



Sicangu Owayawa Oti Rosebud Dormitory

"A home for the students of our nation"

PO Box 69 
1001 Avenue D, Mission, SD 57555 
(605)-856-4486 
info@sicanguoti.org 

Date received in Office

APPLICATION FOR EMPLOYMENT

APPLICANT MUST HAVE A VALID DRIVER'S LICENSE (ATTACH COPY)

 Last name First name Middle initial Social Security Number

 Date of Birth (optional) () Daytime phone number () Evening phone number

 Mailing address, street or box no. City State Zip

Position Applying for: _____

Are you a U.S. Citizen? Yes () No ()
 Do you claim Indian Preference? Yes () No ()

A. WORK EXPERIENCE: (PLEASE START WITH YOUR LATEST JOB) Give a brief description of the work and accomplishments. Please list your supervisor and his/her phone number. If you are still employed and do not wish us to contact your current employer, please state the reason.

1. Job title _____ from _____ to _____

Salary _____ Hours per week _____

Employer's Name and Address _____

Supervisor's Name and Phone number _____

Describe your main duties and accomplishments: _____

Why did you leave this position/or why do you want to leave this position?

May we contact your present supervisor? _____

2. Job title _____ from _____ to _____

Salary _____ Hours per week _____

Employer's Name and Address _____

Supervisor's Name and Phone number _____

Describe your main duties and accomplishments _____

Why did you leave this position? _____

3. Job title _____ from _____ to _____

Salary _____ Hours per week _____

Employer's Name and Address _____

Supervisor's Name and Phone number _____

Describe your main duties and accomplishments _____

Why did you leave this position? _____

4. Job title _____ from _____ to _____

Salary _____ Hours per week _____

Employer's Name and Address _____

Supervisor's Name and Phone number _____

Describe your main duties and accomplishments _____

Why did you leave this position? _____

B. EDUCATION: Mark **highest** level completed:

Some HS () HS/GED () Associate () BA/BS () Master () Doctorate ()

Schools attended (Beginning with high school) and dates:

SCHOOL	CITY	STATE	DATES	MAJOR AND DEGREE OR CREDITS

C. OTHER QUALIFICATIONS: (Skills or training, certificates, honors and awards, etc.)

D. REFERENCES: Please list as complete as possible

Professional:

_____ Address _____ Phone _____

_____ Address _____ Phone _____

_____ Address _____ Phone _____

Personal:

_____ Address _____ Phone _____

_____ Address _____ Phone _____

_____ Address _____ Phone _____

Voluntary Disclosure of a Conviction of a Crime of Violence; Sexual Assault, Molestation, Exploitation, Contact or Prostitution; or a Crime against Persons.

The Indian Child Protection and Family Violence Prevention Act, Public Law 101-630, and the Crime Control Act, Public Law 101-647 and Code of Federal Registry 25 mandate that each person who is employed in a position having regular contact with or control over Indian children must undergo a minimum investigation of their character in order to insure that they have not been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State or Tribal law involving crimes of violence; crimes against persons; sexual assault, molestation, exploitation, contact or prostitution; an offense involving a child victim, or a drug felony.

You are asked to voluntarily disclose any conviction that falls with the offense listed in Public Law 101-630. If you are not sure that you have been convicted of a Public Law 101-630 offense, please call the BIA Security Program at (505) 248-6080.

1. Have you ever been arrested, charged or convicted of a crime involving a child, violence, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons?

Yes () No ()

2. What was the disposition of the arrest or charge?

() On _____ I was found guilty of, or entered a plea of nolo contendere or
Date

guilty to, an offense under Federal, State or Tribal law involving:

- () A crime of violence
() A crime against persons
() Sexual assault, molestation, exploitation, contact or prostitution

Docket/Case Number(s) _____ Statute/Charge(s) _____

I was found guilty or my plea of guilty or nolo contendere was entered on _____ by the
Date
_____ Court, located in _____ State of _____
Town or Reservation

Signed _____

AUTHORIZATION AND RELEASE

I _____ hereby authorize the Division of Criminal Investigation for the State of South Dakota, the Rosebud Police Dept., Mission Police Dept., Rosebud Sioux Tribal Court, South Dakota Social Services, South Dakota or any other pertinent organization to release any information concerning me contained in the criminal history record files. I understand that the criminal history record files contain records of arrest 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 condition of said sentence and was discharged under SDCL 23 A-27-17. I acknowledge that this type of information may be released, even though this record is designated as "nonpublic" under provisions of SDCL 23 A-27-17.

In consideration for any of the above agencies releasing any information concerning me contained within its criminal history record files to the Rosebud Dormitory, I, _____, on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the above named entities, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

Dated this _____ day of _____, _____ at _____.

Signature _____

Witness: _____

Witness: _____

This authorization and release shall be valid as long as I employed with Sicangu Owayawa Oti.

**QUESTIONNAIRE for Positions Covered by
Public Law 101-630
“Indian Child Protection and Family Violence Prevention Act”**

Why do we need information you will give us and how will we use it?

We use the information from this form primarily as the basis for an investigation that will be used to determine your suitability for a position which involves regular contact with, or control over Indian children. The information you give us is for Official Use Only; we will protect it from unauthorized disclosure. Authorized disclosures include the Privacy Act Routine Uses shown on this form. Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give each item of information we request. This may affect your placement or employment prospects.

What authority do we have to ask you for the information requested on this form?

The U.S. Government is authorized to ask for this information under Executive Order 10577 and Section 3301 of Title 5 of the United States Code, Parts 5, 731, and 736 of Title 5, Code of Federal Regulations and 25 United States Code 3207. We ask for your Social Security number to keep our records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

What is the investigative process?

Answers to questions on this form, and on your Application for Employment, or other form, are used in the investigation. The investigation may include inquiry into areas such as honesty, judgment, and reliability. P.L. 101-630 positions require an investigation that relies on information from people who know you.

An interview with you is a normal part of the investigative process. This Personal Subject Interview is generally the first step in the investigation, and is conducted under oath, affirmation, or unsworn declaration. It provides you the opportunity to update, clarify, and explain more completely information on your form which often helps to complete your investigation faster. If your investigation requires a Personal Subject Interview, you will be contacted in advance by telephone or mail to arrange a time and location for the interview. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation. Declining an interview may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. This include: documentation of any legal name change; Social Security card; and/or birth certificate. Documents that verify any significant claims or activities may also be requested, for example: alien registration; naturalization certificate; original or certified copies of college transcripts or degree; professional

license(s). You may also be asked to bring documents that pertain to information provided in your answers to questions on the form or other matters requiring specific attention. These matters include; termination or discharge from employment; delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligation; and arrests, convictions, probation and/or parole.

Who makes a final determination?

Final determination on your suitability for a P.L. 101-630 position is the responsibility of the tribe or tribal organization that requested your investigation. You may be provided the opportunity to personally explain, refute, or clarify any information before a final decision is made.

What are the penalties for inaccurate or false statements?

The U.S. Criminal Code provides that knowingly falsifying or concealing material fact is a felony which may result in fines of up to \$10,000 or five (5) years imprisonment or both. In addition, Federal agencies generally fine or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of our permanent record for future placements. Because the position for which you are being considered is one of public trust, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position. Your prospects are better if you answer all questions truthfully and completely.

How is the form filled out?

Follow the instructions of the person who gave you the form and any other supplementary information to assist you in completion of the form. You must sign and date, in black ink, the original copy you submit.

If additional space is needed, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security number at the top of the page.