| | Pierre Indian Learn | ing Center | |
|-----------------------|--|---|--|
| _ | | | |
| | | | |
| | | | |
| | | Action/Equal Opportuni RSONAL INFORMATIC | |
| ATE: | POSITION APP | LIED FOR: | |
| JLL NAME | First | | |
| | | Middle | Last |
| DDRESS: | Street Address | | Apt/Suite |
| | City | State | Zip Code |
| MAIL: | | Pł | |
| o you ciaii | m Veteran's preference? □ YES □ EN | I NO (If yes, please attach copy of form | |
| | | | |
| | E YOU ALLOWED TO WORK IN TH | | |
| · | | | NTER? 🗆 yes* 🗆 no |
| F YES, WF | RITE THE START AND END DATE | S: | |
| AVE YOU | EVER BEEN CONVICTED OF A FI | ELONY? 🗆 YES* 🗆 NO Any | person with a felony conviction is ineligible for employment |
| YES, PL | EASE EXPLAIN: | | |
| <mark>O YOU HA</mark> | VE A HIGH SCHOOL/GED DIPLO | MA? 🗆 YES 🗌 NO- To be eligibl | e for employment you must possess a high school diploma o |
| mployer to | ask: Have you previously had a ment drug or alcohol test adminis | verified positive pre-emp | 9 CFR part 40, § 40.25(j), requires an ployment drug test, or refused to submi r to which you applied and did not obta |
| YES - | | OT return-to-duty proced | dures described in 49 CFR part 40, Subp |

YES - If yes, did you complete the DOT return-to-duty procedures described in 49 CFR part 40, Subpart O, including the initial/follow-up evaluation with a qualified Substance Abuse Professional (SAP), education and treatment, return-to-duty and follow-up testing? Please indicate your response and explanation below:
 YES; please explain:

□ NO; please explain:

EDUCATION

| HIGH SCHOOL: | CITY / STATE: |
|---------------------------------|------------------|
| FROM: | TO: |
| GRADUATE? YES NO YEA | R: |
| COLLEGE: | CITY / STATE: |
| FROM: | TO: |
| GRADUATE? I YES NO DEGREE: | YEAR: |
| OTHER: | CITY / STATE: |
| FROM: | TO: |
| | |
| | CITY / STATE: |
| FROM: | ТО: |
| DEGREE/CERTIFICATION | |
| | oyer? ∐ yes ∐ no |
| | |
| SUPERVISOR S NAME: | PHONE: |
| ADDRESS: Street Address | Apt/Suite |
| City | State Zip Code |
| | |
| | SPONSIBILITIES: |
| FROM: | |
| | |
| KEASON FOR LEAVING: | |
| EMPLOYER 2:Company / Individual | |
| SUPERVISOR'S NAME: | PHONE: |

| ADDRESS: | | | | | | | |
|---|------------------------------------|---------------------|-------|--|--|--|--|
| Street Address | | Apt/Suite | | | | | |
| City | State | Zip Code | | | | | |
| STARTING PAY: \$ | \Box hour \Box salary ENDING F | PAY: \$ □ HOUR □ SA | ALARY | | | | |
| JOB TITLE: | RESPONSIBILITIES: | | | | | | |
| FROM: | TO: | | | | | | |
| REASON FOR LEAVING: _ | | | | | | | |
| | | | | | | | |
| EMPLOYER 3: Company / Ir | dividual | | | | | | |
| SUPERVISOR'S NAME: | | PHONE: | | | | | |
| ADDRESS: | | Apt/Suite | | | | | |
| Sileer Address | | Aprodite | | | | | |
| City | State | Zip Code | | | | | |
| STARTING PAY: \$ 	□ HOUR 	□ SALARY ENDING PAY: \$ 	□ HOUR 	□ SALARY | | | | | | | |
| JOB TITLE: RESPONSIBILITIES: | | | | | | | |
| FROM: TO: | | | | | | | |
| REASON FOR LEAVING: _ | | | | | | | |
| PERSONAL REFERENCES | | | | | | | |
| | | | | | | | |
| FULL NAME: | Last | RELATIONSHIP: | | | | | |
| E-MAIL: | | PHONE: | | | | | |
| | | | | | | | |
| FULL NAME: | | RELATIONSHIP: | | | | | |
| First | Last | | | | | | |
| -MAIL: PHONE: | | | | | | | |
| | | | | | | | |
| FULL NAME: | | | | | | | |
| First | Last | | | | | | |
| E-MAIL: | | PHONE: | | | | | |

AUTHORIZATION

Applicant understands that the PIERRE INDIAN LEARNING CENTER is an Affirmative Action/ Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I authorize the PIERRE INDIAN LEARNING CENTER to make any investigation of my personal, educational or employment history. I further authorize any current or former employer, person, firm, corporation, educational or government agency to provide the PIERRE INDIAN LEARNING CENTER with information they have regarding me. I hereby release the PIERRE INDIAN LEARNING CENTER and those who provide this information from any and all liability as a result of furnishing and receiving this information.

I certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated. Employment is contingent on completion of satisfactory pre employment drug screen and criminal background check.

SIGNATURE _____

DATE _____

PRINT NAME_____

Applicant Screening Questionnaire Indian Children Protection Requirements

Name: ______(Please print) _____ Social Security Number: _____

Job Title: ______ Announcement No: ______

Notification Requirements

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for Federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment. Further, it is required to ask the following:

Have you ever been arrested for or charged with a crime involving a child?

Yes [If "yes," 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.]

No

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 in the Department of Interior that involve regular contact with or control over Indian children. Further, it is required to ask the following:

Have you ever been arrested, 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?

[If "yes," provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), Yes place of occurrence, and the name and address of the police department or court involved.] No

I certify that my response to the above questions is made under Federal penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be con ducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the Bureau of Indian Education and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature

Date