



EMPLOYMENT APPLICATION

OAHE CHILD DEVELOPMENT CENTER

P.O. BOX 907

PIERRE, SD 57501

INSTRUCTIONS:

1. PRINT LEGIBLY OR TYPE: This application is part of the examination process. Late and/or incomplete application will be rejected.
2. Complete a separate application for each position applied for. Make sure proper job title appears on each application.
3. Complete all pages of the application form. All applications must have an original signature and must be dated.
4. Applicants must meet all qualifications for classification by the final due date. An incomplete application may be grounds for rejection. An applicant may be required to submit additional proof of qualifications and verification of education and training.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE # _____

TELEPHONE NUMBER _____ / _____
HOME OFFICE

POSITION APPLYING FOR: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES() NO()

EDUCATION AND TRAINING

LAST GRADE COMPLETED - _____

LIST SCHOOLING BEGINNING WITH MOST RECENT (COLLEGE, HIGH SCHOOL, VOCATIONAL SCHOOL ETC.)

NAME & ADDRESS OF SCHOOL _____

TOTAL HOURS _____ DEGREE _____

MAJOR/COURSE _____ MINOR(S) _____ DID YOU GRADUATE? _____

=====

NAME& ADDRESS OF SCHOOL_____

HOURS_____ DEGREE_____

MAJOR/COURSE_____MINOR(S)_____DID YOU GRADUATE?_____

=====

NAME & ADDRESS OF SCHOOL_____

HOURS_____ DEGREE_____

MAJOR/COURSE_____MINOR(S)_____DID YOU GRADUATE?_____

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LIST NAMES, ADDRESSES, AND PHONE # OF THREE (3) PREVIOUS SUPERVISORS AS REFERENCES

Supervisor 1: _____

Supervisor 2: _____

Supervisor 3: _____

LIST SKILLS OR EXPERIENCE PERTINENT TO THIS JOB_____

LIST ANY CERTIFICATIONS OR LICENSES_____

ARE YOU WILLING TO HAVE YOUR PRESENT EMPLOYER CONTACTED? YES() NO()

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APPLICANTS LIST THE LAST TWO PLACES OF EMPLOYMENT ALONG WITH SUPERVISOR OR CONTACT PERSON'S NAME. AGENCY'S EVALUATION OF QUALIFICATIONS AND SUITABILITY FOR EMPLOYMENT INCLUDES AGENCY CONTACTING THESE EMPLOYMENT REFERENCES.

EMPLOYED FROM _____ TO _____ POSITION_____

REASON FOR LEAVING_____

NAME OF EMPLOYER_____

ADDRESS_____ PHONE #_____

IMMEDIATE SUPERVISOR_____ TITLE_____

DESCRIPTION OF DUTIES_____

TOTAL YRS. _____ MOS. _____ HOURS PER WEEK _____ SALARY_____

=====

EMPLOYED FROM _____ TO _____ POSITION _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

ADDRESS _____ PHONE # _____

IMMEDIATE SUPERVISOR _____ TITLE _____

DESCRIPTION OF DUTIES _____

TOTAL YRS. _____ MOS. _____ HOURS PER WEEK _____ SALARY _____

=====

EMPLOYED FROM _____ TO _____ POSITION _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

ADDRESS _____ PHONE # _____

IMMEDIATE SUPERVISOR _____ TITLE _____

DESCRIPTION OF DUTIES _____

TOTAL YRS. _____ MOS. _____ HOURS PER WEEK _____ SALARY _____

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Certification of Applicant

I, the undersigned, understand that all information provided herein is subject to verification, and is true to the best of my knowledge and ability.

NOTE: Previous Supervisor will be contacted

SIGNATURE OF APPLICANT _____ DATE _____

OUR PROGRAM COMPLIES WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964.

Employment with this Agency is on an "at-will" basis, meaning that employment terms can be terminated by either party, employer or employee, for any reason not expressly prohibited by law.

Check **ONE** box that corresponds with the facility type 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
- Maternity Home
- Regulated Child Care Program
- Relative/Other Caretaker (DOC)
- Relative Placement (CPS)
- Tribal Child Welfare

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

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 birth. 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 #: _____ Male: _____ Female: _____ Race: _____

List All Prior Address: (Since birth in chronological order with birthplace first)

Street Address	City	County	State	Dates

List Full Name (First, Last, birth) and Date of Birth of ALL of your OWN Children:

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

Name	Date of Birth	Name	Date of Birth

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: _____
 Address: _____

Agency Name & Phone Number

Agency Mailing Address

Agency License Number

() _____

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

AFFIRMATIVE ACTION QUESTIONNAIRE

PLEASE PRINT OR TYPE

Name

Job Title

SEX: Male _____ Female _____

AGE: Over _____ Under 40 _____

To further its commitment to Equal Opportunity Employment, OCDC is requesting all applicants for examination to voluntarily provide the following information. The information will be used only for PIR and evaluation purposes.

HOW DID YOU HEAR ABOUT THE POSITION ? _____

LANGUAGE

Primary _____

Secondary _____

PARENT TYPE (Have you had any child(ren) in a Head Start Program)

_____ Former Head Start Parent

_____ Head Start Parent

_____ Non-Parent

ETHNICITY

Hispanic or Latino origin _____

Non-Hispanic or Non-Latino origin _____

RACE

American Indian or Alaska Native -----

Asian _____

Black or African American _____

Native Hawaiian or Pacific Islanders _____

White _____

Biracial/Multi-racial _____

Other _____