



EMPLOYMENT APPLICATION
 Lac Courte Oreilles Head Start/Early Head Start •
 ATTN: Patricia Kakazu • 8837N Trepania Road • Hayward, WI • 54843
 Phone: (715)634-8560 • Fax: (715) 634-0061

Position Applying For:		Date of Birth:
Date you can start:	Desired Salary:	Social Security Number:
Do you meet the minimum age requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address:
Name: Last	First	Middle Maiden
Other names you are known by:		
Physical Address: (Street, City, State, Zip Code)		
Mailing Address: <input type="checkbox"/> check if same as Physical Address)		
Home Phone Number	Cell Phone Number	Other Number (Specify)
Tribal Affiliation:	Federally Recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Nations Recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied with this organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where and when?		
Do you have any special skills and/or training?		

Education History	Name	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College and/or Technical			
Other (Specify)			
Other (Specify)			

Please provide names of three individuals not related to you, whom you have known for at least one (1) year:			
Name	Years Known	Telephone	Business

Complete this transportation and vehicle information section only if applying for position that have transportation and vehicle information as requirements of the duties; see position description.

Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, DL #:
Vehicle Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Company:	

Served in the U.S. Military? (This question is completely optional; you need not answer): <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Service and Rank:
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where and when:



LAC COURTE OREILLES HEAD START/EARLY HEAD START
8837N TREPANIA ROAD, HAYWARD, WI 54843
PHONE: 715-634-8560
FAX: 715-634-0061

EMPLOYMENT REFERENCE CHECK

I _____ authorize investigation of all statements including references to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. Please return completed form at your earliest convenience to Patricia Kakazu, HR Manager by means of email, (tkakazu@lcohs-ehs.org) fax, or mailing address listed above.

1. What dates did the employee work with your company? _____
2. What position did the applicant hold with your company? _____
3. What was the documented departure reason? _____
4. Please describe his/her position responsibilities, and quality of work? _____
5. Would you rehire the applicant, if he/she applied? _____
6. Any other information pertinent to this employee?

Employer Completing, Name and Title: _____ **Date:** _____

Applicant Sign Name: _____ **Date:** _____

SECTION B – BACKGROUND INFORMATION (continued)**YES** **NO**

7. Are you currently the subject of an investigation or has there ever been a finding against you for abuse, neglect or misappropriation (theft) of property of a child, adult, or elderly person?
- If yes, provide all of the following information for each incident:
- Explanation of the incident
 - Date the incident occurred (month and year)
 - Location where the incident occurred (city and state)
 - Name of the agency that is conducting the investigation or has made the finding

8. Do you have a government issued credential or license that is not current or is limited as to restrict you from providing care to clients? Examples of credentials or licenses include foster care, nurse, teacher, real estate, child care license, or certification.
- If yes, provide all of the following information for each limitation or restriction:
- Credential name
 - Explanation of the situation
 - Limitations or restrictions placed on the credential
 - Time period of the limitations or restrictions

Note: A "NO" answer to all questions in Section B does not guarantee eligibility for employment, residency, or regulatory approval.

SECTION C – SIGNATURE INFORMATION**1. Sign Here If You Are Completing This Form on Behalf of Another Person**

I understand that by signing below, to the extent I am providing this information about someone else, I am certifying that I have made a complete and diligent inquiry regarding the truthfulness and completeness of this statement and I believe this information to be accurate. I understand that by knowingly providing false information or omitting information I may be subject to forfeitures and other sanctions as provided by law.

 Print Full Name

 Signature

 Date Signed

2. Sign Here If You Are Completing This Form for Yourself

I understand that by signing below I am attesting, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in me not being eligible to hold a license or certificate to operate, reside at or be employed at a child care center, and that I may be subject to forfeitures and other sanctions as provided by law.

 Print Full Name

 Signature

 Date Signed

SECTION B – BACKGROUND INFORMATION	YES	NO
1. Have you been discharged in the last three years from a branch of the U.S. Armed Forces, including reserves duty? <ul style="list-style-type: none"> ➤ If yes, indicate the year of discharge in the space below and attach a copy of your DD 214 – Certificate of Release or Discharge from Active Duty or other discharge papers. 	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently reside outside of, or have you in the last five years resided outside of, Wisconsin? <ul style="list-style-type: none"> ➤ If yes, list each state including counties and the dates you lived there. If you lived outside the US, list the city, country and dates. Attach a separate page if necessary. 	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services or the Department Children and Families, a county department, a private child placing agency, school board, or tribe? <ul style="list-style-type: none"> ➤ If yes, provide all of the following information and attach a copy of the review decision. Attach additional pages if necessary. <ul style="list-style-type: none"> • Date of the rehabilitation review • Result of the review • Agency that conducted the review 	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any pending criminal charges, or were you convicted of any crime? Include all offenses in federal, state, county, local, military, and tribal courts. <ul style="list-style-type: none"> ➤ If yes, provide all of the following information for each conviction or pending charge: <ul style="list-style-type: none"> • Description of the conviction or charge • Date the incident occurred (month and year) • Location where the incident occurred (city and state) • Date of the arrest or conviction if applicable • Location of the court (city and state) • Type of jurisdiction (federal, state, county, local, military or tribal) <p>Note: You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.</p>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you ever adjudicated delinquent by a court of law or tribal court when you were aged 10 to 17 years old? Include all offenses in federal, state, county, local, military, and tribal courts. <ul style="list-style-type: none"> ➤ If yes, provide all of the following information for each offense: <ul style="list-style-type: none"> • Description of the crime or offense • Date the incident occurred (month and year) • Location where the incident occurred (city and state) • Location of the court (city and state) <p>Note: You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.</p>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you currently, or have you ever been, required to be registered on a national, state, or tribal sex offender registry? <ul style="list-style-type: none"> ➤ If yes, provide all of the following information: <ul style="list-style-type: none"> • Location of the registry • Reason for registration • Length of time required to be registered 	<input type="checkbox"/>	<input type="checkbox"/>

Continue to the next page.

BACKGROUND CHECK REQUEST

This form is required to request a background check under the provisions of Wis. Stat. § 48.686 and Wis. Admin. Code § DCF 13.03 for licensure, certification, employment or residency at a child care center. Failure to complete this form may result in a delay processing your application, adding a household member, or determining eligibility for employment.

Providing your social security number is voluntary. However, not providing it could delay the background check process. The personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. §15.04(1)(m)].

PLEASE PRINT OR TYPE YOUR ANSWERS. ATTACH ADDITIONAL PAGES IF NEEDED.

SECTION A – INDIVIDUAL’S DETAILS *Asterisked items are required fields.

*First Name		Middle Name	*Last Name	
Alias Names (Including Maiden Name)			Email Address	
*Primary Phone Number	*Primary Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone Number	Secondary Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Social Security Number	*Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	*Birth Date (mm/dd/yyyy)		
Race				
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Unknown		
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other – More Than One Category			
*Language				
<input type="checkbox"/> Albanian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Greek	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Arabic	<input type="checkbox"/> English	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other –	<input type="checkbox"/> Swedish
<input type="checkbox"/> Bosnian / Croatian / Serbian	<input type="checkbox"/> Farsi	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Thai
<input type="checkbox"/> Burmese	<input type="checkbox"/> French	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> German	<input type="checkbox"/> Laotian	<input type="checkbox"/> Somali	<input type="checkbox"/> Vietnamese
*Check the role that best applies to you:				
<input type="checkbox"/> Administrative Staff	<input type="checkbox"/> Facilities Staff	<input type="checkbox"/> Minor Employee (under age 18)	<input type="checkbox"/> Student Teacher	
<input type="checkbox"/> Administrator	<input type="checkbox"/> Household Member (18 or older)	<input type="checkbox"/> Other Caregiver	<input type="checkbox"/> Teacher – Assistant	
<input type="checkbox"/> Applicant / Licensee	<input type="checkbox"/> Household Member (under age 18)	<input type="checkbox"/> Other Non-caregiver	<input type="checkbox"/> Teacher – Lead	
<input type="checkbox"/> Director	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Provider	<input type="checkbox"/> Teacher – Substitute	
<input type="checkbox"/> Director – Assistant	<input type="checkbox"/> Kitchen Staff	<input type="checkbox"/> Site Supervisor	<input type="checkbox"/> Trainer	
		<input type="checkbox"/> Student Intern	<input type="checkbox"/> Volunteer	
*Physical Home Address				
Address	City	County / Tribe	State	Zip Code
*Mailing Address <input type="checkbox"/> Check here if same as physical address. NOTE: Confidential information will be sent to this address.				
Address	City	County / Tribe	State	Zip Code
List the name and address of the agency or program to receive background check eligibility information—for example, child care center, potential employer, licensing or certifying agency, higher education institution, etc. (optional)				

Continue to the next page.

RELEASE AND AUTHORIZATION

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

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

Signature: _____ Date: _____

Print: Last Name _____ First Name _____ Middle Name _____

Maiden, former or alias name(s): _____ Social Security Number: _____

Other names you are known by? _____ Have you ever been convicted of a felony? Yes _____ No _____

Date of Birth: _____ Driver's License Number: _____

Tribal Affiliation: _____ Enrollment Number: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

How long at present address: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

From: (Month/Year) _____ To: (Month/Year) _____