

**RURAL AMERICA INITIATIVES
2112 S. Valley Drive
Rapid City, SD 57703
(605) 341-3339**

EMPLOYMENT APPLICATION

PLEASE MARK THE PROGRAM TO WHICH YOU ARE APPLYING: ATEYAPI HEAD START

DATE: _____

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NO: _____ DOB: _____

PHONE NUMBER YOU CAN BE REACHED: _____

MESSAGE TELEPHONE: _____ EMAIL ADDRESS: _____

POSITION APPLYING FOR:

DATE YOU CAN START WORK: _____

CAN YOU WORK: _____ PART-TIME _____ FULL-TIME _____ TEMPORARY

VALID DRIVERS LICENSE: _____ YES _____ NO

CAN YOU FURNISH YOUR OWN TRANSPORTATION: _____ YES _____ NO

HAVE YOU BEEN CONVICTED OF A FELONY: _____ YES _____ NO

HAVE YOU BEEN CHARGED WITH CHILD ABUSE OR A RELATED CRIME: _____ YES _____ NO

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED: _____ YES _____ NO
(IF YES, PLEASE SUBMIT A COPY WITH APPLICATION)

LIST EXPERIENCE WORKING WITH AMERICAN INDIAN POPULATION:

DESCRIBE TRAINING AND EXPERIENCE SPECIFIC TO JOB DESCRIPTION:

OTHER INFORMATION ABOUT YOUR ABILITIES AS AN EMPLOYEE:

REFERENCES:

List names, addresses, and telephone numbers of **THREE WORK REFERENCES** who have knowledge of your work skills, attitudes, and habits. **(DO NOT INCLUDE PERSONAL FRIENDS OR RELATIVES):**

Name: _____ Relationship: _____
Telephone: _____ Message Phone: _____
Address: _____

Name: _____ Relationship: _____
Telephone: _____ Message Phone: _____
Address: _____

Name: _____ Relationship: _____
Telephone: _____ Message Phone: _____
Address: _____

IMPORTANT - PLEASE READ AND SIGN

As an Equal Opportunity Employer, RAI's policy, as well as Federal and State Law, prohibits discrimination in employment based on race, color, religion, sex, national origin, physical handicap, or age with respect to individuals who are at least 18 years of age. Hiring for this position is under RAI's policy of Indian Preference.

As part of this application for employment, I hereby authorize the company to investigate my references and to make an independent investigation of my character, conduct and employment records.

I further agree that failure to reveal any prior employer, or the giving of false or misleading information by me will be grounds for termination of employment.

My signature authorizes RAI to contact the Central Registry of Child Abuse and Neglect to verify that I have not been convicted of child related crimes. I understand that employment will not be permanent until such check is finalized.

Rural America Initiatives declares we are an at-will employer.

Applicant Signature

Date

ATTACH STANDARD RESUME INCLUDING INFORMATION ABOUT EDUCATION, TRAINING AND EXPERIENCE

AUTHORIZATION AND RELEASE

Preliminary Background Check
First Advantage (formerly Lexis Nexis)

I, _____, hereby authorize ***Rural America Initiatives*** to conduct a national level background check and criminal history search. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e., dismissed charges, or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged under SDCL 23A-27-17. I acknowledge that this type of information may be released, even though this record is designated as "nonpublic" under the provisions of SDCL 23A-27-17.

I, _____ on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the ***Rural America Initiatives***, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

Dated this _____ day of _____, 20____, at _____
City State

Signature

Address

City/ST/Zip

Date of Birth

Social Security Number

Office Use Only:
Witness
Witness

The records request for the above individual has been reviewed by this office. <input type="checkbox"/> There are no concerns at this time <input type="checkbox"/> Concerns, recommend further check with FBI	_____ Rural America Initiatives Representative Date
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

INSTRUCTIONS FOR COMPLETING PERMISSION FORM

1. Each applicant and all other required person age 10 years or older must complete and sign a Permission to Screen for Reports of Abuse or Neglect form. Please complete in blue or black ink only on white paper.
2. From choices listed, mark correct box to indicate the appropriate facility/provider type.
3. List on the first blank line of this form, the type of license or registration or employment position for which you have applied (this will vary for each person). Examples are, but are not limited to:

Family Day Care applicant	Adoption Applicant	Child to Applicant	Teacher	Facility Director
Facility/Program Administrator	Foster Care Applicant	Site Assistant	Volunteer	Facility Driver
Secondary Child Care Worker	Spouse of Applicant	Site Coordinator	Facility Cook	GFDC Operator
Other household member	Youth Care worker			

4. PRINT your full name on the appropriate line. This would be your current legal first, middle, and last name. The listing of your date of birth must include the month, day and year you were born.
5. List your maiden name on the appropriate line. If this section does not apply to you, write N/A (meaning not applicable) in this area.
6. List any other names you have used on the appropriate line. Examples of such name would be nicknames; any abbreviated versions of your full name (i.e., William/Bob or Edward/Ed); previously married names; a birth name; or any other names that have been used.
7. List your social security number, sex and your race and resource# if applicable.
8. List all cities, states, and the years you lived there from age 10 to present on the appropriate lines. If you need additional space, please use another blank sheet of paper and be sure to include your first and last name.
9. List the full name (first, middle, last name at birth) and date of birth for **all of your own children** (even if the children are adults, deceased or do not live with you). Do **not** list the names of other people's children for whom you provide care (i.e., daycare children, children in foster care, children not yet born).
10. SIGN your name at the bottom of the form. If the screening is for a person under 18 years of age, this person's parent or legal guardian must sign the form. Include your current full mailing address at the bottom of the form.
11. Complete the Agency Information by listing the agency's name as it appears on their license, agency complete mailing address and telephone number, and the agency's license number as it appears on their license. If the agency has applied for a licensed but has not yet received its beginning license, mark where indicated.
12. Return your completed permission form to the appropriate agency.
13. You may submit your completed screening to DSSCRS@state.sd.us

If any information is found that would prohibit the issuance of a child welfare license or registration or prohibit employment with a licensed or registered child welfare agency, the individual will be notified of the screening results and be informed of their right to request a hearing on the matter if they have not received previous notice. Once proper notification has been accomplished, the Department will notify the licensed or registered agency of the screening results.

FAILURE TO LIST ALL INFORMATION OR COMPLETE ALL QUESTIONS WILL DELAY THE SCREENING PROCESS.

Check **ONE** box that corresponds with the facility type or Reason for this request.

- Adoption
- Before & After School Center
- Child Placement Agency
- Foster Home
- Group/Residential Facility
- Head Start Program
- Independent Living Prep Program
- In-Process Regulated Child Care
- Child Advocacy Centers
- Regulated Child Care Program
- Relative/Other Caretaker (DOC)
- Relative Placement (CPS)
- Tribal Child Welfare
- CASA
- Other: _____

(Please read instruction on back of this form before completing)

SOUTH DAKOTA PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT

In connection with my application/approval, as a(n) _____ I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided since age 10. My signature authorizes that South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information related to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the South Dakota Department of Social Services.

FULL Legal Name: _____ **Date of Birth:** ____/____/____

Maiden Name: _____ **Other Names Used:** _____

Social Security #: _____ **Sex:** _____ **Race:** _____ **Resource #:** _____

List All Prior City, State and Years lived since age 10 (ie., 1989-2010):

City	State	Date

Use additional blank sheet of paper if necessary

City	State	Date

List Full Name (First, Middle, Last Name at birth) **and Date of Birth of ALL of your children:**

(Do not list other people's children for whom you might provide daycare)

First	Middle	Last	DOB(MM/DD/YY)

First	Middle	Last	DOB(MM/DD/YY)

The Department of Social Services, it's staff and agents are released from any and all liability based upon information transmitted through this authorization, as long as such information is given in good faith.

My Signature further authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the agency listed below.

Signed: _____ Date: _____

Your Current Address: _____

Agency Contact Person Phone Number & E-mail

Agency Name & Address

Provider/Agency License Number

(605) 341-3339
RURAL AMERICA INITIATIVES
2112 SOUTH VALLEY DRIVE
RAPID CITY, SD 57703

- N/A – DSS field office/Head Start
- N/A – License not yet issued

CHILD CARE DECLARATION OF PRIOR CRIMINAL CONVICTION AND MILITARY HISTORY

As required by SDCL 26-6-14.5 for employment, residence or presence in a child welfare agency, this declaration must be completed and retained in the employee/provider/volunteer file. For family child care, child care centers, and before & after school programs registered/licensed DSS, a copy of this form should be submitted with the DCI and FBI fingerprint cards to the Division of Child Care Services, 910 E Sioux, Pierre, SD 57501.

Reason for Criminal Record Check

____ Applicant or ____ Adult Household Member or ____ Helper for Family Day Care
Or ____ Owner/Director/Staff/Volunteer in Licensed Child Care Center or Before & After School Program

The following comprises a complete history of prior criminal convictions and military history for:

Name: _____

Soc Sec #: _____; Birthdate: _____

Crime Convicted Of	Date of Conviction	Sentence or Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Branch of Service	Dates of Service	Type of Discharge
_____	_____	_____
_____	_____	_____

I hereby declare and affirm under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief. I understand my fingerprints are being submitted for criminal record checks for the purpose of working or volunteering in a family day or a licensed center. I understand if I am dissatisfied with my criminal record results that I may challenge the finding.

Signed this _____ day of _____, 20____.

Agency Return Address

(Signature)

Street Address and/or PO Box Number

City State Zip

RURAL AMERICA INITIATIVES

**2112 SOUTH VALLEY DRIVE
RAPID CITY, SD 57703**

City State Zip