

EMPLOYMENT APPLICATION

PO Box 5074

Pine Ridge, SD 57770

www.oglahealth.org

Position you are applying for: _____

PERSONAL INFORMATION I

Last Name		First Name		Middle
Address		City	State	Zip
Home Phone	Work Phone		Cell Phone	
Primary Email			Alternative Email	
Date of birth (##/##/####)				
Social Security Number				

PERSONAL INFORMATION II

Date available to start work:	How frequently are you willing to travel for work?
	<input type="checkbox"/> Not at all <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
Are you a U.S. citizen?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's?	Do you have vehicle insurance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been convicted of a felony
	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please attach an explanation)
If selected for employment are you willing to submit to a pre-employment drug screening?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about this employment opportunity?	
<input type="checkbox"/> Word of Mouth <input type="checkbox"/> OL-DBH Website <input type="checkbox"/> Employment Service <input type="checkbox"/> Printed Ad <input type="checkbox"/> Radio Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Other _____	

EDUCATION – Core Education

School Name	Location	Major	Degree	Date completed

EDUCATION – Continuing Education

School Name	Location	Major	Degree	Date completed

SPECIALIZED SKILLS AND CERTIFICATIONS

Please list relevant certifications, specialized training, and professional licenses	Date obtained
Please list relevant skills (computer software, research specialization, professional membership)	
Please list honors, awards, fellowships, board membership, professional organizations	Date received

PROFESSIONAL REFERENCES

Name	Position	Agency	Phone
1.			
2.			
3.			

Please list three professional references that have knowledge of your qualification and skills. **Do not** list family members even if they are extended relatives.

PERSONAL REFERENCES

Name	Position	Agency	Phone
1.			
2.			

Please list two personal references that you have known for five or more years that have knowledge regarding your personal character. **Do not** list family members even if they are extended relatives.

EMPLOYMENT I	
Employer	Dates Employed
Address	Phone
Position	Ending Salary
Supervisor's Name	Supervisor's Title
Reason for leaving	May we contact them?
	[] Yes [] No

EMPLOYMENT II	
Employer	Dates Employed
Address	Phone
Position	Ending Salary
Supervisor's Name	Supervisor's Title
Reason for leaving	May we contact them?
	[] Yes [] No

EMPLOYMENT III	
Employer	Dates Employed
Address	Phone
Position	Ending Salary
Supervisor's Name	Supervisor's Title
Reason for leaving	May we contact them?
	[] Yes [] No

ACKNOWLEDGEMENT AND AUTHORIZATION

Please read the following statements carefully. If you are in agreement with these statements please initial the box to the left of each statement and sign your application

	I certify that all answers given herein are true and complete to the best of my knowledge.
	I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
	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

THE OGLALA LAKOTA DIVISION OF BEHAVIORAL HEALTH DOES NOT DISCRIMINATE ON THE BASIS OF RACE, ETHNICITY, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, PHYSICAL HANDICAP OR MARITAL STATUS.

Completed applications can be mailed to the address listed below or uploaded to our website. It is the applicant's responsibility to ensure that his/her application is received by OL-DBH by the closing date. Additional applications can be downloaded from www.oglahealth.org. Please visit our website for additional contact information if you have any questions regarding the application process or to review the status of your application.

Oglala Lakota Division of Behavioral Health

Attn: Human Resources

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