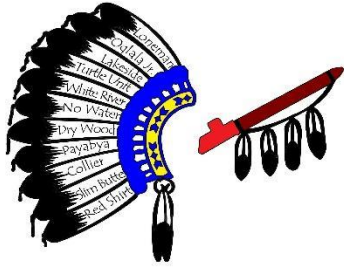


# Isna Wica Owayawa

PO Box 50  
Oglala, South Dakota 57764

(605) 867-6875  
Fax: (605) 867-5109

<b>EVERYTHING YOU WILL NEED FOR A COMPLETE APPLICATION</b> <b>(is highlighted)</b>	<b>YES</b>	<b>NO</b>
<b>Complete Application:</b> <ul style="list-style-type: none"> <li>Please check that the references given have current phone numbers.</li> </ul>		
<b>Resume (if applicable)</b>		
<b>Indian Preference Documentation: BIA 4432 <i>not a blood degree certificate</i></b> <ul style="list-style-type: none"> <li>The BIA 4432 can be obtained at the Tribal Enrollment Office, tell them it's for employment. Their office number is (605) 867-1321.</li> </ul>		
<b>Veterans Preference Documentation: DD-214 (if applicable)</b>		
<b>Official College Transcripts and or High School Diploma</b> <b>Official only.</b> We will not accept unofficial transcripts or copies.		
<b>Job Related Certificates</b>		
<b>Teacher Applicants must submit their SD State Teacher Certification</b>		
<b>Two (2) forms of current identification (not expired)</b>		
<b>College Status Sheet:</b> Applicable for all Paraprofessional positions.		
<b>Investigative Questionnaire for a Child Contact Position</b> All applicants are required to complete this form and submit <b>it with your Application for Employment</b>		
<b>Once your application is complete – your application will be rated. If you qualify for the position you applied for, you will be contacted to do a Drug test and Fingerprints.</b>		
<b>Drug Test:</b> <ul style="list-style-type: none"> <li>Must be done and we have results before any interviews can take place.</li> <li>We will not interview you if this step has not been done.</li> <li>Additional information will be provided once you are contacted.</li> </ul>		
<b>Fingerprints – you will be required to submit Fingerprints to begin the mandatory Background Check process. Isna Wica Owayawa Staff will do the fingerprints.</b>		



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## APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of a non-job related medication condition or handicap.

<b>NO APPLICATION WILL BE CONSIDERED UNLESS IT IF FULLY COMPLETED</b>			
Date of Application	Position Applied for:		
Name: (Last, First, MI)	SSN:		
Address (Street / PO Box, City, State, Zip)	Phone: C: H:		
Email Address:			
	YES	NO	
Are you over the age of 18 years?			
Are you legally eligible to be employed in the United States?			will be required to submit an I-9
Do you have any relatives who work for Isna Wica Owayawa (Loneman School)?			
Do you claim Veterans Preference?			Submit DD-214
Do you claim Native preference?			Submit BIA-4432
Have you ever been arrested or convicted with a crime involving children?			Describe: Date (s):
Have you ever been convicted of a misdemeanor or felony?			Describe: Date (s):
Are there any physical/medical conditions that limit your job performance?			Describe: Date (s):
Have you been fully vaccinated for the Covid 19 SARS virus?			Submitting Covid-19 Vaccination card is optional

## Employment (List all jobs beginning with the present, going back 5 yrs.)

Please fill out completely. If there was a time you were not employed between jobs, put Unemployed.  
Don't leave blank. You may use additional pages if necessary.

1.

Title/Position:	Start Date	End Date:	Salary:
Employer:	Supervisor:	May we contact: Yes          No	Address:
		Phone:	
Description of Duties:			
Contacted: Yes          No	Date	Time:	Recommended: Yes          No

2.

Title/Position:	Start Date	End Date:	Salary:
Employer:	Supervisor:	May we contact: Yes          No	Address:
		Phone:	
Description of Duties:			
Contacted: Yes          No	Date	Time:	Recommended: Yes          No

3.

Title/Position:	Start Date	End Date:	Salary:
Employer:	Supervisor:	May we contact: Yes          No	Address:
		Phone:	
Description of Duties:			
Contacted: Yes          No	Date	Time:	Recommended: Yes          No

**PERSONAL REFERENCE (excluding relatives)**

1.

Name:	Address:	Relationship:
Phone:	Email:	

2.

Name:	Address:	Relationship:
Phone:	Email:	

3.

Name:	Address:	Relationship:
Phone:	Email:	

What special skills or qualifications do you have which make you a good candidate for this position?

Anything else you would like us to know about?

## EDUCATIONAL BACKGROUND

Elementary:	Address:	Grade Completed:	Year:
High School:	Address:	Grade Completed:	Year:
College:	Address:	Grade Completed:	Year:
Other:	Address:	Grade Completed:	Year:
Other	Address:	Grade Completed:	Year:

**\*\*\* ATTACH A CURRENT TRANSCRIPT OR A LIST OF COURSES TAKEN AND CREDIT HOURS COMPLETED FROM ALL COLLEGES ATTENDED.**

### \*\*\* AGREEMENT \*\*\*

I certify that the 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 or other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection to 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.

\_\_\_\_\_

Print Name
Signature
Date

In Case of Emergency, Please Notify:	
Name:	Relation:
Address:	Phone:
	Work: _____
	Home: _____
	Cell: _____

