

# Black Hills Special Service Cooperative

PO Box 218 Sturgis SD 57785 | 737 University Avenue Hot Springs, SD 57747 | 730 East Watertown Rapid City, SD 57701  
**Application for Employment**

## EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

“Special accommodations for application, training, or job information in alternative formats available upon request”

Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_  
Street/Box City State/Zip

Telephone Number: \_\_\_\_\_  
Home Work

Email Address: \_\_\_\_\_

If hired can you furnish proof that you are 18 years of age? \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the United States? If no, please explain. \_\_\_\_\_

\_\_\_\_\_  
(If unsure of the documents needed to prove eligibility to work in the US, we will be happy to explain the legal requirements.)

Males born after December 31, 1959 are required to register with the Selective Services. Are you registered with the Selective Services? \_\_\_ Yes \_\_\_ No

Will you accept:  
\_\_\_ Full-time Employment \_\_\_ Part-time Employment \_\_\_ Temporary Employment

Has this company ever employed you in the past? If yes, please give dates of employment, positions held, and state your name while employed, if different than present name. \_\_\_\_\_

If your application is considered favorably, on what date will you be available to work? \_\_\_\_\_

Many positions within the Black Hills Special Services Cooperative Organization require lifting of up to 50 pounds, are you able to fulfill this duty if your position requires? \_\_\_\_\_ Yes \_\_\_\_\_ No

**References:** List four personal and four professional references. Please do not list any relatives. Providing this information means that you give the organization permission to contact the references listed.

Name	Complete Address	Daytime phone and best time to contact	FAX No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Did any of your previous employers require you to regularly lift up to 50 pounds? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Which one(s) \_\_\_\_\_

**Educational History:**

School	Name & Address	Course of Study	Did you graduate?	Degree or Diploma
High School:				
Post High School:				
Other:				

Do you have all the licenses and professional certifications listed in the job announcement, job advertisement, or job description, or that are necessary to perform the job(s) for which you are applying? If no, please explain. \_\_\_\_\_

Use this space to identify any other educational experiences you have had which are *pertinent* to the position for which you applied. Include workshops, seminars, military or vocational training, etc. which are not listed above. Indicate the number of hours involved, number of weeks, and/or number of credits, etc.). \_\_\_\_\_

Have you ever been convicted of a felony, or released from prison in the past 10 years? Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered. If yes, please explain. \_\_\_\_\_

**Work History**

Begin with your current or most recent position and work backwards. List each promotion as a separate job. Include any paid or verifiable non-paid experience. Be as accurate and complete as possible, especially in describing the duties of each position. If you need additional space, attach additional sheets using the same format.

A. Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Employers Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

No. of employees you supervised: \_\_\_\_\_ Average hours worked per week \_\_ 1-10 \_\_ 11-20 \_\_ 21-30 \_\_ 31-40

Reason for Leaving: \_\_\_\_\_

Complete Description of Duties: \_\_\_\_\_

**Work History Continued:**

**B. Employer:** \_\_\_\_\_

Type of Business: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Employers Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

No. of employees you supervised: \_\_\_\_\_ Average hours worked per week \_\_ 1-10 \_\_ 11-20 \_\_ 21-30 \_\_ 31-40

Reason for Leaving: \_\_\_\_\_

Complete Description of Duties: \_\_\_\_\_

\_\_\_\_\_

**C. Employer:** \_\_\_\_\_

Type of Business: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Employers Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

No. of employees you supervised: \_\_\_\_\_ Average hours worked per week \_\_ 1-10 \_\_ 11-20 \_\_ 21-30 \_\_ 31-40

Reason for Leaving: \_\_\_\_\_

Complete Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. Employer:** \_\_\_\_\_

Type of Business: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Employers Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

No. of employees you supervised: \_\_\_\_\_ Average hours worked per week \_\_ 1-10 \_\_ 11-20 \_\_ 21-30 \_\_ 31-40

Reason for Leaving: \_\_\_\_\_

Complete Description of Duties: \_\_\_\_\_

Please answer the question below

Do you wish to claim veteran's preference? If yes, DD-214 (separation papers) must be attached. Yes  
If you are a disabled veteran, attach current VA disability certification with DD-21 (separation papers) No

State law requires residency in South Dakota to be eligible to receive veteran's preference. Yes  
Are you currently a resident of the state of South Dakota? No

**Please Read and Sign Below**

I give my consent to any pre-employment physical examination required by this company after any conditional offer of employment has been made.

If employed, I understand that my employment is for no definite period of time, and if terminated the employer is liable only for wages earned as of the date of termination.

I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I further authorize investigation of all statements I have made. Misrepresentations, falsification, or omission of facts called for in this application or in the interview process are cause for cancellation of this application or termination of employment. **Unsigned applications will not be considered.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorization for reference requests (sign below).**

I have applied with Black Hills Special Service Cooperative for employment and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the requested information concerning my employment with your organization, and hereby release you from any and all liability of damages for providing the information requested.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Black Hills Special Service Cooperative, in accordance with state and federal laws, does not discriminate on the basis of age, race, color, ancestry, national origin, creed, religion, sex, marital status, disability, or any other protected class.**

**Black Hills Special Service Cooperative recognizes that South Dakota is an employment at-will state and maintains the employment at-will status for all employees.**

**Please contact the BHSSC department advertising this position to determine if you must also complete the following form as part of your application:**

Check **ONE** box that corresponds with the facility type or Reason for this request.

- Adoption
- Before & After School Center
- Child Placement Agency
- Foster Home
- Group/Residential Facility
- Head Start Program
- Independent Living Prep Program
- In-Process Regulated Child Care
- Child Advocacy Centers
- Regulated Child Care Program
- Relative/Other Caretaker (DOC)
- Relative Placement (CPS)
- Tribal Child Welfare
- CASA
- Other: \_\_\_\_\_

(Please read instruction on back of this form before completing)

### SOUTH DAKOTA PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT

In connection with my application/approval, as a(n) \_\_\_\_\_ I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided since age 10. My signature authorizes that South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information related to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the South Dakota Department of Social Services.

**FULL Legal Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Maiden Name:** \_\_\_\_\_ **Other Names Used:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Resource #:** \_\_\_\_\_

<b>List All Prior City, State and Years lived since age 10</b> (ie., 1989-2010):	<b>Use additional blank sheet of paper if necessary</b>																																				
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**List Full Name** (First, Middle, Last Name at birth) **and Date of Birth of ALL of your children:**  
(Do not list other people's children for whom you might provide daycare)

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The Department of Social Services, it's staff and agents are released from any and all liability based upon information transmitted through this authorization, as long as such information is given in good faith.

My Signature further authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the agency listed below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Your Current Address: \_\_\_\_\_

<b>Agency Contact Person Phone Number &amp; E-mail</b>	<b>Agency Name &amp; Address</b>	<b>Provider/Agency License Number</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

N/A – DSS field office/Head Start  
 N/A – License not yet issued

### INSTRUCTIONS FOR COMPLETING PERMISSION FORM

1. Each applicant and all other required person age 10 years or older must complete and sign a Permission to Screen for Reports of Abuse or Neglect form. **Please complete in blue or black ink only on white paper.**
2. From choices listed, mark correct  box to indicate the appropriate facility/provider type.
3. List on the first blank line of this form, the type of license or registration or employment position for which you have applied (this will vary for each person). Examples are, but are not limited to:

Family Day Care applicant	Adoption Applicant	Child to Applicant	Teacher	Facility Director
Facility/Program Administrator	Foster Care Applicant	Site Assistant	Volunteer	Facility Driver
Secondary Child Care Worker	Spouse of Applicant	Site Coordinator	Facility Cook	GFDC Operator
Other household member	Youth Care worker			

4. PRINT your full name on the appropriate line. This would be your current legal first, middle, and last name. The listing of your date of birth must include the month, day and year you were born.
5. List your maiden name on the appropriate line. If this section does not apply to you, write N/A (meaning not applicable) in this area.
6. List any other names you have used on the appropriate line. Examples of such name would be nicknames; any abbreviated versions of your full name (i.e., William/Bob or Edward/Ed); previously married names; a birth name; or any other names that have been used.
7. List your social security number, sex and your race and resource# if applicable.
8. List all cities, states, and the years you lived there from age 10 to present on the appropriate lines. If you need additional space, please use another blank sheet of paper and be sure to include your first and last name.
9. List the full name (first, middle, last name at birth) and date of birth for **all of your own children** (even if the children are adults, deceased or do not live with you). Do **not** list the names of other people's children for whom you provide care (i.e., daycare children, children in foster care, children not yet born).
10. **SIGN your name** at the bottom of the form. If the screening is for a person under 18 years of age, this person's parent or legal guardian must sign the form. **Include** your current full mailing address at the bottom of the form.
11. Complete the Agency Information by listing the agency's name as it appears on their license, agency complete mailing address and telephone number, and the agency's license number as it appears on their license. If the agency has applied for a licensed but has not yet received its beginning license, mark where indicated.
12. Return your completed permission form to the appropriate agency.

If any information is found that would prohibit the issuance of a child welfare license or registration or prohibit employment with a licensed or registered child welfare agency, the individual will be notified of the screening results and be informed of their right to request a hearing on the matter if they have not received previous notice. Once proper notification has been accomplished, the Department will notify the licensed or registered agency of the screening results.

**FAILURE TO LIST ALL INFORMATION OR COMPLETE ALL QUESTIONS WILL DELAY THE SCREENING PROCESS.**

## SEX OFFENDER REGISTRY CHECK

South Dakota Codified Law 26-6-14.10 26-6-14.11 do not allow an individual whose name appears on the sex offender registry to work, provide care, or reside in a child welfare agency. In order to assure compliance with this requirement, all licensed child welfare agencies or registered child care providers must determine if an applicant or resident's name is listed on the Sex Offender Registry. The Registry check is performed prior to the individual having contact with children in the agency or home. This form may provide documentation of the Registry check.

The Sex Offender Registry is located on the internet at <https://sor.sd.gov/> or the information may be obtained from the local sheriff or police department.

**Name of Individual:** \_\_\_\_\_

**Other names used by Individual:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### FOR OFFICE USE ONLY:

Name and Title of Person checking the Sex Offender Registry:

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

Results of the Sex Offender Registry Check:

Name appeared on the Sex Offender Registry

Name did not appear on the Sex Offender Registry

Date of check: \_\_\_\_\_

Signature of person completing check: \_\_\_\_\_

*NOTE: File this form in the individual's personnel or family licensing record.*