



## Questionnaire/Application for All School Positions



### Lac Courte Oreilles Ojibwe School - Waadookodaading

Notice to Applicant: The Crime Act of 1990, Public Law 101-647 (codified in 42 United States Code § 1304) requires that employment applications for Child Care positions have applicants sign and receipt notice that a criminal record check will be conducted as a condition of employment.

#### Position Applying for:

#### 1. FULL NAME:

|           |             |              |                        |
|-----------|-------------|--------------|------------------------|
| Last Name | First Name: | Middle Name: | suffix: Jr., II, etc.. |
|           |             |              |                        |

#### 2. Date of Birth:

#### 3. Other Names used Maiden name, alias(s), or Nicknames

#### 4. Mother's Maiden Name

#### 5. Social Security Number:

#### 6. Driver's License Number:

#### 7. Telephone #

#### 8. Place of Birth - City:

#### County:

#### State:

#### Email Address:

#### Cell phone number:

#### Message number where you can be reached

#### 9. Residence - List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for.

|                         |                 |       |        |          |
|-------------------------|-----------------|-------|--------|----------|
| Month/Year - To Present | Street Address: | City: | State: | Zip Code |
|-------------------------|-----------------|-------|--------|----------|

|                         |                 |       |        |          |
|-------------------------|-----------------|-------|--------|----------|
| Month/Year - To Present | Street Address: | City: | State: | Zip Code |
|-------------------------|-----------------|-------|--------|----------|

|                         |                 |       |        |          |
|-------------------------|-----------------|-------|--------|----------|
| Month/Year - To Present | Street Address: | City: | State: | Zip Code |
|-------------------------|-----------------|-------|--------|----------|

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| Month/Year - To Present | Street Address: | City: | State: | Zip Code |
|-------------------------|-----------------|-------|--------|----------|

|                         |                 |       |        |          |
|-------------------------|-----------------|-------|--------|----------|
| Month/Year - To Present | Street Address: | City: | State: | Zip Code |
|-------------------------|-----------------|-------|--------|----------|

#### 10. Residence on an Tribal Reservation - List any Tribal Reservation(s) in which you have previously lived or worked in the last 5 years.

|                                                                                                                                                                                                                                                         |    |                   |                          |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------|--------------------------|----------------------|
| <b>11. Education</b> - List the schools you have attended, beginning with the most recent and working back 5 years. Use Item 22 if space is needed.                                                                                                     |    |                   |                          |                      |
| Month/Year                                                                                                                                                                                                                                              | To | Month/Year        | Name of School           | Degree/Diploma/Other |
|                                                                                                                                                                                                                                                         |    |                   |                          | Month/Year Awarded   |
| Street Address and city of School:                                                                                                                                                                                                                      |    |                   | City:                    | State:               |
|                                                                                                                                                                                                                                                         |    |                   |                          | Zip Code:            |
| Month/Year                                                                                                                                                                                                                                              | To | Month/Year        | Name of School           | Degree/Diploma/Other |
|                                                                                                                                                                                                                                                         |    |                   |                          | Month/Year Awarded   |
| Street Address and city of School:                                                                                                                                                                                                                      |    |                   | City:                    | State:               |
|                                                                                                                                                                                                                                                         |    |                   |                          | Zip Code:            |
| <b>12. Employment</b> - List your employment activities, beginning with the most present and working back 5 years. The past 5 years must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attended School" |    |                   |                          |                      |
| 1. Month/Year To Present                                                                                                                                                                                                                                |    | Employer Name:    |                          | Position / Title:    |
|                                                                                                                                                                                                                                                         |    |                   |                          |                      |
| Employer Street Address:                                                                                                                                                                                                                                |    | City:             | State:                   | Zip Code:            |
|                                                                                                                                                                                                                                                         |    |                   |                          |                      |
| Supervisor's Name:                                                                                                                                                                                                                                      |    | Telephone Number: | Other Employer Reference | Telephone Number:    |
|                                                                                                                                                                                                                                                         |    | ( ) -             |                          | ( ) -                |
| Reason you left:                                                                                                                                                                                                                                        |    |                   |                          |                      |
|                                                                                                                                                                                                                                                         |    |                   |                          |                      |
| 2. Month/Year To Present                                                                                                                                                                                                                                |    | Employer Name:    |                          | Position / Title:    |
|                                                                                                                                                                                                                                                         |    |                   |                          |                      |
| Employer Street Address:                                                                                                                                                                                                                                |    | City:             | State:                   | Zip Code:            |
|                                                                                                                                                                                                                                                         |    |                   |                          |                      |
| Supervisor's Name:                                                                                                                                                                                                                                      |    | Telephone Number: | Other Employer Reference | Telephone Number:    |
|                                                                                                                                                                                                                                                         |    | ( ) -             |                          | ( ) -                |
| Reason you left:                                                                                                                                                                                                                                        |    |                   |                          |                      |
|                                                                                                                                                                                                                                                         |    |                   |                          |                      |
| 3. Month/Year To Present                                                                                                                                                                                                                                |    | Employer Name:    |                          | Position / Title:    |
|                                                                                                                                                                                                                                                         |    |                   |                          |                      |
| Employer Street Address:                                                                                                                                                                                                                                |    | City:             | State:                   | Zip Code:            |
|                                                                                                                                                                                                                                                         |    |                   |                          |                      |
| Supervisor's Name:                                                                                                                                                                                                                                      |    | Telephone Number: | Other Employer Reference | Telephone Number:    |
|                                                                                                                                                                                                                                                         |    | ( ) -             |                          | ( ) -                |
| Reason you left:                                                                                                                                                                                                                                        |    |                   |                          |                      |
|                                                                                                                                                                                                                                                         |    |                   |                          |                      |
| 4. Month/Year To Present                                                                                                                                                                                                                                |    | Employer Name:    |                          | Position / Title:    |
|                                                                                                                                                                                                                                                         |    |                   |                          |                      |
| Employer Street Address:                                                                                                                                                                                                                                |    | City:             | State:                   | Zip Code:            |
|                                                                                                                                                                                                                                                         |    |                   |                          |                      |

|                                                                                                                                                                                                                                                          |                                          |                          |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------|------------------------------|
| Supervisor's Name:                                                                                                                                                                                                                                       | Telephone Number:<br>(   ) -             | Other Employer Reference | Telephone Number:<br>(   ) - |
| Reason you left:                                                                                                                                                                                                                                         |                                          |                          |                              |
| <b>13. Personal References</b> - List 3 people who you know well. They should be good friends, peers, roommates, etc. and who have known you for at least the last 5 years. DO NOT list relatives or anyone who is listed elsewhere on this application. |                                          |                          |                              |
| 1. Name:                                                                                                                                                                                                                                                 | Dates known:<br>Month/Year to Month/Year |                          | Telephone Number:<br>(   ) - |
| Home or Work Address:                                                                                                                                                                                                                                    | City:                                    | State:                   | Zip Code:                    |
| 2. Name:                                                                                                                                                                                                                                                 | Dates known:<br>Month/Year to Month/Year |                          | Telephone Number:<br>(   ) - |
| Home or Work Address:                                                                                                                                                                                                                                    | City:                                    | State:                   | Zip Code:                    |
| 3. Name:                                                                                                                                                                                                                                                 | Dates known:<br>Month/Year to Month/Year |                          | Telephone Number:<br>(   ) - |
| Home or Work Address:                                                                                                                                                                                                                                    | City:                                    | State:                   | Zip Code:                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------|
| <b>Background Information</b> - For all questions, provide all additional required information in the space provided or on a separate piece of paper. Ensure full name and social security number is on any attachments to this application                                                                                                                                                                                                                                         |                                     |                                    |
| 14. In the last 7 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation or been on parole for any offence(s)? Include all offences where you have been found guilty, pled guilty or NOLO Contendere (No Contest). (Leave out traffic fines less than \$150.00)<br><br>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. | YES<br><br><input type="checkbox"/> | NO<br><br><input type="checkbox"/> |
| 15. Have you been convicted by the military, or have been court-martialed in the past 5 years.<br><br>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.                                                                                                                                                                                                               | YES<br><br><input type="checkbox"/> | NO<br><br><input type="checkbox"/> |
| 16. Are you now under charges for any violation of law?<br><br>If "Yes", Use Item 22 to provide the date, explanation of violation, place of occurrence, and the name of the police department or court involved.                                                                                                                                                                                                                                                                   | YES<br><br><input type="checkbox"/> | NO<br><br><input type="checkbox"/> |
| 17. During the last 7 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?<br><br>If "Yes", Use Item 22 to provide the date, an explanation of the problem, reason for leaving and the employer's name and address.                                                                                                                            | YES<br><br><input type="checkbox"/> | NO<br><br><input type="checkbox"/> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|
| <p>18. Have you <b>EVER</b> been arrested for or charged with a crime involving a child?</p> <p>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.</p>                                                                                                                                                                                                                                                   | <p>YES</p> <p><input type="checkbox"/></p> | <p>NO</p> <p><input type="checkbox"/></p> |
| <p>19. Have you <b>EVER</b> been arrested, found guilty of, or entered a plea of NOLO (No Contest) or guilty to any, crime involving a child; violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons?</p> <p>If "Yes", Use Item 22 to provide the date, an explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, the name and address of the police department or court involved.</p>                                                      | <p>Yes</p> <p><input type="checkbox"/></p> | <p>No</p> <p><input type="checkbox"/></p> |
| <p>20. In the last 7 years have you illegally used any controlled substance, for example; marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, heroin, etc.) amphetamines, depressants (barbiturates, methaqualone, tranquilizers etc.) hallucinogenic (LSD, PCP etc.) or illegally used prescription drugs?</p> <p>If "Yes" use Item 22 to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.</p> | <p>Yes</p> <p><input type="checkbox"/></p> | <p>No</p> <p><input type="checkbox"/></p> |
| <p>21. In the last 7 years have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?</p> <p>If "Yes", use Item 22 below to provide information relating to the type of substance(s), the nature of activity, and any other details relating to your involvement with illegal drugs.</p>                                                                            | <p>Yes</p> <p><input type="checkbox"/></p> | <p>No</p> <p><input type="checkbox"/></p> |
| <p>22. Use this space to provide an explanation to any questions you may have answered "YES" on this questionnaire. If need to add another sheet to the application.</p>                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                           |

### **Certification that my Answers are True**

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 begin 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 record check will be conducted and is a condition of employment. I understand that my right to obtain a copy of any criminal history report available to the Lac Courte Oreilles Ojibwe School and my rights to challenge the accuracy and completeness of any information contained in the report. The information obtained is for employment purposes only.

Applicant's Signature:

Printed Name:

Date:



## Lac Courte Oreilles Ojibwe School

### RELEASE AND AUTHORIZATION

I hereby authorize the Lac Courte Oreilles Ojibwe Tribe, 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 Ojibwe Tribe may obtain information pursuant to such investigation through personal interview with 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, social media, personal characteristics, employment history and public record information (e.g., record of: arrests, convictions, civil judgement, motor vehicle violations) as well as diplomas, degrees, licenses and transcripts may be relevant to the Lac Courte Oreilles Ojibwe Tribe's evaluation of my qualifications. I also authorize inquiry into my credit history (Credit Report) only when it is necessary concerning the duties and responsibilities of the position I am applying.

I hereby release the Lac Courte Oreilles Ojibwe Tribe 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 known by? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No: \_\_\_\_\_

Email address: \_\_\_\_\_

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) \_\_\_\_\_