



## Questionnaire/Application for All School Positions

### Lac Courte Oreilles Ojibwe School-Waadookodaading



Notice to Applicant: The Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for Child care positions have applicants sign and receipt notice that a criminal record check will be conducted as a condition of employment.

<b>Position Applying For:</b>					
<b>1. Full Name</b>				<b>2. Date of Birth</b>	
Last Name	First Name	Middle Name	Jr., II, etc.		
<b>3. Other Names Used-Maiden name, from a former marriage, alias(s), or Nicknames.</b>				<b>4. Mother's Maiden Name</b>	
<b>5. Social Security #</b>				<b>6. Driver's License Number</b>	
<b>7. Your Telephone #</b>		<b>8. Place Of Birth - City:</b>		<b>County</b>	<b>State</b>
(    )					
<b>Email Address:</b>		<b>Cell Phone number:</b>		<b>Message number where you can be reached</b>	
<b>9. Residence</b> - List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for.					
<b>Month/Year 1.</b>	<b>Month/Year</b>	<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
	To Present				
<b>Month/Year 2.</b>	<b>Month/Year</b>	<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
	To				
<b>Month/Year 3.</b>	<b>Month/Year</b>	<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
	To				
<b>Month/Year 4.</b>	<b>Month/Year</b>	<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
	To				
<b>10. Residence on an Indian Reservation-</b> List any Indian Reservation in which you have lived or worked in the last 5 years.					
<b>11. Education</b> - List the schools you have attended, beginning with the most recent and working back 5 years. Use item 22 if space is needed.					
<b>Month/Year</b>	<b>Month/Year</b>	<b>Name of School:</b>	<b>Degree/Diploma/Other</b>	<b>Month/Year Awarded</b>	
	To				
<b>Street Address and City of School:</b>			<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>12. Employment</b> - List your employment activities, beginning with the present and working back 5 years. The 5 years must be accounted for without breaks. For periods of unemployment, list dates and "unemployment" or "attending school."					
<b>Month/Year</b>	<b>Month/Year</b>	<b>Employer Name:</b>		<b>Position Title:</b>	
<b>1.</b>	To Present				
<b>Employer Street Address:</b>			<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Supervisor's Name:</b>		<b>Telephone number</b>		<b>Other Employer Reference</b>	<b>Telephone number</b>
		(    )			(    )
<b>Reason you left</b>					

**Application Continuation**

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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**Employment Continued-**

Month/Year Month/Year <b>2)</b> To	Employer Name	Position Title
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Employer Street Address	City	State	Zip Code
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Supervisor's Name	Telephone Number ( )	Other Employer Reference	Telephone Number ( )
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Reason you left

Month/Year Month/Year <b>2)</b> To	Employer Name	Position Title
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Employer Street Address	City	State	Zip Code
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Supervisor's Name	Telephone Number ( )	Other Employer Reference	Telephone Number ( )
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Reason you left

Month/Year Month/Year <b>2)</b> To	Employer Name	Position Title
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Employer Street Address	City	State	Zip Code
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Supervisor's Name	Telephone Number ( )	Other Employer Reference	Telephone Number ( )
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Reason you left

Month/Year Month/Year <b>2)</b> To	Employer Name	Position Title
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Employer Street Address	City	State	Zip Code
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Supervisor's Name	Telephone Number ( )	Other Employer Reference	Telephone Number ( )
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Reason you left

### Application Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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**13. Personal References** - List 3 people who know you well. They should be good friends, peers, roommates, etc. and who have known you for at least the last 5 years. Try not to list relatives or anyone who is listed elsewhere on this application.

1) Name	Dates Known Month/Year - Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night	
Home or Work Address	City	State	Zip Code
2) Name	Dates Known Month/Year - Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night	
Home or Work Address	City	State	Zip Code
3) Name	Dates Known Month/Year - Month/Year To	Telephone Number ( <input type="checkbox"/> Day <input type="checkbox"/> Night	
Home or Work Address	City	State	Zip Code

**Background Information-** For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application

<p>14. In the last 5 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation or been on parole for any offense(s)? Include all offences where you have been found guilty, pled, guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00)</p> <p>if "YES", Use item 22 to provide <b>the date</b>, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	YES  <input type="checkbox"/>	NO  <input type="checkbox"/>
<p>15. Have you been convicted by military court-martial in the past 5 years.</p> <p>if "YES", Use item 22 to provide <b>the date</b>, explanation of violation, place of occurrence, and the name and address of the military authority or court involved.</p>	YES <input type="checkbox"/>	NO  <input type="checkbox"/>
<p>16. Are you now under charges for any violation of law?</p> <p>if "YES", Use item 22 to provide <b>the date</b>, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	YES <input type="checkbox"/>	NO  <input type="checkbox"/>
<p>17. During the last 5 years, have you been fired from any job for any reason, did quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?</p> <p>if "YES", Use item 22 to provide <b>the date</b>, an explanation of the problem, reason for leaving, and the employer's name and address.</p>	YES <input type="checkbox"/>	NO  <input type="checkbox"/>
<p>18. Have you <b>ever</b> been arrested for or charged with a crime involving a child?</p> <p>if "YES", Use item 22 to provide <b>the date</b>, explanation of violation, disposition of the arrest(s) or charge(s) of occurrence, and the name and address of the police department or court involved.</p>	YES <input type="checkbox"/>	NO  <input type="checkbox"/>



**Certification that my Answers are True**

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I beginning work, and may be punishable by fine or imprisonment. \_\_\_\_\_ Applicant's Initials: \_\_\_\_ Date: \_\_\_\_\_

I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the **Lac Courte Oreilles Ojibwe School** and my rights to challenge the accuracy and completeness of any information contained in the report.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name  
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\_\_\_\_\_  
Date  
Application for Child Care

22. Use this space to provide an explanation to any questions you may have answered "YES" on this questionnaire.

## RELEASE AND AUTHORIZATION

I hereby authorize the Lac Courte Oreilles Ojibwe Tribe, to conduct an investigation into my personal background for evaluating my qualification for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that the Lac Courte Oreilles Ojibwe Tribe may obtain information pursuant to such investigation through personal interview with acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, social media, personal characteristics, employment history and public record information (e.g., record of: arrests, convictions, civil judgement, motor vehicle violations) as well as diplomas, degrees, licenses and transcripts may be relevant to the Lac Courte Oreilles Ojibwe Tribe's evaluation of my qualifications. I hereby release the Lac Courte Oreilles Ojibwe Tribe and any person providing information in connection therewith from all liability, which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide the following supplemental data to insure the accuracy of records obtained during this investigation.

The foregoing is in accordance with my understanding and agreement and my signature on this Release and Authorization confirms my acceptance hereof. Copies of the Release and Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with anyone of my choosing, including an attorney. I verify by my signature, under penalty of perjury, the information provided is truthful and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Print:** Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Maiden, former or alias name(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Other names known by? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at present address? \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: (month & year) \_\_\_\_\_ To: (month & year) \_\_\_\_\_