

APPLICATION FOR EMPLOYMENT

Circle of Nations – Wahpeton Indian School

Human Resources

832 8th Street North

Wahpeton, ND 58075



The Circle of Nations School is an Equal Opportunity Employer. We encourage all persons to file applications with us. We do not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status, and mental or physical disability. Indian Preference law will apply to qualified Native American applicants. All job offers are contingent upon the successful completion of a background check which may include a police records check and drug screening.

PLEASE TYPE OR PRINT LEGIBLY. THIS APPLICATION IS PART OF THE EXAMINATION PROCESS. RESUME MAY BE ATTACHED BUT IS NO SUBSTITUTE FOR COMPLETING THIS APPLICATION

Print exact title of the position you are applying for:			Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work:			I will accept Full Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Part Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Temporary: <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name:			
Last:	First:	Middle:	Telephone Contact Information: Home: () - -
Other Names Used – maiden name, former marriage, alias(s), or nickname(s): Name:			Business () - - Cell: () - -
Address:			E-Mail Address:
Number:	Street:	Apt:	
City:	State:	Zip:	Are you related to anyone working for CNS? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of relative:
What languages other than English do you speak and understand fluently?			Relationship:
Have you the legal right to work permanently in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No			In what department is your relative employed?

DRIVERS LICENSE INFORMATION

Drivers License Number:	State of Issue:
Expires:	Current Status: <input type="checkbox"/> Valid <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended <input type="checkbox"/> Expired
Restrictions/Endorsements:	CDL: <input type="checkbox"/> Yes <input type="checkbox"/> No

TRIBAL AFFILIATION

Tribal Affiliation: (If you wish to claim Indian Preference you must attach proof of enrollment to the application.)
Tribe with which you are enrolled:
List any Indian reservations on which you have lived or worked in the last five years:

EDUCATION

Name and Location of High School:		Did you Graduate from High School?: <input type="checkbox"/> Yes <input type="checkbox"/> No If No do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University Attended	Attendance Dates	Major	Credits or Degree Received
Other Job Related Training:			
Professional Licenses or Certificates: (Teaching, Counseling, Nursing Credentials- include ND State Number and Expiration Date)			

MILITARY

Served in the U.S. Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No			
Branch of Service	Years of Active Duty	Date of Separation from Active Duty	Rank
If you wish to claim veteran's credit you must attach a copy of form DD214 to your application.			

EMPLOYMENT HISTORY

List your present or most recent job first. Carefully Account for all recent employment (at least the last five years). By giving complete information you will improve your chances for employment. If you need more space please attach additional sheets.
May we contact your present employer? Yes No If 'No' explain:

From: Month/Year	To: Month/Year	Position title:		
Name of Employer:		Duties of your position:		
Address:				
Name of Supervisor:				
Phone # () -				
Reason for Leaving:	No. supervised (if any):	Salary: \$	Per: Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/>	Hours worked per week:

From: Month/Year	To: Month/Year	Position title:		
Name of Employer:		Duties of your position:		
Address:				
Name of Supervisor:				
Phone #: () -				
Reason for Leaving:	No. supervised (if any)	Salary: \$	Per: Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/>	Hours worked per week:

From: Month/Year	To: Month/Year	Position title:		
Name of Employer:	Duties of your position:			
Address:				
Name of Supervisor:				
Phone # () -				
Reason for Leaving:	No. supervised (if any):	Salary: \$	Per: Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/>	Hours worked per week:

From: Month/Year	To: Month/Year	Position title:		
Name of Employer:	Duties of your position:			
Address:				
Name of Supervisor:				
Phone # () -				
Reason for Leaving:	No. supervised (if any):	Salary: \$	Per: Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/>	Hours worked per week:

From: Month/Year	To: Month/Year	Position title:		
Name of Employer:	Duties of your position:			
Address:				
Name of Supervisor:				
Phone # () -				
Reason for Leaving:	No. supervised (if any):	Salary: \$	Per: Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/>	Hours worked per week:

BACKGROUND INFORMATION

For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name is on any attachments to this application.

1. Have you ever been arrested for or charged with a crime involving a child? (If yes use space provided below to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever 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? (If yes use space provided below to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Use the spaces below to provide information regarding any yes answers above:

Date	Violation	City and State	Court/Police Involved

Pertinent Information:

Use this space for any additional information you wish to provide concerning your qualifications for this position.

Do you have responsibilities that would limit your availability to work at CNS Yes No. If yes explain.

Are you willing to do shift work: Yes No

Are you willing to work holidays and weekends: Yes No

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my department head or administrator of the Circle of Nations School.

I understand that if my availability status changes it is my responsibility to notify my department head or the administrator. Such change will be effective then and for any future employment.

Signature of applicant

Date signed

WAIVER AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby certify that I have supplied accurate and truthful information on this application.

Furthermore, I understand that I must meet all certification standards established by the Board of Education of the Circle of Nations School, Inc. (CNS) and or the North Dakota State Department of Public Instruction that may apply to the position for which I am applying.

Furthermore, I understand that I must have a background investigation to reveal any criminal or former employment activities that could prevent my employment at CNS.

I understand this requirement and voluntarily give CNS the right to make a thorough investigation of my past employment and activities; agree to cooperate in such investigation; and release from all liability or responsibility all persons, companies, or corporations supplying such information and examinations as may be required by the Circle of Nations School at such times and places as CNS shall designate.

I further release the Circle of Nations and its agents from any liability in conducting such investigation.

I understand that I may be required to submit to finger printing to enable checking records of the FBI and North Dakota Crime Bureau. I also may be required to provide additional release authorization if investigation warrants.

I further understand that I may be requested to sign additional waivers as needed for investigation.

Signature of Applicant

Date Signed