

## Questionnaire/Application for All School 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

Reason you le	eft		l		<u> </u>			<u> </u>		
Supervisor's Name:			Telephone number ( )		Other Emplo	oyer Reference	Telephone n ( )		ımber	
Employer Street Address:			City:		State:		Zip Code:			
1.	. To Present									
Month/Year	accounted for without breaks. For periods of unemployment, list dates and Month/Year Month/Year   Employer Name:				Position Title:					
112. Empio										
12 Emplo	vment - List	vour employr	ment activities he	ginning with the p	resent and wor	king hack 5 ve	pars The 5 year	neriod mus	t he	
Street Address and City of School:					City:	State:		Zip Code:		
То										
Month/Year Month/Year Name of School:					Degree/Diploma/Other		Month/Year Awarded			
	22, if more s									
11. Educa	tion - List the	e schools yo	u have attended	l, beginning with	the most rece	ent and worl	king back 5 yea	ars.		
					1111311 700		3			
		ı ndian Reserv	vation-List anv Ir	ndian Reservatio	n in which voi	ı have lived	Tor worked in t	he last 5 ve	ears.	
4.	То	S. CC. Marcos.							_	
3. Month/Year	To Month/Year	Street Address:			City:		State:		Zip Code:	
		Sueet Address.			,-				3525.	
2. Month/Year	To Month/Year	Street Address	<u> </u>		City:		State:		Zip Code:	
		Street Audress:			10.04					
1. Month/Year	To Present  Month/Year	Street Address	:		City:		State:		Zip Code:	
		Street Address:			City.		state:		Σip coue.	
Last 5 years must be accounted for in your past.  Month/Year Month/Year Street Address: City: State: Zip Code:							Zip Code:			
		-	_	g with the most	recent and wo	rking back 5	years. All per	iods in the		
Email Addre	ss:		Cell Phone number:			Message number where you can be reached				
( )										
7. Your Te	elephone Nu	mber	8. Place Of Birth - City:			County		State		
			la at					la		
3. 30Clai 3	ccurry wur	INCI				o. Dilvei s	LICEIISE INUIII	<u> </u>		
E Social S	ecurity Num	hor				6. Driver's License Number				
3. Other Names Used-Maiden name, from a former marriage, alias(s) or nickname						4. Mother	's Maiden Nar	ne		
Last Name First Name		First Name		Middle Name	Jr.,II,etc.					
1. Full Name						2. Date of Birth				
031610117	Chbi Aire	<b>71.</b>								
	Applying Fo			arrecord check will be	conducted as a con-	and or employ	The state of the s			

			Application Contin	nuation				
Last Name	First Name			Middle Initial		Jr.,II, etc.	Social Security Number	
<b>Employment Continu</b>	ed-							
Month/Year Month/Year	Employer Name				Position Title			
<b>2)</b> To								
Employer Street Address			City		State		Zip Code	
Supervisor's Name		Telephone Number		Other Employer Reference		Telephone Number		
Reason you left		[( )					[( )	
neuson you lett								
Month/Year Month/Year	hth/Year Month/Year Employer Name			Pr		Position Title		
<b>2)</b> To			T					
Employer Street Address			City		State		Zip Code	
Supervisor's Name		Telephone Number		Other Employ	er Reference		Telephone Number	
		( )					( )	
Reason you left							_	
Month/Year Month/Year Employer Name				Position Title				
<b>2)</b> To								
Employer Street Address			City		State		Zip Code	
Supervisor's Name		Telephone Number	•	Other Employ	er Reference		Telephone Number	
		( )					( )	
Reason you left								
Month/Year Month/Year Employer Name					Position Title			
<b>2)</b> To								
Employer Street Address	1		City		State		Zip Code	
Supervisor's Name		Telephone Number	1	Other Employ	er Reference		Telephone Number	
		( )					( )	
Reason you left		<b>'</b>					<u> </u>	

	Applie	cation Continuation			
Last Name	First Name	Middle Initial	Jr.,II, etc.	Social Securi	ty Number
13 Personal Referen	nces - List 3 people who know you we	ll They should be good friends in	eers roommat	tes etc and	who
	at least the last 5 years. Try not to list	-			
1) Name	at least the last 5 years. Try not to list	Dates Known	Telephone Nur		.1011.
1) Nume		Month/Year Month/Ye			
		То	□ Night ( )		
Home or Work Address	S	City	Sta	ate	Zip Code
2) Name		Dates Known	Telephone Nur	Telephone Number	
		Month/Year Month/Ye	ar □ Day		
		То	□ Night ( )		
Home or Work Address	<u> </u>	City	Sta	nte	Zip Code
Thomas of Work radices.	•				2.6 0000
3) Name		Dates Known	Telephone Number		
		Month/Year Month/Ye	ar □ Day		
		То	D Night ( )		
Home or Work Address	S	City	Sta	ate	Zip Code
_	ation- For all questions, provide all add	•		ded or on a	separate
	me and social security number is on a	•			
· ·	have you been arrested for, charged with	•	•	n YES	NO
· ·	any offense(s)? Include all offences where		ilty or nolo		
contendere (no contes	t). (Leave out traffic fines of less than \$15	50.00)		l —	
if "YFS" Use item 22 to	provide <b>the date,</b> explanation of violatio	on place of occurrence, and the name	and address		
of the police departme		m, place of occurrence, and the name	and dddress		
	victed by military court-martial in the pas	st 5 years.		YES	NO
	p provide <b>the date,</b> explanation of violation	on, place of occurrence, and the name	e and address		
of the military authorit	•				
16. Are you now under	charges for any violation of law?			YES	NO
if "VES" Lisa itam 22 ta	provide <b>the date,</b> explanation of violatio	on place of occurrence and the name	and address		
		on, place of occurrence, and the name	and address		
of the police departme	ears, have you been fired from any job for	any roosan did quit after being told	that you	1/50	NO.
		•	that you	YES	NO
would be fired, or ald y	you leave any job by mutual agreement b	ecause of specific problems?		l —	
if "VES" Use item 22 to	p provide <b>the date,</b> an explanation of the	nrohlem reason for leaving and the	emplover's		Ш
	provide the date, an explanation of the	problem, reason for leaving, and the	employer s		
name and address.	n arrested for or charged with a crime inv	volving a child?		YES	NO
13. Have you <b>ever</b> beel	n arresteu for of charged with a crime inv	orving a crimus		1 1 1 1	INU
	provide <b>the date,</b> explanation of violation		ge(s)		
of occurrence, and the	name and address of the police departm	ent or court involved.			

Application Continuation							
Last Name	First Name	Middle Initial	Jr.,II, etc.	Social Securit	y Number		
19. Have you <b>ever</b> been found guil	•		•	YES	NO		
felonious offense, or any of two or							
involving crimes of violence; sexua		, contact or prostitutio	n; crimes				
against persons; or offenses comm							
If "YES" use item 22 to provide <b>the</b>	date explanation of the violation	disposition of the arre	st(s) or	$  $ $\cup $ $ $	ш		
charge(s), place of occurrence, and							
20. in the last 5 years have you ille	·	· · · · · · · · · · · · · · · · · · ·		YES	NO		
crack cocaine, hashish, narcotics (		• • • • • •		'[3	140		
(barbiturates, methaqualone, tran			-				
prescription drugs?	quinzers, etc.), nundemogerne (LSD	r cr , etc., or megany a	3Cu				
prescription arags:							
If "YES" use item 22 to provide the	date(s) of use, identify the contro	led substance(s) and/o	r				
prescription drugs used, and the n	umber of times each was used. Inc	lude any treatment or o	counseling				
received.							
21. In the last 5 years, have you be	een involved in the illegal purchase	manufacture, trafficki	ng,	YES	NO		
production, transfer, shipping, rec	eiving, or sale of any narcotic, depr	essant, stimulant, hallu	ıcinogen,				
or cannabis, for your own intende	d profit or that of another?						
				ГШІ			
if "YES", use item 22 below to prov	vide information relating to the typ	e of substance(s), the r	nature of				
activity, and any other details rela	ting to your involvement with illega	al drugs.					
22. Use this space to provide expla	anation to any questions you may h	ave answered "YES" or	this question	naire.			
	Certification that my A	nswers are True					
My statements on this application	, and any attachments to it, are tru	e, complete, and corre	ct to the best	of my knowl	ledge		
and belief and are made in good fa	aith. I understand that a false or fra	udulent answer to any	question or it	em on any p	art		
of this application or its attachmer	nts may be grounds for not hiring n	ne, or firing me after I b	eginning work	k, and may b	e		
punishable by fine or imprisonmer	nt						
	Applicant's Initials	Date					
I certify that my responses to the a	above questions are made under p	enalty 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.							
A collected for					-		
Applicant's Signature	Printed Nam Page 4	e	Date		or Child Care		
	rage 4		P	ppiication 10	or Cillia Cale		