

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 s | sign and receipt o | of notice that a criminal | record check will be conduct | ed as a conditior | n of employment. | | | | |
|--|--------------------|---------------------------|------------------------------|--------------------|---|-----------------------------------|-------------------|-----------|--|
| 1. Full Name | | | | | 2. Date of Birth | | | | |
| Last Name First Name | | | Middle Name | <u>lr.,II,etc.</u> | | | | | |
| | | | | | | | | | |
| 3. Other Names Used-Ma | aiden name fi | rom a former marr | iago alias(s) or nicknau | no(s) | 4 Mother | 's Maiden Nam | | | |
| 5. Other Marines Osed-Mi | aluen name, n | | idge, allas(s) of flickfia | ne(s) | 4. Mother's Maiden Name | | | | |
| | | | | | | | | | |
| 5. Social Security Num | hor | | | | 6 Drivor's | Liconco Numb | or | | |
| 5. Social Security Nulli | bei | | | | 6. Driver's License Number | | | | |
| | | | | | | | | | |
| 7. Your Telephone Number 8. Place Of Birth - City: | | | - City: | | County | | State | | |
| | | , | | | | | | | |
| () | | | | | | | | | |
| Email Address: | | Cell Phone number: | | | Message number where you can be reached | | | | |
| | | | | | | | | | |
| 9. Residence - List whe | ere you have | lived, beginning v | with the most recent | and working | g back 5 year | s. All periods ir | n the | | |
| Last 5 years must be ac | counted for | in your past. | | | | · | | | |
| Month/Year Month/Year | Street Address: | | | City: | State: | | | Zip Code: | |
| | | | | | | | | | |
| 1. To Present | | | | | | | | 2 | |
| Month/Year Month/Year | Street Address: | Street Address: | | | City: Sta | | | Zip Code: | |
| 2. то | | | | | | | | | |
| Month/Year Month/Year | Street Address: | | | City: | State: | | | Zip Code: | |
| | | | | | | | | | |
| 3. то | <u></u> | | | | | | | 7 | |
| Month/Year Month/Year | Street Address: | | | City: | State: | | | Zip Code: | |
| 4. то | | | | | | | | | |
| 10. Residence on an Ir | dian Reserv | ation-List any Ind | ian Reservation in w | hich you hav | e lived or wo | orked in the las | t 5 years. | | |
| | | • | | , | | | | | |
| | | | | | | | | | |
| 11. Education - List the | - | | beginning with the m | ost recent a | nd working t | back 5 years. | | | |
| Use item 22, if more sp | | | | | | (2.1 | | | |
| Month/Year Month/Year | Name of School | 1: | | | Degree/Diplom | Degree/Diploma/Other Month/Year A | | | |
| То | | | | | | | | | |
| Street Address and City of School: | | | | City: | State: Z | | Zip Code: | | |
| | | | | | | | | | |
| 12 Frankaumant List. | | and a stitute a last site | | | al. E a | - F | | | |
| 12. Employment - List y | | | | | | | | | |
| accounted for without breaks. For periods of unemployment, list dates and "u | | | | | | | | | |
| Month/Year Employer Name: | | | | | Position Title: | | | | |
| 1. To Present | | | | | | | | | |
| Employer Street Address: City: | | | City: | | State: Zip Code: | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Supervisor's Name: | | Telephone number Ot | | Other Employ | Other Employer Reference | | e Telephone numbe | | |
| | | () | | | () | | | | |
| Reason you left | | | | | | | | | |
| | | | | | | | | | |

| Application Continuation | | | | | | | | |
|--|--------------|--------------------|------|----------------|-------------------------|--------------|------------------------|--|
| Last Name | | | | Middle Initial | | Jr.,II, etc. | Social Security Number | |
| | | | | | | | | |
| Employment Continued | 1- | | | | | | | |
| Month/Year Month/Year [| Employer Nam | ame Position Title | | | | | | |
| 2) To | | | | | | | | |
| Employer Street Address | | City | | State | | | Zip Code | |
| | | | | | | | | |
| Supervisor's Name | | Telephone Number | | Other Employe | ther Employer Reference | | Telephone Number | |
| | | () | | | | () | | |
| Reason you left | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Month/Year Month/Year [| Employer Nam | 1e | | | Position Title | | | |
| | | | | | | | | |
| 2) To Employer Street Address | | | City | | | | Zip Code | |
| Employer Street Address | | | City | | State | | zip code | |
| <u> </u> | | | | | | | | |
| Supervisor's Name | | Telephone Number | | Other Employe | r Reference | | Telephone Number | |
| | | () | | | | | () | |
| Reason you left | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Month/Year Month/Year Employer Name Position Title | | | | | | | | |
| | | | | | | | | |
| 2) To Employer Street Address | | | City | | State | | Zip Code | |
| | | | ony | | State | | | |
| Supervisor's Name | | Telephone Number | | Other Employe | r Reference | | Telephone Number | |
| Supervisor 5 nume | | () | | | | | () | |
| | | | | | | | | |
| Reason you left | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Month/Year Month/Year Employer Name | | | | | Position Title | | | |
| | | | | | | | | |
| 2) To Employer Street Address | | | City | | State | | Zip Code | |
| , , , | | |) | | | | F | |
| Supervisor's Name | | Telephone Number | | Other Employe | r 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 pe | e good friends, peers, ro | oommates, 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 Telephone Number Month/Year Month/Year Day | | | | | | |
| | | То | D Night () | | | | | |
| Home or Work Address | | City | Stat | te | Zip Code | | | |
| | | | | | | | | |
| 2) Name | | Dates Known | Telephone Num | ber | | | | |
| | | Month/Year Month/Year | 🗆 Day | | | | | |
| | | То | D Night () | | | | | |
| Home or Work Address | | City | Stat | te | Zip Code | | | |
| | | | | | | | | |
| 3) Name | | Dates Known | Telephone Num | ber | | | | |
| | | Month/Year Month/Year | 🗆 Day | | | | | |
| | | То | D Night () | | | | | |
| Home or Work Address | | City | Stat | te | 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 | YES | NO | | | |
| 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. | | NO | | | |
| 15. Have you been convicted by military court-martial in the past 5 years. | YES | NO | | | |
| 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. | | | | | |
| 16. Are you now under charges for any violation of law? | YES | NO | | | |
| | | | | | |
| 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. | | | | | |
| 17. During the last 5 years, have you been fired from any job for any reason, did quit after being told that you | YES | NO | | | |
| 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. | | | | | |
| 18. Have you ever been arrested for or charged with a crime involving a child? | YES | NO | | | |
| 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. | | | | | |

| Application Continuation | | | | | | | |
|--|--------------------------------------|--------------------------------|------------------|------------------------|----|--|--|
| Last Name | First Name | Middle Initial | Jr.,II, etc. | Social Security Number | | | |
| 19. Have you ever been found guilt | ty of, or entered a plea of nolo (no | contest) or guilty to any, | | YES | NO | | |
| felonious offense, or any of 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 commi | tted against children? | | | | | | |
| If "YES" use item 22 to provide the | date, explanation of the violatior | n, disposition of the arrest(| s) or | | | | |
| charge(s), place of occurrence, and | the name and address of the poli | ce department or court inv | volved. | | | | |
| 20. in the last 5 years have you illeg | | | | YES | NO | | |
| crack cocaine, hashish, narcotics (c | | | | | | | |
| (barbiturates, methaqualone, tran | quilizers, etc.), hallucinogenic (LS | SD, PCP, etc., or illegally us | ed | | | | |
| prescription drugs? | | | | | | | |
| If "YES" use item 22 to provide the o | date(s) of use identify the control | lled substance(s) and /or | | | | | |
| prescription drugs used, and the nu | | | unseling | | | | |
| received. | | | insemig | | | | |
| 21. In the last 5 years, have you bee | en involved in the illegal purchase | manufacture trafficking | | YES | NO | | |
| production, transfer, shipping, rec | ÷ . | ÷ | | 0 | | | |
| or cannabis, for your own intended profit or that of another? | | | | | | | |
| | | | | | | | |
| if "YES", use item 22 below to provi | | | | | | | |
| activity, and any other details relat | | | | | | | |
| 22. Use this space to provide expla | nation to any questions you may | have answered "YES" on th | is questionnaire | е. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Certification that my Answers are True | | | | | | | |
| | | iy Answeis ale lide | | | | | |

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

Date