BISON SCHOOL DISTRICT #52-1

P.O. Box 9 | 200 East Carr Street | Bison, SD 57620
(605) 244-5961 (phone)
(605) 244-5276 (fax)
www.Bison.k12.sd.us

APPLICATION FOR EMPLOYMENT

(Please type or print in ink only)

Please read all instructions and complete all sections**. Please submit a resume, current certification (or statement of eligibility), college transcripts, and three recent letters of recommendation if applying for an administrative or teaching position.**

Bison School District is an Equal Opportunity Employer. We consider applicants for all jobs without regard to race, color, sex, pregnancy, national origin, marital status, disability, religion, age (40 years of age or older), or any other legally protected status. Applicants who need reasonable accommodations to complete this application may contact the Business Manager at Angie.Thompson@k12.sd.us or by using the address and phone numbers above. The Title IX Coordinator is Mrs. Shawnda Carmichael who may be contacted in person, by mail, by telephone, or by electronic mail at Shawnda.Carmichael@k12.sd.us.

IT IS THE POLICY OF THE SCHOOL DISTRICT TO CONDUCT A CRIMINAL HISTORY RECORD INFORMATION CHECK FOR ALL APPLICANTS AFTER THE SCHOOL DISTRICT MAKES A DETERMINATION THAT THE APPLICANT IS QUALIFIED FOR EMPLOYMENT AND PRIOR TO THE APPLICANT'S FIRST DATE OF EMPLOYMENT WITH THE SCHOOL DISTRICT. If selected as a final candidate, you will be required to disclose your criminal history or record. Convictions are not an automatic bar from employment but will be considered as part of the totality of your suitability. You will not be required to disclose any offense for which the record has been sealed. The School District will not ask you to disclose the contents or details of any sealed records or that any sealed records exist.

_____ _____
Position(s) Applied For Date of Application

How did you hear about this position? (Please be specific) _____

Last Name, First Name Middle Initial

Present Address (Mailing and Physical) City, State Zip

Home Telephone Number: ( ) _____-_____

Mobile Telephone Number: ( ) _____-_____

Email Address: _____

Are you a citizen of the United States? _____ Yes _____ No

If not, do you hold a current visa entitling you to work here? _____ Yes _____ No

CERTIFICATION OF MINIMUM EMPLOYMENT QUALIFICATIONS

- ☐ I am a high school graduate or hold a GED
- ☐ I can understand and follow verbal directions
- ☐ I can understand and follow written directions
- ☐ I have not been convicted of a crime involving physical or sexual abuse
- ☐ I can, after being hired, verify my legal right to work in the United States

If you have checked all the boxes above, please continue to the second page
If any box above is unchecked, please submit the application now.

Have you ever been employed with the Bison School District before?

If so, please list date/s (month/year to month/year):_____

Department/Position:_____

Are you under 18 years of age? _____ Yes _____ No

If you are under the age of 18, you may need to supply Bison School District with a work permit or limit your hours to those permitted by law.

Have you ever been terminated from employment? _____ Yes _____ No

Have you ever been notified of possible cancelation, termination, or non-renewal of employment?

_____ Yes _____ No

Have you ever resigned to avoid being notified of possible cancellation, termination, or non-renewal of your employment?

_____ Yes _____ No

Have you ever had a complaint filed against you with the South Dakota Department of Education Professional Practices & Standards Commission? _____ Yes _____ No

If yes to above questions, please explain the circumstances/outcomes below (attach additional sheets as needed):

Are you certified to teach in SD? _____ Yes _____ No Certified in another state (Specify state)_____

If applicable, Certification Expiration Date _____ Area(s) of Certification _____

Available start date: _____ Days/hours for which you are available: _____

Are you willing to work overtime if required?_____ Yes _____ No _____ N/A

Are you willing to work different or split shifts, if required?_____ Yes _____ No _____ N/A

If the job you are applying for requires a valid driver's license, please complete the information below:

Number _____ State _____ Regular _____ CDL _____

Do you have any relatives presently employed by the School District? _____ Yes _____ No
If yes, please provide names, relationship, and department:

Have you served in the United States Armed Forces? _____ Yes _____ No

If yes, please give dates of military service: From _____ To _____ Branch? _____

Summarize the nature of the work performed (attach additional sheets as needed):

Are you claiming veterans' preference? _____ Yes _____ No

If yes, a copy of your DD Form 214 must be attached to this application and additional documentation must be provided upon request to determine eligibility. This position is subject to a veteran's preference. Lemmon School District shall give a preference to eligible veterans, veterans' spouses, and/or servicemembers' spouses as required by law. If employment is conditioned on passing an examination, eligible individuals who obtain passing scores on all parts or phases of the examination shall have five percent added to their passing score if a claim for such preference is made on the application. An additional five percent shall be added to the passing score of any disabled veteran.

EMPLOYMENT EXPERIENCE

(Please start with your current or most recent job and attach additional sheets and a resume as needed.)

Employer Name	
Address (Street, City, Zip)	
Job Title	
Dates of Employment (Month/Year to Month/Year)	
Supervisor and Title	
Starting/Ending Wage	
Summary of Work Performed	
Reason for Leaving	
May we contact for reference?	_______Yes _______No ______Later

Employer Name	
Address (Street, City, Zip)	
Job Title	
Dates of Employment (Month/Year to Month/Year)	
Supervisor and Title	
Starting/Ending Wage	
Summary of Work Performed	
Reason for Leaving	
May we contact for reference?	_______Yes _______No ______Later

Employer Name	
Address (Street, City, Zip)	
Job Title	
Dates of Employment (Month/Year to Month/Year)	
Supervisor and Title	
Starting/Ending Wage	
Summary of Work Performed	
Reason for Leaving	
May we contact for reference?	_______Yes _______No ______Later

EDUCATIONAL BACKGROUND

(Attach additional sheets or include in resume as needed.)

Name and Location	Dates	Diploma/Degree/Certificate	Major/Minor
High School			
College		Degree: Major/Minor:	
College		Degree: Major/Minor:	
Other			

AWARDS, HONORS, PROFESSIONAL MEMBERSHIPS, ETC.

Please list awards, honors, professional memberships, etc. relevant for the position for which you are applying. (Please start with your most recent and attach additional pages as needed.)

SKILLS AND QUALIFICATIONS

Please respond to the following question in paragraph form. (Attach additional pages as needed.)

Summarize any training, relevant experience, skills, background, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying, will contribute to your success, or that you feel make you especially suited for work with the Bison School District.

REFERENCES

(List three individuals familiar with your work ability. Do not include relatives.)

(1) Name: _____ No. of Years Known/Capacity _____

Address: _____
Street City, State Zip

Telephone Number: ( ) _____-_____ Email: _____

(2) Name: _____ No. of Years Known/Capacity _____

Address: _____
Street City, State Zip

Telephone Number: ( ) _____-_____ Email: _____

(3) Name: _____ No. of Years Known/Capacity _____

Address: _____
Street City, State Zip

Telephone Number: ( ) _____-_____ Email: _____

APPLICANT'S STATEMENT

I certify that the answers given in this application are true and complete to the best of my knowledge. I understand that false, misleading, or omitted information given in my application or interview(s) may result in discharge.

_____ _____ _____

Printed Name Signature Date

CONSENT TO PROVIDE EMPLOYMENT HISTORY TO PROSPECTIVE EMPLOYERS

I, _____ (applicant), consent to any and all of my former employers to provide information regarding my employment to any prospective employer(s) who contact them.

I consent to the disclosure of the following information about me by any and all of my former employers:

1. Date and duration of employment;
2. Pay rate and wage history on the date of receipt of this consent;
3. Job description and duties;
4. The most recent written performance evaluation prepared prior to the date of the request for information and provided to me during the course of my employment;
5. Attendance information;
6. Results of drug or alcohol tests administered within one year prior to the request for information;
7. Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
8. Whether I was voluntarily or involuntarily separated from employment and the reasons for the separation; and
9. Whether I am eligible for rehire.

The consent is valid for six months from the date of my signature below.

_____ _____ _____

Printed Name Signature Date

Criminal History Disclosure and Acknowledgment and Authorization for Criminal Background Check

Criminal History Disclosure

Have you been convicted of a felony or misdemeanor in the last seven years? _____ Yes _____ No

(Convictions do not necessarily bar you from employment but will be considered as part of the totality of your suitability. You are not obligated to disclose any offense for which the record has been sealed. Bison School District is not asking you to disclose the contents or details of any sealed records or that any sealed records exist.)

If yes, please explain: _____

Acknowledgment and Authorization for Criminal Background Check

As a condition of my candidacy for employment with the School District, I understand that the School District will conduct a criminal background check for employment purposes. By signing this Acknowledgment and Authorization, I authorize the School District, or any other company authorized by the School District, to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify the School District, or any other company authorized by the School District, against any liability that may result from making such requests. I agree a fax or photocopy of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original.

I believe to the best of my knowledge that all information provided below is accurate, true, and correct and that I fully understand the terms of this Acknowledgment and Authorization.

Printed Name: _____ Other Names Used: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

Street City, State Zip

Sex: _____ Race: _____ Driver's License Number and State: _____

_____ _____ _____

Printed Name Signature Date