

Black Hills Special Service Cooperative

PO Box 218 Sturgis SD 57785
Application for Employment

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

“Special accommodations for application, training, or job information in alternative formats available upon request”

Position applied for: _____

Name: _____
Last First MI

Mailing Address: _____
Street/Box City State/Zip

Telephone Number: _____
Home Work

Email Address: _____

If hired can you furnish proof that you are 18 years of age? _____

If hired, can you furnish proof that you are eligible to work in the United States? If no, please explain. _____

(If unsure of the documents needed to prove eligibility to work in the US, we will be happy to explain the legal requirements.)

Males born after December 31, 1959 are required to register with the Selective Services. Are you registered with the Selective Services? ___ Yes ___ No

Will you accept:
___ Full-time Employment ___ Part-time Employment ___ Temporary Employment

Has this company ever employed you in the past? If yes, please give dates of employment, positions held, and state your name while employed, if different than present name. _____

If your application is considered favorably, on what date will you be available to work? _____

Many positions within the Black Hills Special Services Cooperative Organization require lifting of up to 50 pounds, are you able to fulfill this duty if your position requires? _____ Yes _____ No

References: List four personal and four professional references. Please do not list any relatives. Providing this information means that you give the organization permission to contact the references listed.

Name Complete Address Daytime phone and best time to contact FAX No.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Did any of your previous employers require you to regularly lift up to 50 pounds? _____ Yes _____ No

If yes, Which one(s) _____

Educational History:

School	Name & Address	Course of Study	Did you graduate?	Degree or Diploma
High School:				
Post High School:				
Other:				

Do you have all the licenses and professional certifications listed in the job announcement, job advertisement, or job description, or that are necessary to perform the job(s) for which you are applying? If no, please explain. _____

Use this space to identify any other educational experiences you have had which are *pertinent* to the position for which you applied. Include workshops, seminars, military or vocational training, etc. which are not listed above. Indicate the number of hours involved, number of weeks, and/or number of credits, etc.). _____

Have you ever been convicted of a felony, or released from prison in the past 10 years? Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered. If yes, please explain. _____

Work History

Begin with your current or most recent position and work backwards. List each promotion as a separate job. Include any paid or verifiable non-paid experience. Be as accurate and complete as possible, especially in describing the duties of each position. If you need additional space, attach additional sheets using the same format.

A. Employer: _____

Type of Business: _____ Dates of Employment: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: _____ Average hours worked per week __ 1-10 __ 11-20 __ 21-30 __ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

Work History Continued:

B. Employer: _____

Type of Business: _____ Dates of Employment: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: _____ Average hours worked per week __ 1-10 __ 11-20 __ 21-30 __ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

C. Employer: _____

Type of Business: _____ Dates of Employment: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: _____ Average hours worked per week __ 1-10 __ 11-20 __ 21-30 __ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

D. Employer: _____

Type of Business: _____ Dates of Employment: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: _____ Average hours worked per week __ 1-10 __ 11-20 __ 21-30 __ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

Please Read and Sign Below

I give my consent to any pre-employment physical examination required by this company after any conditional offer of employment has been made.

If employed, I understand that my employment is for no definite period of time, and if terminated the employer is liable only for wages earned as of the date of termination.

I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I further authorize investigation of all statements I have made. Misrepresentations, falsification, or omission of facts called for in this application or in the interview process are cause for cancellation of this application or termination of employment. **Unsigned applications will not be considered.**

Signature: _____ **Date:** _____

Authorization for reference requests (sign below).

I have applied with Black Hills Special Service Cooperative for employment and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the requested information concerning my employment with your organization, and hereby release you from any and all liability of damages for providing the information requested.

Applicants Signature: _____ **Date:** _____

Black Hills Special Service Cooperative, in accordance with state and federal laws, does not discriminate on the basis of age, race, color, ancestry, national origin, creed, religion, sex, marital status, disability, or any other protected class.

Black Hills Special Service Cooperative recognizes that South Dakota is an employment at-will state and maintains the employment at-will status for all employees.

Please contact the BHSSC department advertising this position to determine if you must also complete the following form as part of your application:

INSTRUCTIONS FOR COMPLETING PERMISSION FORM

1. Each applicant and all other required persons age 10 years or older must complete and sign a Permission to Screen for Reports of Abuse or Neglect form.
2. From choices listed, mark correct **Box** to indicate the appropriate facility/provider type. If an application has been filed, but the license/registration has not yet been issued, mark two boxes – application filed & facility 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 (this will vary for each person). 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. List your full name on the appropriate line. 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. List your maiden name on the appropriate line. If this section does not apply to you, write N/A (meaning not applicable) in this area.
6. List any other names you have used on the appropriate line. 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, ✓ or X appropriate Male/Female blank, and list your race.
8. List all addresses from any place you have lived **SINCE BIRTH** on the appropriate lines. All information is important, but if you are not able to remember the complete address for a previous living location, **you must always include the City and State**. Always include the **Beginning and Ending Dates** for each address location.
9. List the full name and date of birth for all of your own children (even if the children do not live with you now). Do not list the names of other people's children for whom you provide care (i.e. daycare children, foster children).
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. **Include** your current mailing address at the bottom of the form.
11. 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 license but has not yet received it's beginning license, mark where indicated.
12. 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. 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.

Check box that corresponds with facility type for this request. TM

- 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 instructions 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 the 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 Addresses: (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 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
BHSSC (605) 423-4444	Attn: PO Box 218 Sturgis, SD 57785	R <input type="checkbox"/> N/A – DSS field office / Head Start <input type="checkbox"/> N/A – license not yet issued

SEX OFFENDER REGISTRY CHECK

South Dakota Codified Law 26-6-14.10 26-6-14.11 do not allow an individual whose name appears on the sex offender registry to work, provide care, or reside in a child welfare agency. In order to assure compliance with this requirement, all licensed child welfare agencies or registered child care providers must determine if an applicant or resident's name is listed on the Sex Offender Registry. The Registry check is performed prior to the individual having contact with children in the agency or home. This form may provide documentation of the Registry check.

The Sex Offender Registry is located on the internet at <https://sor.sd.gov/> or the information may be obtained from the local sheriff or police department.

Name of Individual: _____

Other names used by Individual: _____

Address: _____ **City:** _____

County: _____ **Zip Code:** _____

FOR OFFICE USE ONLY:

Name and Title of Person checking the Sex Offender Registry:

Name (Print)

Title

Results of the Sex Offender Registry Check:

Name appeared on the Sex Offender Registry

Name did not appear on the Sex Offender Registry

Date of check: _____

Signature of person completing check: _____

NOTE: File this form in the individual's personnel or family licensing record.