



Oglala Lakota County School District 65-1
 206 School Street P.O. Box 109
 Batesland, SD 57716
 Office: 605-288-1921 Fax: 605-288-1814

"An Equal Opportunity Employer"
Application

Position: _____ Date received: _____

Personal Information: **Please complete the application, (see resume is not sufficient.)**

Full Name: _____

Last First Middle Initial Maiden

Mailing address: _____
 Street Box City State Zip

Date of Birth: _____

Telephone Number: _____ / _____ / _____
 Home Work Cell phone

Social Security Number: (Optional) _____

Email address: _____

What School location are you interested in working? _____.

How did you hear about us? _____ social media _____ friend/family _____ website

EDUCATIONAL PREPARATION (Most recent first) High School Diploma not required may substitute applied experience. Do you have a high school diploma/GED? _____

EDUCATIONAL ATTAINMENT: _____ Bachelor's Degree + _____ Sem. Hrs.
 _____ Associate Degree _____ Master's Degree + _____ Sem. Hrs.
 _____ Para Certificate _____ Specialist.

Month / Day / Year available for employment: _____ / _____ / _____

Are you an honorably discharged military veteran? ___ Yes or ___ No

Military Service? _____ Yes _____ No (If yes) Dates of Service: _____

Are you a U.S. Citizen? ___ Yes. ___ No If no, are you eligible to work in the U.S.? ___ Yes ___ No

WORK EXPERIENCE (Most recent first) Include Military

| Employer and Location | Position | Employment Dates | Salary | Reason for Leaving |
|-----------------------|----------|------------------|--------|--------------------|
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Please provide no less than 3 personal references with phone numbers people you may have known for 5 years or more that we may contact. Do not list family/relatives. **Your application will be considered incomplete if 3 references are not listed.**

1. Name _____ Position: _____ Work Phone: _____
Cell Phone: _____
2. Name _____ Position: _____ Work Phone: _____
Cell Phone: _____
3. Name _____ Position: _____ Work Phone: _____
Cell Phone: _____

IMPORTANT ADDITIONAL REQUIREMENTS

1. A personal interview is required before an applicant can be recommended for contract.
2. Pursuant to Policy School Employee Certificate of Health will be required prior to beginning employment.
3. The District, will perform a criminal records check, driving record, reference check.
4. Upon acceptance of a contract, the applicant must provide a complete original transcript of credits (if applicable for position).

Background History (If the answer to any of the following questions is “yes” please include an explanation on a separate page.)

1. Have you ever been discharged or requested to resign from a position?
If yes, explain: _____
2. Do you have a valid South Dakota Driver’s license? (if position requires) _____
3. Have you ever had a driver’s license revoked or suspended? If so, when and where? _____
4. Have you ever been charged or convicted of criminal conduct or felony? _____
5. Are any criminal charges or proceedings pending against you? If so, when and where? _____
6. Have you ever been convicted of a drug or alcohol related charge? If so, when and where? _____

Copy of High School diploma or GED (if required), College Transcripts, Para- professional certification, valid commercial driver’s license, commercial driver physical card, Teacher certification, cook certifications and any other documents you would like to submit must be attached with application.

According to the Oglala Lakota County School District policy, you must submit to a drug test and criminal background check prior to employment.

The Oglala Lakota County School District provides equal opportunity in employment to all persons regardless of age, race, creed, color, sex, national origin, religion or disability.

Oglala Lakota County School District
P.O. BOX 109
BATESLAND, SD 57716

READ CAREFULLY:

I hereby certify that answers given are true and complete to the best of my knowledge, and I understand that if I am employed, **false statements on this application**, whenever discovered, may be sufficient cause for immediate dismissal at the District's discretion.

I further understand that if I accept a position with the Oglala Lakota County School District, these statements will become part of my permanent record.

Date

Signature of Applicant

Oglala Lakota County School District 65-1



AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

(Please read the following statements, sign below, and return to the Human Resources office.)

I, _____, hereby authorize a representative of Oglala Lakota County School District 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, performance, attendance, professional history, disciplinary, and felony or misdemeanor criminal records, motor vehicle records, including arrest and convictions, 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 Oglala Lakota County School District and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

(Applicant's signature)

(Date)