

Lakota Waldorf School Employment Application



LAKOTA
Waldorf School

Pine Ridge Indian Reservation, Three Mile Creek
P.O. Box 527 Kyle, South Dakota 57752, USA
Phone: + 605 455-2487 • info@lakotawaldorfschool.org
www.lakotawaldorfschool.org

Date of application: _____ (today's date)

Applicant Name _____ Date of Birth _____
(Birthplace) _____

Home Phone _____ Cell Phone _____
Work _____

Email Address _____

Marital Status ___ Married ___ Divorced ___ Single

Dependents ___ Yes ___ No If yes, how many? _____

Current Address: _____

City _____

State & Zip _____

Employment Positions

Position(s) applying for: _____

• Temporary work – such as summer or holiday work? [] Y or [] N

• Part-time work? [] Y or [] N

• Full-time work? [] Y or [] N

What days and hours are you available for work? _____

If applying for temporary work, when will you be available? _____

If hired, on what date can you start working? _____ / _____ / _____

Personal Information:

If hired, would you have transportation to/from work? Y or N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Y or N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Y or N

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y or N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

Education, Training and Experience

High School:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma earned: _____

College / University:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma earned: _____

Vocational School:

Name: _____

Address: _____

City, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma? : _____

Military:

Branch: _____

Rank in Military: _____

Total Years of Service: _____

Skills/duties: _____

Do you speak the Lakota Language? Y or N

If yes, ___ Very little ___ Understand, but not fluent ___ Fluent

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, that makes you especially suited for working with us?

Y or N

If yes, please

explain _____

Employment History

Are you currently employed? Y or N

If you are currently employed, may we contact your current employer? Y or N

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the program to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____ Date: _____