



Tiospa Zina Tribal School Employment Application

#2 Tiospa Zina Drive
PO Box 719
Agency Village, SD 57262
Phone # 605-698-3953
Fax# 605-698-7686
www.tzts.us

Dear Applicant:

The following information is required by the Sisseton-Wahpeton School Board. If you do not provide the required information, your application will be considered incomplete.

1. Tiospa Zina Tribal School application
2. Verification of high school or GED completion
3. Three (3) letters of recommendations from previous employers/co-workers; if not previously employed, you may submit recommendations from someone having knowledge of your skills and abilities regarding the position for which you are applying.
4. Copy of teacher certificate (If applicable)
5. Placement and college credentials (Official)
6. Verification of Indian (Verification Form BIA-4432) and/or Veteran's Preference (If applicable)
7. CII – Criminal and Corporate Investigations, Inc. Background Check Forms

GENERAL INFORMATION:

Position(s) applying for (list up to 3): _____

| Last Name | First Name | Middle Initial | Suffix |
|-----------|------------|----------------|--------|
|-----------|------------|----------------|--------|

| P.O. Box | Street | City | State | Zip |
|----------|--------|------|-------|-----|
|----------|--------|------|-------|-----|

| Telephone #: Home and Emergency | Driver's License # |
|---------------------------------|--------------------|
|---------------------------------|--------------------|

| Tribal Affiliation (If Applicable) | Enrollment Number | SWO District |
|------------------------------------|-------------------|--------------|
|------------------------------------|-------------------|--------------|

| Legal Gender (M or F) | Social Security # | DOB |
|-----------------------|-------------------|-----|
|-----------------------|-------------------|-----|

* Country of Citizenship: _____

*Other Names Used (Month/Year – Month/Year):

*List any acquired languages, including Dakota and your ability to speak, write, and read:

- During the last 5 years have you ever been fired from any job for any reason? ____ Yes ____ No
If, yes please explain: _____
- Did you quit after being told that you would be fired? ____ Yes ____ No
- Did you leave a job by mutual agreement? ____ Yes ____ No
- Are you applying under Indian Preference? ____ Yes ____ No
 - (Attach Verification Form BIA-4432 and/or copy of Tribal ID)
- Are you applying under Veterans Preference? ____ Yes ____ No
 - If "Yes" What Branch of Service? _____
 - Convicted by a military court-martial in the past 5 years? ____ Yes ____ No
 - (Attach verification DD214 and/or Vet Military ID)
- Are you legally entitled to work in the US? ____ Yes ____ No
- Are you able to perform the essential functions listed on the job description? ____ Yes ____ No

Illegal Drugs:

- In the last year, have you used, possessed, supplied, or manufactured illegal drugs?
When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.) stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.).

___ Yes ___ No

- If “Yes,” please provide the type(s) of substances, nature of activity, and any additional details relating to your involvement with illegal drugs. Please include any treatment or counseling received.

** Tiospa Zina Tribal School is an Indian Preference and at-will employer**

EDUCATIONAL SUMMARY:

| | School | Year Graduated | Degree |
|----------------------|--------|----------------|--------|
| HS/GED | <hr/> | | |
| University/College | <hr/> | | |
| Graduate School | <hr/> | | |
| Additional Education | <hr/> | | |

EMPLOYMENT HISTORY (List up to five years):

Start with your **last job first**, including job-related military service assignments, and volunteer activities.

1. Employer & Address:

Employer Phone: _____ Dates Employed: _____

Employer Supervisor: _____

Job Title/Responsibilities: _____

Reason for Leaving: _____

2. Employer & Address:

Employer Phone: _____ Dates Employed: _____

Employer Supervisor: _____

Job Title/Responsibilities: _____

Reason for Leaving: _____

3. Employer & Address:

Employer Phone: _____ Dates Employed: _____

Employer Supervisor: _____

Job Title/Responsibilities: _____

Reason for Leaving: _____

4. Employer & Address:

Employer Phone: _____ Dates Employed: _____

Employer Supervisor: _____

Job Title/Responsibilities: _____

Reason for Leaving: _____

REFERENCES:

List references **other** than those listed as a current or former employer (please refrain from listing direct relatives; i.e. parents, siblings, children, etc.):

1. Name: _____ Phone: _____

Address: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Relationship: _____

3. Name: _____ Phone: _____

Address: _____ Relationship: _____

Do you or have you ever lived on tribal lands? _____ Yes _____ No

*If you live, or have lived, on an Indian Reservation, please include the name of the Reservation:

From: (MM/YY) To: (MM/YY): _____

*Please list the home addresses for the past 7 years:

Street Address: _____ City, State _____ Zip Code _____ County _____ From: (MM/YY) To: (MM/YY) _____

Disclosure Affidavit

The Indian Child Protection and Family Violence Prevention Act, as amended, 25 U.S.C. 3207, and the Crime Control Act, as amended, 42 U.S.C. 13041, require that persons who are employed in positions having regular contact with or control over Indian children must undergo a character investigation to ensure they have not been found guilty of, or entered a plea of nolo contendere or guilty to, any felonious offense, or any of 2 or more misdemeanor offenses under Federal, State, or Tribal law involving crimes involving a child; violence; crimes against persons; sex offenses including: sexual assault, molestation, sexual exploitation, sexual contact, or prostitution; or a drug felony.

I understand that if incomplete, falsification, or misrepresentation is grounds for disqualification or termination.

Have you ever been arrested, convicted of, entered a plea of nolo contendere (no contest), or guilty to any crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution, or crimes against person under Federal, state, or tribal law? ☐ Yes ☐ No

- If "Yes," provide the date(s), explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence(s), and the name/address of the police department or the court involved.

Have you ever been arrested for or charged with a crime involving a child? ☐ Yes ☐ No

- If "Yes," provide the date(s), explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence(s), and the name/address of the police department or the court involved.

- **During the last 5 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosive violations, misdemeanors, and all other offenses)** ☐ Yes ☐ No

If "Yes," provide the date(s), explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence(s), and the name/address of the police department or the court involved.

- **Are you currently under charges for any violation of law?** ☐ Yes ☐ No

If "Yes," provide the date(s), explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence(s), and the name/address of the police department or the court involved.

- **Are you delinquent on any Federal debt?** ☐ Yes ☐ No

If "Yes," provide the date(s), explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence(s), and the name/address of the police department or the court involved.

I certify that my response to the above questions is 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 Tiospa Zina Tribal School and my rights to challenge the accuracy and completeness of any information contained in the report.

Signature: _____ **Date:** _____

Authorization to Release Information

I **Authorize** the Tiospa Zina Tribal School personnel security representative initiating and/or conducting my background investigation or reinvestigation to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information to include publicly available electronic 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 understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I **Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the Tiospa Zina Tribal School personnel security 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 Tiospa Zina Tribal School in connection with personnel security screening to determine suitability or fitness for employment and that it may be disclosed by Tiospa Zina Tribal School only as authorized by law. Photocopies of this authorization with my signature are valid.

I authorize investigations of statements in this application. I understand any misrepresentation or omission of facts called for in this application may be used for cancellation of this application or separation from employment. I further **Authorize** an investigation into my background and give my consent to Tiospa Zina Tribal School and its agents or independent contractor to perform appropriate tests or examinations for alcohol, illegal drugs, and/or other pre-employment tests and random drug tests for the duration of my employment. The results of these test examinations may be released to Tiospa Zina Tribal School's designee for whatever use it deems fair and appropriate under the circumstances.

The school may use the following resources as part of their background check process: Sisseton Wahpeton Law Enforcement; Sisseton Wahpeton Child Protections Agency; Certified Adjudicator; South Dakota Child Protection Services; South Dakota Division of Criminal Investigations; Corporate Investigations, Inc.; and Tribal, State, and Federal Sex Offender Registries. This authorization is valid for two (2) years from the date signed.

Applicant's Signature

Date

E-mail Address