



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

**Incomplete sections, application not signed, or documentation not submitted will not be considered.**

**GENERAL INFORMATION**

1. Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

2. Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Years at this address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred contact method: (check one) \_\_\_ Email \_\_\_ Postal \_\_\_ Phone: \_\_\_ Home \_\_\_ Cell \_\_\_ Work

Are you known to schools or references by another name? ( )Yes ( )No  
If yes, by what name? \_\_\_\_\_

Were you previously employed at LWS? ( )Yes ( )No  
If yes, dates and position held \_\_\_\_\_

Are you a member of the Oglala Sioux Tribe? ( )Yes ( )No If yes, documentation required

Are you a member of another Tribe? ( )Yes ( )No If yes, documentation required

Do you claim Veteran's preference? ( )Yes ( )No If yes, DD-214 required

**Lakota Language**

Do you speak the Lakota Language? ( )Yes ( )No If yes, check one: ( )Well ( )Fair ( )Poor  
Do you understand the Lakota Language? ( )Yes ( )No If yes, check one: ( )Well ( )Fair ( )Poor  
Do you write the Lakota Language? ( )Yes ( )No If yes, check one: ( )Well ( )Fair ( )Poor  
Do you read the Lakota Language? ( )Yes ( )No If yes, check one: ( )Well ( )Fair ( )Poor

## EMPLOYMENT EXPERIENCE

3. **Work 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 _____	Reason for Leaving _____
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_____	
_____	

### 4. **Additional Skills, Qualifications, Honors**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

5. **High School:** Did you graduate from high school? ( ) Yes ( ) No If yes: Year graduated: \_\_\_\_\_  
Name & Address of high school \_\_\_\_\_

Do you have a GED? ( ) Yes ( ) No If yes: month & year obtained: \_\_\_\_\_  
 Name & Address of where GED was obtained \_\_\_\_\_  
 Attach GED Documentation

6. **College/University:** Have you attended college? ( ) Yes (No) If yes, continue. If no, go to item “7”

Name & Address of college/university	Month/Year Attended		# Credits Completed	Degree Completed	Field of Study	Yr. Completed
	From	To				

7. **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. If no other training, go to item “8”

Name & Address of location course(s) taken	Month/Year Attended		Classroom Hours	Subject(s)/ Course Title	Training Completed Yes/No
	From	To			

**BACKGROUND INFORMATION**

8. **Criminal Background:** 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
8a. Have you ever been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? <i>If yes, use space below and explain.</i>		
8b. Are you currently under charge for any violation of law? <i>If yes, use space below and explain.</i>		
8c. Have you ever been fired from any job for any reason, quit after being told they would be fired, or left a job by mutual agreement because of specific problems within the last 5 years. <i>If yes, use space below and explain.</i>		
8d. Have you ever been convicted of a crime in tribal court? <i>If yes, use space below and explain.</i>		
Use this space to explain each item above you responded “Yes” to:		

## PERSONAL REFERENCES

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

Name	Occupation/Title	Address	Telephone	Yrs. Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

### In Case of an Emergency 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 a criminal records background check and fingerprinting at my own expense. I also understand that if 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(s) may result in discharge.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date



**Little Wound School**  
**Human Resources Office**  
**PO Box 500 - Kyle, South Dakota 57752**  
**Tele: (605) 455-6179 Fax: (605) 455-2340**  
**www.littlewound.us**

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### **AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, authorize a representative of Little Wound 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 academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information, 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 Little Wound 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 the Little Wound School and their respective officers, employees, Board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, cost and expenses of any nature related directly or indirectly to performing such investigation and criminal history checks 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 (5) years from the date signed or upon the termination of my affiliation with the Little Wound School, whichever is sooner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**ADDITIONAL EMPLOYMENT EXPERIENCE SUPPLEMENT**

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

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Job Title \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
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Job Title \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
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