



CRAZY HORSE SCHOOL

Application Documents

Name:

Date employment/resume application received: _____

IF YOU HAVE THESE FOLLOWING ITEMS PLEASE ATTACH WITH YOUR FORM

___ Degree of Indian Blood

___ Certificates

___ Teacher Certificate

___ Reference Forms (2 or more)

___ College Transcripts

___ Veterans Preference

___ Resume

___ Copy of Social Security Card & Drivers License

Comments: _____

Contact information:

Email: _____

Phone/Cell Number: _____

Fax: _____

Mailing Address: _____

HOME OF THE CHIEFS



245 Crazy Horse School Drive
PO Box 260
Wanblee, SD 57577
Personnel Office (605) 462-6811 Fax (605) 462-6510

Job Application

(Revised in Accordance with Federal Guidelines and Board Policy)

General Information

Date: _____ Name: _____

Social Security Number: _____

Address: _____

Previous Address: _____

Phone Number(s): Home: _____ Cell: _____

Position Desired (please be specific)

Rate of pay expected: _____

Citizenship: Are you a US Citizen? Yes _____ No _____ The Immigration Reform and Control Act of 1987 requires you to fill out an I-9 Form (Employment Eligibility Verification) as part of your employment file.

Language: Name the language(s) in which you are fluent.

Language: _____ Reading: _____ Writing: _____ Speaking: _____

Language: _____ Reading: _____ Writing: _____ Speaking: _____

Language: _____ Reading: _____ Writing: _____ Speaking: _____

"The Crazy Horse School Tiospaye will empower students to nurture their values and succeed personally and professionally in a multicultural, global community."

Preferences

Preferences: If you are as equally qualified as other applicants are, you have the following preferences provided legal Native American preferences have the high priority.

Native American? Yes _____ No _____

If yes enrolled member of the: _____ Tribe.

Veteran? Yes _____ No _____

Branch of service: _____

Type of discharge: _____

Dates of Active Duty: From: _____ To: _____

Local Legal Resident? Yes: _____ No: _____

*Note if a preference is declared verification is required

Education

Name of High School: _____ Years Attended: _____

Address: _____ Diploma Received: Yes _____ No _____ Year: _____

Name of College: _____ Years Attended: _____

Address: _____ Diploma Received: Yes _____ No _____ Year: _____

Degree/Major: _____

Date Degree Received: _____

List names if different than above at the time of high school or college attendance

Type of professional license/ certificate: _____

License or Certification number: _____ Date Received: _____

Location where License or Certification was received: _____

Employment History
(List most recent first including military)

1. Name of Employer: _____ Phone Number: _____

Address: _____

Employment Dates: From: _____ To: _____

Name Supervisor: _____

Supervisor Title: _____

Position Held: _____

Reason for Leaving: _____

2. Name of Employer: _____ Phone Number: _____

Address: _____

Employment Dates: From: _____ To: _____

Name Supervisor: _____

Supervisor Title: _____

Position Held: _____

Reason for Leaving: _____

3. Name of Employer: _____ Phone Number: _____

Address: _____

Employment Dates: From: _____ To: _____

Name Supervisor: _____

Supervisor Title: _____

Position Held: _____

Reason for Leaving: _____

Continued

4. Name of Employer: _____ Phone Number: _____

Address: _____

Employment Dates: From: _____ To: _____

Name Supervisor: _____

Supervisor Title: _____

Position Held: _____

Reason for Leaving: _____

5. Name of Employer: _____ Phone Number: _____

Address: _____

Employment Dates: From: _____ To: _____

Name Supervisor: _____

Supervisor Title: _____

Position Held: _____

Reason for Leaving: _____

Additional Space

(Use separate sheet for additional information if necessary)

Person to notify in case of an emergency: _____

Phone Number: _____ Address: _____

I, _____, certify that my responses to these questions are made under Federal penalty of perjury, which is punishable by fines or imprisonment, and that I have received notice that a criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any information contained in the report.

Signature of Applicant/Employee

Date

Reference form

To the applicant: This reference form must be filled in by former employer, supervisor or someone who has first-hand knowledge of your abilities. It must be sent directly from the person providing the reference to the Human Resource Officer of Crazy Horse School.
(Mailing Address) Crazy Horse School, Box 260, Wanblee SD 57577 Fax (605) 462-6621

Applicants Name: _____ Position applying for: _____

To my knowledge/experience the above named applicant (RATE YOUR RESPONSE)

5-EXCELLENT 4-GOOD 3-FAIR 2-POOR 1-DON'T KNOW

- 1. Has the willingness to do extra tasks assigned. _____
- 2. Has the ability to work affectively with people. _____
- 3. Is punctual and consistent in attendance. _____
- 4. Completes assigned tasks in a competent manner. _____
- 5. Takes the initiative in completing tasks without constant manner. _____
- 6. Works cooperatively with supervisor and other staff. _____

How long have you known the applicant? _____

Under what circumstances did/do you know the applicant? _____

How long was the applicant under your supervision? _____

Comments: _____

Title: _____

Signature

Date

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