

## LITTLE WOUND SCHOOL BOARD

P.O. Box 500 Kyle, South Dakota 57752

# **APPLICATION FOR EMPLOYMENT**

Submit completed LWS application and **ATTACH** all necessary documentation to: Human Resources Director, Little Wound School, Box 500, Kyle, SD 57752

Position Applied For:	Date of Application:				
Name					
Last		Firs	t		Middle
Address				_Years at th	is address:
Street/P.O. Box City			Zip Code		
Telephone: (Home)	(Work)_			_(Cell)	
Email Address:					
Preferred contact method: (circle one)	Email	Postal	Phone:	Home	CellWor
Are you known to schools or references by If yes, by what name?					
Were you previously employed at LWS? ( If yes, dates and position held					
Are you a member of the Oglala Sioux Tri	• • •	. ,	•		ntation <u>required</u>
Are you a member of another Tribe? Do you claim Veteran's preference?	· · ·	Yes ()No Yes ()No	•	es, documer es, DD-214	ntation <u>required</u> required
		•	check one: (		
Do you understand the Lakota Language? Do you write the Lakota Language?		•	check one: ( check one: (		
Do you read the Lakota Language?		•	check one: (	, , , ,	
Have you ever been convicted of a felony? If yes, include date(s) and conviction	• • • • • •				
Have you ever been arrested charged or a	re currently l	heing inve	stigated of an	alleged crit	ne against a chil

Have you ever	been arrested, charged	l, or are currently	being investigated	of an alleged	crime against a	child?
( )Yes ( )No	If yes, include convi	ction or date				

Have you ever been convicted in tribal court for a misdemeanor?	()Yes	( )No
If yes, include date(s) and conviction		

# EDUCATION \*TO BE CONSIDERED, TRANSCRIPTS MUST BE ATTACHED WITH APPLICATION thool & Address: Graduated: ( ) Yes ( ) No

High School & Address:	Graduated: () Yes () No	() GED
	Year Graduated:	Year Completed:
College or University & Address:	Major:	
		# Credits completed:
	Degree/Year:	
Trade/Vocational School & Address:	Field:	Completed: ( ) Yes ( ) No
		Year Completed:
Other Certifications Applicable to Position	Certification Earned & Year:	Length of Training:
Applied For & Institute Address:		

## **EMPLOYMENT EXPERIENCE**

#### **IMPORTANT!** To properly assess your experience, please complete all sections.

List each job held starting with your present job or most recent job. Include military service assignments and volunteer activities. (If more space is needed for experience, use supplement included in this application.)

Name of Employer		Supervisor	
Address		Telephone No.	
Job Title		Salary: Starting	Final
Starting Date	Ending Date	Reason for Leaving	
Describe Duties			
Name of Employer		Supervisor	
Address		Telephone No	
Job Title		Salary: Starting	Final
Starting Date	Ending Date	Salary: Starting Reason for Leaving	
Describe Duties			
Name of Employer		Supervisor	
		Supervisor Telephone No	
		Telephone No Salary: Starting	
		Reason for Leaving	

List special skills and qualifications or other work experience not listed above which make you a good candidate for this position.

List trade, professional or community organizations of which you are a member, include offices held.

### REFERENCES

List (3) personal references, not related to you, who have known you for at least three years. <u>ADDRESSES</u> <u>REQUIRED.</u>

Name	Occupation/Title	Address	Telephone	Yrs. Known
1				
2				
3				
	In Case of an Em	ergency Contact:		
Name:		_ Telephone No		

In compliance with federal, state and tribal equal opportunities 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 you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I authorize a criminal records background check and fingerprinting at my own expense. I also understand that if employed I may be subject to alcohol and drug testing. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Applicant

Date

NOTICE: Applications will remain on file at the LWS Personnel Office for one year from date of application at which time applications will be destroyed. Applicants may request the return of their application and contents. Applications on file will remain INACTIVE. Applicants must contact the Human Resources office to ACTIVATE their application on file when applying for vacancies. Applicants are requested to update applications on file when applying for vacancies at LWS.

#### FOR CERTIFIED APPLICANTS ONLY COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A TEACHING POSITION

Teaching Certificate you hold: (please attach with application)

State:	Expiration Date:
Endorsements:	
Subjects:	

If you do not have a teaching certificate at this time, when do you anticipate obtaining the South Dakota Teaching Certificate:

Are under contract with a school system: Yes\_\_\_\_ No\_\_\_\_

If yes, when does your contract expire:\_\_\_\_\_

Please check extra-curricular activities you are interested in and feel qualified to sponsor or coach:

Boys' Basketball	Hand games	Soccer
Girls' Basketball	Yearbook	Softball
Football	Intrep/Drama	
Volleyball	Student Council	Check area you are most interested
Cross Country	Rodeo	in providing extra-curricular activities.
Track and Field	Pep Club	High School
Tumbling	Indian Club	K -8
Gym	Class Sponsor	
Cheerleading	Golf	
Wrestling		

Please answer each of the questions given below as best you can. The space provided should be adequate, but if more space is needed, please attach additional pages.

- 1. Use this space in any way you wish to support your candidacy. You may want to give information about your particular experience or qualifications, abilities, ambitions or philosophy.
- 2. What will you want to accomplish as a teacher?
- 3. Have you ever worked with Native Americans? If yes, explain.

## ADDITIONAL EMPLOYMENT EXPERIENCE SUPPLEMENT

Name of Employer		Supervisor		
		Telephone No		
Job Title		Salary: Starting	Final	
		Reason for Leaving		
		Supervisor		
		Telephone No		
		Salary: Starting		
		Reason for Leaving		
Name of Employer		Supervisor		
		Telephone No		
Job Title		Salary: Starting	Final	
Starting Date	Ending Date	Reason for Leaving		
Describe Duties				
Name of Employer		Supervisor		
Address		Telephone No		
Job Title		Salary: Starting		
Starting Date Describe Duties	Ending Date	Reason for Leaving		
Name of Employer		Supervisor		
Address		Telephone No		
Job Title		Salary: Starting	Final	
Starting Date	Ending Date	Reason for Leaving		
Describe Duties				