**Dakota Christian School**

**Corsica, South Dakota**

**Employment** **Application**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send Completed Application to:**

Dakota Christian School

37614 SD Hwy 44

Corsica, SD 57328

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Phone

Position you wish to apply for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you desire part-time or full-time work?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date available for employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Educational Background

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name City State

Post Secondary

School Date Attended Degree/Diploma/Certification Awarded

**Employment History (List in order with present or last employer first)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Dates | Nature of Position | Rate of Pay | Reason for Leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Dakota Christian School does not discriminate on the basis of age, color, national origin, sex or handicap in its programs, activities or employment**.

**Dakota Christian School**

**Corsica, South Dakota**

### Employment Application

Directions: Please answer each of the following questions as best you can. The space provided should be adequate, but if more space is needed please attach additional pages. Please write or type your response. You may format this page for word processing.

1. List all experiences and training that relate to the position for which you are applying.
2. Why are you interested in this position?
3. What makes you an especially strong candidate for this position?

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**Dakota Christian School**

**Corsica, South Dakota**

References

For reference purposes only, please complete the following information.

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State

Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact your current supervisor and any references or individuals associated with your current employer?

Check One: Yes No

If no, please indicate why.

Please indicate an immediate supervisor. Home phone numbers assist us in making timely reference checks.

|  |  |  |
| --- | --- | --- |
| Name | Company | Position |
| Address | City | State |
| Home Phone | Work Phone |  |

|  |  |  |
| --- | --- | --- |
| Name | Company | Position |
| Address | City | State |
| Home Phone | Work Phone |  |

|  |  |  |
| --- | --- | --- |
| Name | Company | Position |
| Address | City | State |
| Home Phone | Work Phone |  |

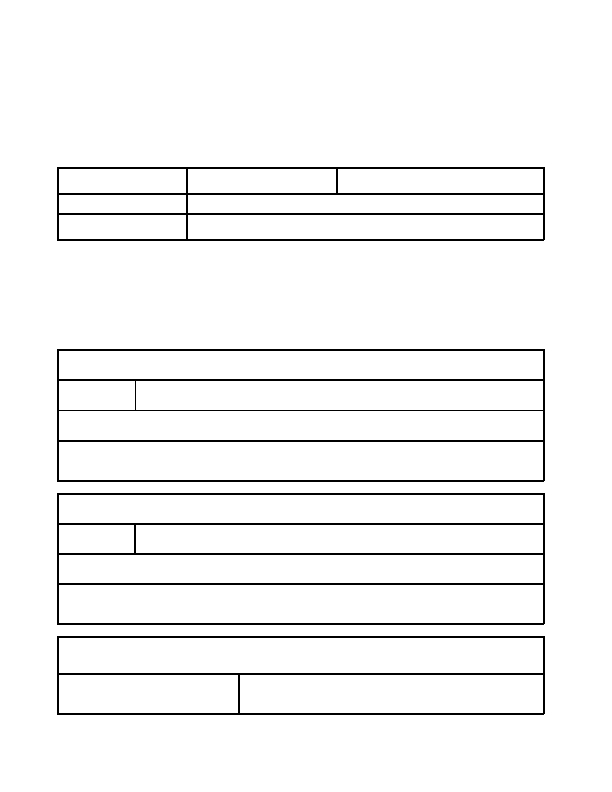
Certification of Truthfulness

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate’s Signature Date

This application will be kept active for one year. Please inform us in writing of changes or a desire to keep your file active.



# APPLICANT CONSENT FORM FOR CRIMINAL BACKGROUND CHECK

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NAME (Last, First MI)

DATE OF BIRTH (Month/Day/Year)

SOCIAL SECURITY NUMBER

STREET ADDRESS

FORMER NAME (if applicable)

CITY, STATE, ZIP CODE

DAY PHONE:

EVENING PHONE:

1. Do you have criminal charges pending against you? … YES … NO

2. Have you been convicted of any crime anywhere, including in federal,

state, local, military and tribal courts? … YES … NO

If you answered "YES" to any of the above questions, please indicate: (Attach additional pages if necessary)

The nature of the offense

Date of offense

Date of conviction

Name and location of court

Please discuss the details of the incident and the disposition/outcome (sentence, fine, probation, Huber, suspension).

The nature of the offense

Date of offense

Date of conviction

Name and location of court

Please discuss the details of the incident and the disposition/outcome (sentence, fine, probation, Huber, suspension).

I state that all the information is true and complete to the best of my knowledge and I understand that any

falsification or omission of information may disqualify me for this position. By signing this form, I authorize the

Department to conduct a background check and verify the information provided above.

APPLICANT SIGNATURE

DATE SIGNED

NAME (Last, First MI)

DATE OF BIRTH (Month/Day/Year)

SOCIAL SECURITY NUMBER

STREET ADDRESS

FORMER NAME (if applicable)

CITY, STATE, ZIP CODE

DAY PHONE:

EVENING PHONE:

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