Sicangu Lakota Oyate
Head Start/Early Head Start

PO Box 836, Rosebud, SD 57570

Telephone (605)747-2391 - Fax (605) 747-2590

Office of Human Resource Manager – kira.marshall@rstheadstart.com

Employment Application Cover Letter/Checklist

Greetings Applicant!

Thank you for your interest in employment with the **Sicangu Lakota Oyate Head Start/Early Head Start Program.** ***The following must be complete before your application will be accepted and any applicant will be considered for an interview:***

- ☐ The required HS/EHS application must be completed (*not regular Tribal app.*);
- ☐ Applicant must possess a high school diploma or GED equivalent – ***A COPY MUST BE ATTACHED;***
- ☐ Applicant must have a valid Driver's License at the time application is submitted. A SD endorsement is preferred but we will accept other valid DL. – ***A COPY MUST BE ATTACHED;***
- ☐ Applicant must attach a second form of ID in addition to a driver's license. (*Tribal ID or Social Security Card, State ID*) - ***A COPY MUST BE ATTACHED;***
- ☐ Applicant must complete the attached SF-85P Form *"Questionnaire for Public Trust Positions"* application (*original must be attached*);
- ☐ Applicant cannot have any felony convictions within the last seven (7) years;
- ☐ Applicant cannot have any past or current charges of Child Abuse and/or Neglect;
- ☐ Applicants must complete and submit *TB Skin Test/Chest X-Ray Verification Form* when turning application back in to Personnel or HS/EHS;
- ☐ Applicants must complete and submit a physical form (CDL or regular) if hired. **Please note:** Teacher, Teacher Aide, Bus Driver/TA applicants must be able pass a CDL Physical to be eligible for employment. This is per DOT regulations.
- ☐ Applicant must provide proof of COVID-19 vaccination. ***ATTACH copy of vaccination card.***

REMINDER: *Applicant **MUST** meet minimum requirements of vacancy **AND** pass the CA/N screening to be eligible for an interview;*

If you should have any further questions feel free to contact me at any time.

Thank You,

All HS/EHS applications can be picked up at and turned into the RST Personnel Office or HS/EHS Admin Office.

/s/ Kira Marshall
Human Resource Manager

PLEASE READ BELOW…

****DO NOT TURN IN APPLICATION IF YOU ARE INELIGIBLE OR IF COPIES ARE NOT ATTACHED AS IT WILL NOT BE PROCESSED****

REMOVE THIS PAGE BEFORE SUBMITTING TO PERSONNEL or HS/EHS

DATE APP COMPLETE (HS/EHS use only):

SICANGU LAKOTA OYATE
HEAD START/EARLY HEAD START PROGRAM

P.O. Box 836 | Rosebud SD 57570 | (605) 747-2391

Employment Application (*Submit only one application if applying for more than one position*)

COMPLETE ENTIRE SECTION:

Date Application Completed:	**Date Available if selected:**
1st Choice: (HS or EHS)	**2nd Choice: (HS or EHS)**

How did you hear about the job vacancy at Head Start or Early Head Start? *Please choose from the following sources:*

☐ Facebook – HS/EHS Page; ☐ HS/EHS Website – rst-headstart.com; ☐ HS/EHS Employee; ☐ Friend; ☐ KOYA / KINI

☐ Radio Talk Show (*Heads Up With Head Start*); ☐ RST Personnel Listing; ☐ RST Website - rosebudsiouxtribe-nsn.gov

APPLICANT INFORMATION (COMPLETE ALL SECTIONS AND PROVIDE DOCUMENTATIONS AS REQUIRED)

Last Name		First Name, Middle Initial	
Date of Birth		Social Security Number:	
Mailing Address:	City:	State:	Zip Code:
Phone Number (s):		Email Address:	
Are you a citizen of the United States?	YES ☐ NO ☐	If no, are you authorized to work in the U.S.?	YES ☐ NO ☐
Are you currently employed? YES ☐ NO ☐ If yes, where:			
If currently employed may we contact your present employer.			YES ☐ NO ☐
Do you have your own reliable transportation?			YES ☐ NO ☐
Do you have a valid Driver's License? *SD endorsement preferred will accept other valid.*	YES ☐ **Attach**	NO ☐	**If NO, you are ineligible for employment at this time. *******Turn in application when you obtain a valid DL. *********
Are you a current or former HS/EHS Parent?			YES ☐ NO ☐

EDUCATION – (ATTACH ONLY COPIES OF DIPLOMAS, TRANSCRIPTS AND/OR DEGREES)

High School					City/State			
From		To		Did you graduate or obtain GED?	YES ☐ **Attach**	NO ☐	**If NO, you are ineligible for employment. ******MUST HAVE HS DIPLOMA OR GED*********	
University					City/State			
From		To		Did you graduate?	YES ☐	NO ☐	Degree obtained:	If no degree, attach transcripts for credits
Other					City/State			
From		To		Did you graduate?	YES ☐	NO ☐	Degree Obtained:	If no degree, attach transcripts for credits

WORK REFERENCES

Full Name		Dates Known	Month Year To Month Year
Email address		*Phone*	( )
Full Name		Dates Known	Month Year To Month Year
Email address		*Phone*	( )
Full Name		Dates Known	Month Year To Month Year
Email address		*Phone*	( )

PREVIOUS AND/OR CURRENT EMPLOYMENT – List most recent first.
NOTE: *Your previous employer will be contacted to verify employment.*
(SKIP THIS SECTION ONLY IF YOU HAVE ATTACHED A RESUME)

Program				Phone	( )
Address / Email			Director/ Supervisor		
Job Title		Starting Wage	$ Per Hour	Ending Wage	$ Per Hour
Job duties					
From		To		Reason for Leaving	

Program				Phone	( )
Address / Email			Director/ Supervisor		
Job Title		Starting Wage	$ Per Hour	Ending Wage	$ Per Hour
Job duties					
From		To		Reason for Leaving	

Program				Phone	( )
Address / Email			Director/ Supervisor		
Job Title		Starting Wage	$ Per Hour	Ending Wage	$ Per Hour
Job duties					
From		To		Reason for Leaving	

TRIBAL AFFILIATION ☐ N/A (IF CLAIMING RST PREFERENCE ATTACH ABSTRACT)

Are you enrolled member of the Rosebud Sioux Tribe? YES ☐ NO ☐ *Attach verification.*

Are you enrolled in another Federally Recognized Tribe? YES ☐ NO ☐ *If so, attach verification.*

SPECIAL SKILLS AND QUALIFICATIONS – ATTACH VERIFICATION AS NEEDED

Summarize special job-related skills and qualifications acquired from employment or other experiences.

1.

2.

3.

4.

OUTSIDE ACTIVITIES

List any business or community activities and offices held. List year and length of time.

1.

2.

3.

4.

MILITARY SERVICE - IF CLAIMING VETERANS PREFERENCE ATTACH DC ☐ N/A

Have you ever served in the United States Military? YES ☐ NO ☐		If so, From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

APPLICANT STATEMENT SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

A false statement to any part of your application may be grounds for not employing you or for dismissing you after you begin work.

It is my understanding that the SLOHSEHS will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the given and receipt of any information requested by the SLOHSEHS and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, my subject me to immediate dismissal.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I certify that, to the best of my knowledge and belief, all my statements are true, correct, complete, and made in good faith.

I understand that not all copies of attachments submitted with my application may be returned.

Signature	*X*	**Date**	

A letter or email will be sent to you notifying you of the outcome of your interview

IMPORTANT NOTICE

If you are interviewed but not selected for employment by the HS/EHS Program; your application will be kept on for six (6) months, after which it will be destroyed.

Date Received by RST HR/Personnel: _____ **Received by:** _____

SLOHSEHS Use Only:

Application Complete: Yes / No **Missing Info:** HS App. / Diploma / GED / DL / ID x 2 / SF85 / Completed PE / TB

Date Received in Office: _____ **Date (s) Contacted:** _____

Comments:

No Show for Interview, list date:

DSS CP-593 05/18

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

- 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
- Child Advocacy Centers
- Regulated Child Care Program
- Relative/Other Caretaker (DOC)
- Relative Placement (CPS)
- Tribal Child Welfare
- CASA
- 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) *Teacher, Teacher Aide, BD/TA, Cook & Office Staff.* 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 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 theses 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 City, State and Years lived since age 10 (ie., 1989-2010): **Use additional blank sheet of paper if necessary**

City	State	Date	City	State	Date

List Full Name (First, Middle, Last Name at birth) **and Date of Birth of ALL of your children:**

(Do not list other people's children for whom you might provide daycare)

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.

Signed: _____ **Date:** _____

Your Current Address: _____

Agency Contact Person Phone Number & Email
Kira Marshall, Human Resource Manager
(605) 747-2391 Ext. 204
kira.marshall@rstheadstart.com

Agency Name & Address
RST Head Start/Early Head Start Program
PO Box 836
Rosebud, SD 57570

Provider/Agency License Number
_____
- N/A – DSS field office/Head Start
- N/A – License not yet issued

Standard Form 85P
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
85-1602

Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 7 and the release on Page 8. *If you have any questions,* call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

Final Determination on Your Eligibility

Final determination on your eligibility for a public trust or sensitive position and your being granted a security clearance is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to $10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the system of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 85P (EG)
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
85-1602

OPM USE ONLY | Codes | Case Number

Agency Use Only *(Complete items A through P using instructions provided by USOPM)*

A Type of Investigation	B Extra Coverage	C Sensitivity/ Risk Level	D Compu/ ADP	E Nature of Action Code	F Date of Action	Month	Day	Year

G Geographic Location	H Position Code	I Position Title

J SON	K Location of Official Personnel Folder		Other Address	ZIP Code
		None / NPRC / At SON		

L SOI	M Location of Security Folder		Other Address	ZIP Code
		None / At SOI / NPI		

N OPAC-ALC Number	O Accounting Data and/or Agency Case Number

P Requesting Official	Name and Title	Signature	Telephone Number	Date
			( )	

Persons completing this form should begin with the questions below.

1 FULL NAME
- If you have only initials in your name, use them and state (IO).
- If you have no middle name, enter "NMN".
- If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.

Last Name	First Name	Middle Name	Jr., II, etc.

2 DATE OF BIRTH

Month	Day	Year

3 PLACE OF BIRTH - Use the two letter code for the State.

City	County	State	Country *(if not in the United States)*

4 SOCIAL SECURITY NUMBER

5 OTHER NAMES USED

	Name	Month/Year	Month/Year
#1			To
#2			To
#3			To
#4			To

6 OTHER IDENTIFYING INFORMATION

Height *(feet and inches)*	Weight *(pounds)*	Hair Color	Eye Color	Sex *(Mark one box)*
				Female / Male

7 TELEPHONE NUMBERS

Work *(include Area Code and extension)*	Home *(include Area Code)*
Day ( )	Day ( )
Night ( )	Night ( )

8 CITIZENSHIP

a Mark the box at the right that reflects your current citizenship status, and follow its instructions.

- I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. *Answer items b and d.*
- I am a U.S. citizen, but I was NOT born in the U.S. *Answer items b, c and d.*
- I am not a U.S. citizen. *Answer items b and e.*

b Your Mother's Maiden Name

c UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate *(Where were you naturalized?)*

Court	City	State	Certificate Number	Month/Day/Year Issued

Citizenship Certificate *(Where was the certificate issued?)*

City	State	Certificate Number	Month/Day/Year Issued

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation

U.S. Passport

This may be either a current or previous U.S. Passport	Passport Number	Month/Day/Year Issued

d DUAL CITIZENSHIP If you are *(or were)* a dual citizen of the United States and another country, provide the name of that country in the space to the right. Country

e ALIEN If you are an alien, provide the following information:

Place You Entered the United States:	City	State	Date You Entered U.S. Month	Day	Year	Alien Registration Number	Country(ies) of Citizenship

Exception to SF85, SF85P, SF85P-S, SF86, and SF86A approved by GSA September, 1995.
Designed using Perform Pro, WHS/DIOR, Sep 95

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

#1	Month/Year To Month/Year Present	Street Address	Apt. #	City (Country)		State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )
#2	Month/Year To Month/Year	Street Address	Apt. #	City (Country)		State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )
#3	Month/Year To Month/Year	Street Address	Apt. #	City (Country)		State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )
#4	Month/Year To Month/Year	Street Address	Apt. #	City (Country)		State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )
#5	Month/Year To Month/Year	Street Address	Apt. #	City (Country)		State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 7 years.** List **all** College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

  1 - High School **2** - College/University/Military College **3** - Vocational/Technical/Trade School

- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

- For correspondence schools and extension classes, provide the address where the records are maintained.

#1	Month/Year To Month/Year	Code	Name of School	Degree/Diploma/Other			Month/Year Awarded
Street Address and City (Country) of School						State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )
#2	Month/Year To Month/Year	Code	Name of School	Degree/Diploma/Other			Month/Year Awarded
Street Address and City (Country) of School						State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )
#3	Month/Year To Month/Year	Code	Name of School	Degree/Diploma/Other			Month/Year Awarded
Street Address and City (Country) of School						State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )

Enter your Social Security Number before going to the next page →

11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

- **Code.** Use one of the codes listed below to identify the type of employment:
  - **1** - Active military duty stations
  - **2** - National Guard/Reserve
  - **3** - U.S.P.H.S. Commissioned Corps
  - **4** - Other Federal employment
  - **5** - State Government (Non-Federal employment)
  - **6** - Self-employment (Include business and/or name of person who can verify)
  - **7** - Unemployment (Include name of person who can verify)
  - **8** - Federal Contractor (List Contractor, not Federal agency)
  - **9** - Other

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

#1 Month/Year To Month/Year Present	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address		City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year To Month/Year	Position Title	Supervisor
	Month/Year To Month/Year	Position Title	Supervisor
	Month/Year To Month/Year	Position Title	Supervisor

#2 Month/Year To Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address		City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year To Month/Year	Position Title	Supervisor
	Month/Year To Month/Year	Position Title	Supervisor
	Month/Year To Month/Year	Position Title	Supervisor

#3 Month/Year To Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address		City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year To Month/Year	Position Title	Supervisor
	Month/Year To Month/Year	Position Title	Supervisor
	Month/Year To Month/Year	Position Title	Supervisor

Enter your Social Security Number before going to the next page →

YOUR EMPLOYMENT ACTIVITIES *(CONTINUED)*

#4 Month/Year Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY *(Block #4)*	Month/Year Month/Year To	Position Title	Supervisor
	Month/Year Month/Year To	Position Title	Supervisor
	Month/Year Month/Year To	Position Title	Supervisor

#5 Month/Year Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY *(Block #5)*	Month/Year Month/Year To	Position Title	Supervisor
	Month/Year Month/Year To	Position Title	Supervisor
	Month/Year Month/Year To	Position Title	Supervisor

#6 Month/Year Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY *(Block #6)*	Month/Year Month/Year To	Position Title	Supervisor
	Month/Year Month/Year To	Position Title	Supervisor
	Month/Year Month/Year To	Position Title	Supervisor

12 YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.	Yes	No

Use the following codes and explain the reason your employment was ended:

1 - Fired from a job

2 - Quit a job after being told you'd be fired

3 - Left a job by mutual agreement following allegations of misconduct

4 - Left a job by mutual agreement following allegations of unsatisfactory performance

5 - Left a job for other reasons under unfavorable circumstances

Month/Year	Code	Specify Reason	Employer's Name and Address *(Include city/Country if outside U.S.)*	State	ZIP Code

Enter your Social Security Number before going to the next page →

13 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name #1	Dates Known Month/Year Month/Year To	Telephone Number Day Night ( )		
Home or Work Address	City (Country)	State	ZIP Code	

Name #2	Dates Known Month/Year Month/Year To	Telephone Number Day Night ( )		
Home or Work Address	City (Country)	State	ZIP Code	

Name #3	Dates Known Month/Year Month/Year To	Telephone Number Day Night ( )		
Home or Work Address	City (Country)	State	ZIP Code	

14 YOUR MARITAL STATUS

Mark one of the following boxes to show your current marital status:

- ☐ **1** - Never married *(go to question 15)*
- ☐ **2** - Married
- ☐ **3** - Separated
- ☐ **4** - Legally Separated
- ☐ **5** - Divorced
- ☐ **6** - Widowed

Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth *(Mo./Day/Yr.)*	Place of Birth *(Include country if outside the U.S.)*	Social Security Number

Other Names Used *(Specify maiden name, names by other marriages, etc., and show dates used for each name)*

Country of Citizenship	Date Married *(Mo./Day/Yr.)*	Place Married *(Include country if outside the U.S.)*	State
If Separated, Date of Separation *(Mo./Day/Yr.)*	If Legally Separated, Where is the Record Located? City *(Country)*		State

Address of Current Spouse *(Street, city, and country if outside the U.S.)*	State	ZIP Code

15 YOUR RELATIVES

Give the full name, correct code, and other requested information for each of your relatives, living or dead, specified below.

1 - Mother *(first)*
2 - Father *(second)*
3 - Stepmother
4 - Stepfather
5 - Foster Parent
6 - Child *(adopted also)*
7 - Stepchild

	Full Name *(If deceased, check box on the left before entering name)*	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City *(country)* of Living Relatives	State
		1					
		2					

Enter your Social Security Number before going to the next page →

16 YOUR MILITARY HISTORY

	Yes	No
a Have you served in the United States military?		
b Have you served in the United States Merchant Marine?		

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- **Code.** Use one of the codes listed below to identify your branch of service:

1 - Air Force **2** - Army **3** - Navy **4** - Marine Corps **5** - Coast Guard **6** - Merchant Marine **7** - National Guard

- **O/E.** Mark "O" block for Officer or "E" block for Enlisted.

- **Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.

- **Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate No.	O	E	Status: Active	Status: Active Reserve	Status: Inactive Reserve	Status: National Guard *(State)*	Country
	To									
	To									

17 YOUR SELECTIVE SERVICE RECORD

	Yes	No
a Are you a male born after December 31, 1959? If "**No**," go to **18**. If "**Yes**," go to b.		
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "**No**," show the reason for your legal exemption below.		

Registration Number

Legal Exemption Explanation

18 YOUR INVESTIGATIONS RECORD

	Yes	No
a Has the United States Government ever investigated your background and/or granted you a security clearance? If "**Yes**," use the codes that follow to provide the requested information below. If "**Yes**," but you can't recall the investigating agency and/or the security clearance received, enter "**Other**" agency code or clearance code, as appropriate, and "**Don't know**" or "**Don't recall**" under the "**Other Agency**" heading, below. If your response is "**No**," or you don't know or can't recall if you were investigated and cleared, check the "**No**" box.		

Codes for Investigating Agency
1 - Defense Department
2 - State Department
3 - Office of Personnel Management
4 - FBI
5 - Treasury Department
6 - Other *(Specify)*

Codes for Security Clearance Received
0 - Not Required
1 - Confidential
2 - Secret
3 - Top Secret
4 - Sensitive Compartmented Information
5 - Q
6 - L
7 - Other

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

	Yes	No
b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "**Yes**," give date of action and agency. **Note:** An administrative downgrade or termination of a security clearance is not a revocation.		

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

19 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- Use one of these codes to indicate the purpose of your visit: **1** - Business **2** - Pleasure **3** - Education **4** - Other

- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

- Do not repeat travel covered in items 9, 10, or 11.

	Month/Year	Month/Year	Code	Country		Month/Year	Month/Year	Code	Country
#1		To			#5		To		
#2		To			#6		To		
#3		To			#7		To		
#4		To			#8		To		

Enter your Social Security Number before going to the next page →

20 YOUR POLICE RECORD *(Do not include anything that happened before your 16th birthday.)*

	Yes	No
In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than $150.)		

If you answered "Yes," explain your answer(s) in the space provided.

Month/Year	Offense	Action Taken	Law Enforcement Authority or Court *(City and county/country if outside the U.S.)*	State	ZIP Code

21 ILLEGAL DRUGS

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

	Yes	No
a In the last year, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?		
b In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?		

If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
	To		
	To		
	To		

22 YOUR FINANCIAL RECORD

	Yes	No
a In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.		

Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

	Yes	No
b Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.		

If you answered "**Yes**," provide the information requested below:

Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Obligee	State	ZIP Code

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 8.

Certification That My Answers Are True

My statements on this form, 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 knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature *(Sign in ink)* | Date

Enter your Social Security Number before going to the next page →

Standard Form 85P
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
85-1602

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature *(Sign in ink)*	Full Name *(Type or Print Legibly)*			Date Signed
Other Names Used				Social Security Number
Current Address *(Street, City)*		State	ZIP Code	Home Telephone Number *(Include Area Code)* ( )

Standard Form 85P
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
85-1602

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

_____

(Investigator instructed to write in position title.)

As part of the investigative process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature *(Sign in ink)*	Full Name *(Type or Print Legibly)*			Date Signed
Other Names Used				Social Security Number
Current Address *(Street, City)*		State	ZIP Code	Home Telephone Number *(Include Area Code)* ( )

ROSEBUD SIOUX TRIBE
OFFICE OF THE ATTORNEY GENERAL
BACKGROUND INVESTIGATION PROGRAM

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize any investigator, or other duly accredited representative of the Rosebud Sioux Tribe Background Investigation Program under the Rosebud Sioux Tribe Attorney General's Office, who is conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to academic, residential, achievement, performance, attendance, disciplinary actions, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Rosebud Sioux Tribe Background Investigation Program under the Rosebud Sioux Tribe Attorney General's Office, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for the official use by the Rosebud Sioux Tribe Attorney General's Office Background Investigation Program and only for the purpose of determining my suitability for employment with

_____.
(Name of Rosebud Sioux Tribal Program)

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with _____ whichever is sooner.
(Name of Rosebud Sioux Tribal Program)

Signature (sign in black ink)	Printed Name	Date Signed

Other Names Used	Social Security Number
Position for which you are being investigated:	Primary Contact Number:

Current Address	State	Zip Code	Secondary Contact Number

ROSEBUD SIOUX TRIBE
OFFICE OF THE ATTORNEY GENERAL
BACKGROUND INVESTIGATION PROGRAM

WAIVER OF CONFIDENTIALITY

I, _____, having been duly informed by the Background Investigation Office of the Rosebud Sioux Tribe that a background investigation is a prerequisite for permanent hiring, and hereby release from liability any person or agency, including but not limited to, former employers and supervisors who provide information concerning my prior employment to the Rosebud Sioux Tribe Background Investigation Program. I understand that I may have certain rights of confidentiality concerning records that are kept by former employers and agencies. I hereby waive my right of confidentiality in those records for the Rosebud Sioux Tribe's Background Investigators investigations. I also expressly release from liability any individual agency who provides information to the Rosebud Sioux Tribe Background Investigators with regard to their inquiries concerning background investigation and prior employment.

Dated this _____ day of _____, 20_____.

_____
SIGNATURE

_____
WITNESS SIGNATURE DATE

Declaration Form
for
Prospective Employees in
Head Start Programs

Name of Employee:	

SECTION 1
Federal policies now require that Head Start agencies require all prospective employees to sign a declaration prior to employment which lists:

- All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- Convictions related to other forms of child abuse and neglect; and
- All convictions of violent felonies.

The declarations may exclude:

- Traffic fines of $200.00 or less;
- Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies, committed before the prospective employee's 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law;
- Any conviction the record of which has been expunged under Federal or State law; and
- Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note: Individuals who declare, though this form, that they have been arrested, charged with or convicted of any of the offenses listed above are NOT automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

Please provide your signature on the appropriate category below:

I **have NOT been** arrested, charged and/or convicted on one or more of the three types offenses listed in SECTION 1 above:

Signature	Date

OR

I **have been** arrested, charged and/or convicted on one or more of the three types offenses listed in SECTION 1 above:

If you have been arrested, charged and/or convicted on one or more of the three types of offenses listed in SECTION 1 above, please attach information listing the offense(s); the date(s) of the arrest, charge, and/or conviction; the law enforcement agency involved; the outcome of the court proceedings and other relevant information.

Signature	Date

For use by Head Start Agencies to comply with 45 CFR part 1301, Subpart D,
Head Start Grants Administration, Personnel Policies, Section 1301.31© and (d).

APPLICANT SCREENING QUESTIONNAIRE
INDIAN CHILD PROTECTION REQUIREMENTS

Name:	Social Security Number:
Employer Name:	Job Title:

NOTIFICATION REQUIREMENTS

Section 231 of the Crime Control Act of 1990, Public Law 101647 (codified in 42 Unites Stated Code § 13041), requires that employment applications for Federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment. Further it is required to ask the following:

Have you ever been arrested for or charged with a crime involving a child?

☐ Yes If yes, provide the date(s), explanation of the violation(s), disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.

☐ No

Section 408 of the Miscellaneous Indian Legislation, Public Law101-630 (codified in 25 United States Code § 3207) requires a criminal history records check as a condition of employment for positions in the Department of Interior that involve regular contact with or control over Indian children. Further, it is required to ask the following:

Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any felonious offense, or any two or more misdemeanor offenses under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, exploitation, contact or prostitution, crimes against persons, or offenses committed against children?

☐ Yes If yes, provide the date(s), explanation of the violation(s), disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.

☐ No

I certify that my response to the above questions is made under Federal 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 Rosebud Sioux Tribe Background Investigation Program and my right o challenge the accuracy and completeness of any information contained in the report.

_____

Applicant's Signature Date

Sicangu Lakota Oyate
Head Start/Early Head Start Program

PO Box 836, Rosebud, SD 57570

Telephone (605)747-2391 - Fax (605) 747-2590

TB Skin Test/Chest X-Ray Verification Form

Name: _____ **DOB:** _____

Please check one:

☐ **Applicant** ☐ **Current Employee**

All employees are required to have a yearly TB Skin Test.

Date placed: _____ **Right / Left forearm** (***circle one***)

Placed by: _____ **RN / LPN / N.A.** (***circle one***)

Printed name of RN/LPN/NA _____ **Facility:** _____

Date read: _____ **Results:** _____

Read by: _____ **RN / LPN / N.A.** (***circle one***)

Printed name of RN/LPN/NA _____ **Facility:** _____

If past history of a positive PPD then a Chest X-Ray is required every 3 years.

Date Chest X-Ray done: _____ **Results:** _____

Signed: _____ **PA / MD / Other** (***circle one***)

Printed name of PA/MD/Other _____ **Facility:** _____

*Our program requires that all employees/prospective applicants provide proof of a complete medical physical/health examination to include TB skin testing conducted **prior** to their start date. We further require that a complete medical physical/health examination be documented every one (1) to two (2) years of employment or sooner as required by physician. A TB Skin Test yearly and Chest X-ray every three (3) years.*

Office Use Only:

(Revised 6.2020)

CERTIFICATE OF MEDICAL EXAMINATION (NON – DOT)

For Sicangu Lakota Oyate Head Start/Early Head Start Program

THIS PAGE TO BE COMPLETED BY EMPLOYEE	
Name (Last, First, Middle Initial)	Date of Birth (month, day, year)
Work Site	Emergency Contact (name and phone number)
Male ☐ Female ☐	

HEALTH HISTORY

Do you have any medical disorders, diseases or physical impairments which may interfere in any way with the full performance of your job duties?

Yes ☐ No ☐

(If you answer is YES, explain in writing below and verbally explain to examining physician)

Do you have any allergies?

Yes ☐ No ☐

(If YES, please list)

PATIENT CONSENT AND CERTIFICATION

I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge.

Signature (Do not print)	Date (month, day, year)

FUNCTIONAL REQUIREMENTS (check one)

☐ *Administrative*
Monday – Friday ,
Eight (8) hours per day
Computer work
Sitting

☐ *Facilities*
Light, moderate and heavy lifting, carrying
Outdoors and indoors
Operation of motor vehicle, other heavy equipment

☐ *Classroom (Non-CDL)*
Monday – Friday
Eight (8) hours per day
Driving
Computer work
Sitting

TO BE COMPLETED BY EXAMINING PHYSICIAN

NOTE TO EXAMINING PHYSICIAN: *Please take the brief description of the functional requirements and any medical disorders, diseases, impairments or allergies listed on the first page, into consideration as you make your examination and report your findings and conclusions.*

Height: _____ Feet ____ Inches. Weight: _____ Pounds.

Findings: Describe any abnormality (including diseases, scars, and disfigurations). Include brief pertinent history. If normal, so indicate.

a) Eyes, ears, nose, and throat (including tooth and oral hygiene)

b) Abdomen

c) Head and back (including face, hair, and scalp)

d) Peripheral blood vessels e. Speech (note any malfunction)

e) Extremities (including strength, range of motion)

f) Skin and lymph nodes (including thyroid gland)

g) Urinalysis (if indicated)

h) Respiratory tract (X-ray if indicated)

i) Heart (size, rate, rhythm, function)

Blood pressure
Pulse
EKG (if indicated)

j) Back/Spine (special consideration for positions involving heavy lifting and other strenuous duties)

k) Neurological (including reflexes, sensation) and mental health

l) TB (history, screening current)

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Conclusions: *Summarize below any medical findings that in your opinion, would limit this person's ability to perform these job duties or make them a hazard to themselves or others. If none, so indicate.*

This Certificate of Medical Examination for the Sicangu Lakota Oyate Head Start/Early Head Start Program is required to be completed by NON-DOT employees every two (2) years unless otherwise specified by the examining physician.

Check one:

☐ No limiting conditions for this job; Medical Certification expires two (2) years from date of signature;

☐ Minimal medical findings; Medical Certification expires in one (1) year from date of signature;

☐ Medical findings and limiting condition (s) that requires Medical Certification be renewed in:

- O three (3) months
- O six (6) months

Examining Physicians Name (Print)	
Facility Name (City, State and Zip Code)	Telephone Number of Facility
Signature of Examining Physician	Date (Month, Day, Year)