



Questionnaire/Application for All Child Care 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 of notice that a criminal record check will be conducted as a condition of employment.

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

Application Continuation

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

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

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

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

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

Application Continuation

Last Name	First Name	Middle Initial	Jr.,II, etc.	Social Security Number
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		
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) if "YES", Use item 22 to provide the date , explanation of violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Have you been convicted by military court-martial in the past 5 years. if "YES", Use item 22 to provide the date , explanation of violation, place of occurrence, and the name and address of the military authority or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Are you now under charges for any violation of law? if "YES", Use item 22 to provide the date , explanation of violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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? if "YES", Use item 22 to provide the date , an explanation of the problem, reason for leaving, and the employer's name and address.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. Have you ever been arrested for or charged with a crime involving a child? if "YES", Use item 22 to provide the date , 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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

