any and all offenses listed in questions 1 through 3 above:

Question #	Offense/Charge	Disposition Date	Disposition

REMARKS for questions 4 through 6 above:

Question #	

In compliance with federal, state and tribal equal employment 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.

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize Porcupine School to conduct a criminal records background investigation, a character investigation, and if necessary, a credit check, on myself. I also understand that if selected/employed, I am required to participate in the alcohol and drug testing program, that includes pre-employment drug testing, random, reasonable suspicion, for both alcohol and drugs. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge from employment.

Applicant

Date



Pahin Sinte Owayawa
 Porcupine School
 P.O. Box 180 – Porcupine, SD 57772
 T: 605-867-5588 * F: 605-867-5480
 www.porcupinequills.org



AUTHORIZATION TO RELEASE INFORMATION

I, _____, authorize a representative of Pahin Sinte Owayawa-Porcupine School, bearing this release to obtain any information from past employers, criminal justice agencies, or individuals, relating to my application. This information may include but is not limited to; my academics, residential, achievement, performance, attendance, disciplinary, employment history record information, and other areas, unless prohibited by state or federal law.

I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by Pahin Sinte Owayawa-Porcupine School and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby forever release, fully discharge, and agree to indemnify, defend and hold harmless Pahin Sinte Owayawa- Porcupine School 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 investigation and criminal history check 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 of the educational institution, criminal justice agency, 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 directly or indirectly to furnishing such information.

Copies of this information 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 Pahin Sinte Owayawa-Porcupine School.

Printed Name: _____

Signature

Date

ADDITIONAL EMPLOYMENT EXPERIENCE SUPPLEMENT

Name of Employer: _____ Telephone #: _____

Address: _____

Job Title: _____ Supervisor: _____

Starting Date: _____ Ending Date: _____ Starting Salary: \$ _____ Ending: \$ _____

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