



EMPLOYMENT APPLICATION OAHE CHILD DEVELOPMENT CENTER

2307 East Irwin
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 _____ EMAIL: _____

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? _____

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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.

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 Office of Licensing and Accreditation, 910 E Sioux; Pierre, SD 57501.

Reason for Criminal Record Check

____ Applicant or ____ Adult Household Member or ____ Assistant 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)

(Agency & Contact Person Name)

Street Address and/or PO Box Number

Street Address and/or PO Box Number

City State Zip

City State Zip

License or Registration Certificate Number

Permission to Screen for Central Registry 03-2021

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Head Start Program | <input type="checkbox"/> Relative/Other Caretaker (DOC) |
| <input type="checkbox"/> Before & After School Center | <input type="checkbox"/> Independent Living Prep Program | <input type="checkbox"/> Relative Placement (CPS) |
| <input type="checkbox"/> Child Placement Agency | <input type="checkbox"/> In-Process Regulated Child Care | <input type="checkbox"/> Tribal Child Welfare |
| <input type="checkbox"/> Foster Home | <input type="checkbox"/> Child Advocacy Centers | <input type="checkbox"/> CASA |
| <input type="checkbox"/> Group/Residential Facility | <input type="checkbox"/> Regulated Child Care Program | <input type="checkbox"/> 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 in over the age 18 in the last 10 years. 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 Cities/States lived in since the age of 18 or the last 10 years. You may use additional blank sheet of paper if necessary.

City	State	Date (MM/YY)	City	State	Date (MM/YY)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List Full Birth Name and Date of Birth of ALL of your children:

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. Parent/Guardian signature is also required if the individual completing the form is under the age of 18.

Signed: _____ Date _____

Your Current Address: _____

Agency Contact Person Phone Number & E-mail	Agency Name & Address	Provider/Agency License Number
_____	_____	_____
_____	_____	<input type="checkbox"/> N/A – DSS field office/Head Start
_____	_____	<input type="checkbox"/> N/A – License not yet issued

INSTRUCTIONS FOR COMPLETING PERMISSION FORM

1. Each applicant and all other required person age 18 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. 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. 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. Print your maiden name on the appropriate line. If this section does not apply to you, write N/A.
6. List any other names you have used. 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 number if applicable.
8. List all cities/states you resided in over the age 18 in the last 10 years 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 birth name (first, middle, last name at birth) and date of birth for all your own children. Include all 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.
11. Include your current full mailing address at the bottom of the form.
12. 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.
13. Return your completed permission form to the appropriate agency.

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.

Completed forms may be emailed to: DSSOLAScreening@state.sd.us for processing.