

Mandaree School Application

Applicants Information

Date of Application		Position(s) Applied for	
Name	SSN#	Date Of Birth	
Address	Phone	Email	
Have you been employed here before?		Position and Dates of employment:	
If Yes, state reason for leaving:			
Do you claim Native American preference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<i>If yes, please attach copy of Tribal ID or CIB</i>			
Are you a Veteran? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Please explain			
Have you ever been arrested or convicted of a misdemeanor involving crimes of violence, sexual assault, molestation, exploitation, contact or prostitution, Crimes against persons or offenses committed against children? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain			

Education *Please submit transcripts, diplomas and or completed certificates*

High School:		Address:	
From :	To:	Did you Graduate?	Degree:
College:		Address:	
From :	To:	Did you Graduate?	Degree:
Other		Address:	
From :	To:	Did you Graduate?	Degree:

Residence/Employment *including Native American Communities in the last 5 years*

From:	To:	Address:	City:	State:	Zip Code:
From:	To:	Address:	City:	State:	Zip Code:
From:	To:	Address:	City:	State:	Zip Code:
From:	To:	Address:	City:	State:	Zip Code:
From:	To:	Address:	City:	State:	Zip Code:



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Employment Experience

List your employment activities, beginning with the present and working back 5 years. The 5-year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school." Include the month and year in the dates for each employment activity listed. If you need additional space, please continue on a spare sheet of paper

Company:	Phone:	
	Address:	
Supervisor:	Starting Salary:\$	Ending Salary:\$
Job Title:	From:	To:
Responsibilities:	Reason for Leaving?	
May we Contact your Supervisor for a reference? Yes: No		
Company:	Phone:	
	Address:	
Supervisor:	Starting Salary:\$	Ending Salary:\$
Job Title:	From:	To:
Responsibilities:	Reason for Leaving?	
May we Contact your Supervisor for a reference? Yes: No		
Company:	Phone:	
	Address:	
Supervisor:	Starting Salary:\$	Ending Salary:\$
Job Title:	From:	To:
Responsibilities:	Reason for Leaving?	
May we Contact your Supervisor for a reference? Yes: No		
Company:	Phone:	
	Address:	
Supervisor:	Starting Salary:\$	Ending Salary:\$
Job Title:	From:	To:
Responsibilities:	Reason for Leaving?	
May we Contact your Supervisor for a reference? Yes: No		

****Any other special skills or qualifications or additional job experience please list on another sheet of paper****

References Please list three **Professional References*** (DO NOT LIST RELATIVES) *

Name	Company/ Title	Address	Telephone	Years Known



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Agreement

I certify that answers given are herein are true and complete to the best of my knowledge and hereby authorized designed Mandaree School District #36 to conduct follow-up consolation regarding my previous employment and other information as may be necessary in arriving at an employment decision. I authorize a criminal records background check and fingerprinting. I also understand that if employed I will be subject to drug testing. I hereby release Mandaree School Board and their designed staff from all liability for other employers' or individuals' responses to inquires in connection with this application for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Applicants Initials: _____

Nondiscrimination Policy

You are hereby notified that the Mandaree School District #36 does not discriminate on the basis of sex in the educational programs or activities which it operates, and that it is required by Title IX and part 86 of the Department of Health, Education and Welfare regulations not to discriminate in such a manner. This requirement not to discriminate extends to educational programs and activities, as well as to employment herein. You are further notified that the Mandaree School District #36 does not discriminate in services or employment practices on a basis of handicap, in accordance with North Dakota Century Code 15-59-04 48-02-19 or PL 94-142, Section 504 of the Vocational Rehabilitation Act of 1973, and as amended. In addition, Mandaree School District #36 does not discriminate on the basis of color, race, creed or national origin

Applicants Initials: _____

Indian Preference Policy

Submit completed for (BIA-4432) if you are claiming Indian Preference for employment. The Form must be completed by the appropriate official with the federally- recognized tribe where the applicant is enrolled as a member. Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act of 1934 (Title 25, USC, Section 4720).

Applicants Initials: _____

Applicant Certification

My statement on this application and any attachments to it are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answers to my question or item on a part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

I understand my right to obtain a copy of any criminal history report, from the reporting agency made available to Mandaree School and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicants Initials: _____



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Application Process

Please Submit all copies of degrees attained, training certificates, and proof of Indian Preference (copy of Tribal ID or Certificate of Indian blood) if it applies. You will be ranked on if you have a completed application. If you do not submit copies of any information requested, you are subject to an incomplete application and will not be scored. Applicants who provide false information on their application will be disqualified from consideration. * Remember, you will not be scored on an incomplete application. If the job description requires it; include it in your application packet. You cannot be scored on anything that is not in your application. *

Mail to: Mandaree School District #36 P.O. Box 488 Mandaree, ND 58757

Email to: Josephine Espino Email: Josephine.Espino@K12.nd.us if any questions call 1-701-759-3120

Applicant's Signature

Printed

Date

Application Check list

- | | |
|---|--|
| <input type="checkbox"/> Completed Application (No Blanks) | <input type="checkbox"/> Copy of Certification or Training Certificates |
| <input type="checkbox"/> Letter of Interest or Resume | <input type="checkbox"/> Two forms of ID (driver's license, Tribal ID, Social Security Card) |
| <input type="checkbox"/> Background & Release of Information Form | <input type="checkbox"/> Veterans Preference- Form DD214 |
| <input type="checkbox"/> Three Professional References | <input type="checkbox"/> Certificate of Indian Blood (If applicable) |
| <input type="checkbox"/> Official College Transcripts | |
| <input type="checkbox"/> High School diploma/ GED Equivalent | |

Received By:	Date:	Time:
Notes and Updates:		



Questionnaire continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
13. Employment - List your employment activities, beginning with the present and working back 5 years. The 5 year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school." Include the month and the year in the dates for each employment activity listed.				
Month/Year	Month/Year	Employer Name and Phone Number		Position Title
1)	To PRESENT			
Employer Street Address		City	State	Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference	Telephone Number ()
Reason you left				

Month/Year	Month/Year	Employer Name and Phone Number		Position Title
2)	To			
Employer Street Address		City	State	Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference	Telephone Number ()
Reason you left				

Month/Year	Month/Year	Employer Name and Phone Number		Position Title
3)	To			
Employer Street Address		City	State	Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference	Telephone Number ()
Reason you left				

Month/Year	Month/Year	Employer Name and Phone Number		Position Title
4)	To			
Employer Street Address		City	State	Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference	Telephone Number ()
Reason you left				

Questionnaire continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
14. Personal References – List 5 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Do not list relatives or anyone who is listed elsewhere on this application.				
1) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="radio"/> Work () <input type="radio"/> Cell () <input type="radio"/> Home ()	
Home or Work Address	City	State	Zip Code	
2) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="radio"/> Work () <input type="radio"/> Cell () <input type="radio"/> Home ()	
Home or Work Address	City	State	Zip Code	
3) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="radio"/> Work () <input type="radio"/> Cell () <input type="radio"/> Home ()	
Home or Work Address	City	State	Zip Code	
4) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="radio"/> Work () <input type="radio"/> Cell () <input type="radio"/> Home ()	
Home or Work Address	City	State	Zip Code	
5) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="radio"/> Work () <input type="radio"/> Cell () <input type="radio"/> Home ()	
Home or Work Address	City	State	Zip Code	

Military History			
15. Have you served in the United States military? If "YES," please provide a copy of your DD214.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Have you <u>ever</u> received other than an honorable discharge from the military? If "YES," provide the circumstances, date of discharge and type of discharge below.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Month/Year	Type of Discharge	Circumstances	

Questionnaire continuation

Last Name	First Name	Middle Initial	Jr., II, etc	Social Security Number

Background Information – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), and Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207) requires a criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian children. The following includes questions required by the above referenced citations:

17. In the last 5 years, have you been cited, arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.		
18. Have you been convicted by a military court-martial in the past 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," use item 22 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.		
19. Are you now under charges for any violation of law?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.		
20. Have you <u>ever</u> been cited, arrested for or charged with a crime involving a child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," use item 22 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.		
21. Have you <u>ever</u> been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," use item 22 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.		

22. If you have answered "YES" for any of the above questions in this section, explain your answer(s) below and provide court documentation for the information submitted.

Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State	Zip Code

Questionnaire continuation					
Last Name	First Name	Middle Initial	Jr., II, etc	Social Security Number	
23. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," use item 25 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.					
24. In the last 5 years have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or <u>illegally</u> used prescription drugs?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," use item 25 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.					
25. Use this space to provide explanations to any of the above questions you have answered "YES" on this questionnaire or for which you need more space.					

Questionnaire continuation				
Last Name	First Name	Middle Initial	Jr., II, etc	Social Security Number
<p style="text-align: center;">Certification that My Answers are True</p> <p>My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that willful omission or a fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.</p> <div style="text-align: right; margin-right: 50px;"> <p>_____ Applicant's/Consumer's initials</p> <p>_____ Date</p> </div> <p>I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the _____, and my rights to challenge the accuracy and completeness of any information contained in the report.</p>				
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Applicant's/Consumer's Signature</p> </div> <div style="width: 30%;"> <p>_____ Printed Name</p> </div> <div style="width: 20%;"> <p>_____ Date</p> </div> </div>				

Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the _____, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the _____ only for the purposes of determining my suitability for employment with _____.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the _____ and their 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 investigations 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 or educational institution, 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 related directly or indirectly to furnishing such information.

Copies of this authorization 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 _____, whichever is sooner.

Signature (sign in black ink)	Printed Name		Date Signed
Position for Which you are being Investigated		Primary Contact Number	
Current Address	State	Zip Code	Secondary Contact Number ()