

American Horse School
PO Box 660
Allen, South Dakota 57714

Phone: (605) 455-1209

Fax: (605) 455-2249
(605) 455-1045

In compliance with Federal, State and Tribal Equal Employment Laws; qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status or the presence of non-job related medical conditions or handicap.

Date of application: _____ Position Applied for: _____
Name: _____ Social Security Number: _____
Address: _____
Phone: _____

Are you known by any other name? Yes No If yes by what name? _____

Have you filed an application or been employed at American Horse School? Yes No

If Yes name the position _____

How did you learn of this job opening? _____

Do you need housing if selected for this position? Yes No

Do you claim Indian Preference in employment? Yes No If yes what tribe? _____

**Please submit enrollment document*

Do you claim Veterans preference in employment? Yes No If yes dates of duty: From _____ To _____

What was your branch of military services? _____ **Please submit copy of discharge papers*

Do you wish to work Full time Part time

Specify what days and hours you will be available for work:

Monday	Tuesday	Wednesday	Thursday	Friday
Full Time:	Full Time:	Full Time:	Full Time:	Full Time:
Part Time:	Part Time:	Part Time:	Part Time:	Part Time:

Have you ever been convicted of a felony? Yes No If yes include date: _____



Employment Experience

List all previous employment start with your present or most recent employer. Include military service and volunteer activities.

1. Employer: _____ Address: _____
Job Title: _____ Supervisor: _____
Starting Date: _____ Ending Date: _____
Work Duties Performed: _____
Reason for leaving: _____

2. Employer: _____ Address: _____
Job Title: _____ Supervisor: _____
Starting Date: _____ Ending Date: _____
Work Duties Performed: _____
Reason for leaving: _____

3. Employer: _____ Address: _____
Job Title: _____ Supervisor: _____
Starting Date: _____ Ending Date: _____
Work Duties Performed: _____
Reason for leaving: _____

4. Employer: _____ Address: _____
Job Title: _____ Supervisor: _____
Starting Date: _____ Ending Date: _____
Work Duties Performed: _____
Reason for leaving: _____

5. Employer: _____ Address: _____
Job Title: _____ Supervisor: _____
Starting Date: _____ Ending Date: _____
Work Duties Performed: _____
Reason for leaving: _____

Please summarize special skills and qualifications that you have acquired from employment or other experience, such as typing, filling, auto mechanics, gardening, etc., that are pertinent to this position:

What special skills or qualifications do you have that would make you a good candidate for this position?

What would you like to pursue as a lifetime goal or occupation?

Why do you wish to work at American Horse School?

Educational Experience

School	Name & Address	Years or Credit Hours Completed	Graduated	Type of Degree or Certificate	Last Year Attended
Elementary			Yes () No ()		
High School			Yes () No ()		
College			Yes () No ()		
College			Yes () No ()		
Graduate			Yes () No ()		
Business/Trade			Yes () No ()		
Other			Yes () No ()		

** Attach a copy of transcripts or credit hours completed from all colleges attended.

Do you speak, read, or write Lakota? _____ Yes _____ No If yes, check below:

Speak: _____ Well _____ Fair _____ Poorly
 Read: _____ Well _____ Fair _____ Poorly
 Write: _____ Well _____ Fair _____ Poorly

Do you speak, read, or write English? _____ Yes _____ No If yes, check below:

Speak: _____ Well _____ Fair _____ Poorly
 Read: _____ Well _____ Fair _____ Poorly
 Write: _____ Well _____ Fair _____ Poorly

List three (3) personal references (relatives included):

Reference Name	Position	Employer	Phone Number
1.			
2.			
3.			

Please have references listed above or former employers provide recommendations and return to the school with your application. (three (3) are required)

In case of emergency, notify:

Name: _____

Address: _____

Phone: _____

AGREEMENT

I here certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, school or persons, from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

Interviewed? _____ Yes _____ No

If yes, date: _____ Time: _____

Interviewed by: _____

Interview Notes: _____

Recommend Employment: _____ Yes _____ No Grade/Step: _____ Starting Wage: _____

List trade, professional or community organizations of which you are a mentor, including offices held:

