



Employment and Direct Care Volunteer Application Process

Following an interview and a conditional/tentative employment offer or volunteer service offer, you will:

1. Complete an application as soon as possible – The forms in the application are used to complete background and reference checks, so please make sure all forms are completely and clearly filled out (current phone number and e-mail address, signatures, dates, etc.). You can return the application to the administration building at the Ranch during business hours (8:00-4:30 Monday-Friday) or e-mail it to julie.wright@mccrossan.org or fax it to (605) 339-3144.
2. Provide three professional references prior to your start date – They cannot be related to you, and they cannot just be a friend. They must be a current or former co-worker or supervisor, pastor, spiritual advisor, teacher, etc. You will also receive an e-mail with the signed professional reference form attached (page 10 of this application). Please have your references complete it and e-mail it to julie.wright@mccrossan.org or fax it to (605) 339-3144. You may also have your references call McCrossan Boys Ranch at (605) 339-1203 and we will complete the reference check over the phone. We will keep you updated as we receive references.
3. Complete a pre-employment physical (direct care staff only) and drug test (all staff) prior to your start date - Call Avera Occupational Medicine at 2100 S. Marion Rd. in Sioux Falls at (605) 322-5100 opt. 1 and tell them you need to complete a pre-employment physical (direct care staff only) and drug test (all staff) for McCrossan Boys Ranch. McCrossan Boys Ranch will pay for the physical and drug test. You will need to take a copy of your job description to your appointment for the pre-employment physical. You will receive an e-mail with a copy of the job description attached.
4. Provide proof of education (high school diploma, GED certificate, or college diploma or transcript for the highest level of education completed) prior to or on start date – You can bring it in, and we can make a copy or you can e-mail it to julie.wright@mccrossan.org or fax it to (605) 339-3144.
5. Provide two documents required for employment prior to or on start date – You will receive an e-mail with a list of the documents that will meet this requirement (i.e. driver's license, social security card, birth certificate, etc.)
6. Bring a voided check or a form from your bank with your routing number and account number for direct deposit payroll on your start date.

If any of the above items are not provided or completed, the offer may be withdrawn or employment may be terminated.

Failure to pass background checks and the pre-employment physical (if required) and drug test will result in the offer being withdrawn or employment being terminated.

If you have any questions, please call McCrossan Boys Ranch at (605) 339-1203.



APPLICATION FOR EMPLOYMENT OR DIRECT CARE VOLUNTEER SERVICE

PERSONAL

Name _____ Home Phone _____ Cell Phone _____

Current Address _____

Permanent Address _____

E-mail Address _____ Position applied for _____

Have you ever been convicted of a misdemeanor or a felony – including DUI's? ____yes ____no

If so, when, where and what was the disposition _____

Do you have a valid driver's license? ____yes ____no

Have you ever engaged in sexual abuse or sexually harassed a client in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? ____yes ____no

Have you ever been convicted of or civilly or administratively adjudicated of sexually harassing someone or engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ____yes ____no

EDUCATION

Did you graduate from high school or complete an equivalent level of education? ____yes ____no

Name of High School or Institution Granting Diploma or Equivalent _____

Location of High School or Institution Granting Diploma or Equivalent (City & State) _____

College/Technical School (list all attended)

Name & Location (city & state) of Institution	Did you complete a degree from this institution?	Degree and Major & Minor (i.e. BA in Sociology, Minor in Psychology) if applicable
	Yes No	
	Yes No	
	Yes No	

Other Formal Training _____

What skills/experience do you have that will help you in the position for which you are applying?

Please write a summary in the space below describing why you want a job or a volunteer position at McCrossan Boys Ranch.

RELATED EXPERIENCE (Please list all human services facilities/institutions, schools, and child care facilities that you presently work at or have ever worked at in the past.)

If you are currently employed, list your present employer and reason for wanting to change employment. Please attach additional pages if needed.

1. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

2. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

3. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

4. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

OTHER EXPERIENCE (Please list all other current and previous employers during the last five years including civil service and military.)

If you are currently employed, list your present employer and reason for wanting to change employment. Please attach additional pages if needed.

1. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

2. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

3. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

4. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

I am currently employed and need to give a notice before McCrossan Boys Ranch contacts my current employer to verify employment.

_____ **yes** _____ **no**

PROFESSIONAL REFERENCES

Please contact three professional references prior to your start date. They cannot be related to you, and they cannot just be a friend. They must be a current or former co-worker or supervisor, pastor, spiritual advisor, teacher, etc. You will also receive an e-mail with the signed professional reference form attached (page 10 of this application). Please have your references complete it and e-mail it to julie.wright@mccrossan.org or fax it to (605) 339-3144. You may also have your references call McCrossan Boys Ranch at (605) 339-1203 and we will complete the reference check over the phone. We will keep you updated as we receive references.

The information submitted in the above application is true and complete to the best of my knowledge. I understand that, if employed or if given a volunteer position, false statements on this application shall be considered sufficient cause for dismissal. I also acknowledge that signing this application does not create a contract of employment or volunteer service between me and McCrossan Boys Ranch. I acknowledge that my employment or volunteer service at McCrossan Boys Ranch is on an "at-will" basis and is for no definite period and may be terminated at any time with or without cause, and with or without notice by me or McCrossan Boys Ranch.

Signature of Applicant

Date

"McCrossan Boys Ranch: Providing New Hope For a Better Life"
LICENSED BY THE SOUTH DAKOTA STATE DEPARTMENT OF SOCIAL SERVICES

DECLARATION OF PRIOR CRIMINAL CONVICTION AND MILITARY HISTORY

As required by SDCL 26-6-14.5 for employment, residence or presence in a child welfare agency, this declaration must be completed and retained in the employee/provider/volunteer file. For adoptive and foster homes approved/licensed by DSS, a copy of the form should be submitted with FBI fingerprint cards to the Office of Child Protection Services, 700 Governors Drive, Pierre, SD 57501-2291.

Reason for Criminal Record Check

N/A Applicant or Adult Household Member for Adoption Foster Care Kinship Care
 Or Applicant or Volunteer in Licensed Child Welfare Agency

The following comprises a complete history of prior criminal convictions and military history for:

Name: _____

Soc Sec #: _____ Birthdate: _____

Crime Convicted Of	Date of Conviction	Sentence or Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Branch of Service	Dates of Service	Type of Discharge
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby declare and affirm under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief. I understand my fingerprints are being submitted for criminal record checks for the purpose of, adoption or kinship care approval, foster home licensure, household member in a licensed or approved resource home, or for employment or a volunteer in a licensed child welfare agency. I have been informed I may review my criminal history record information or challenge the finding of an FBI criminal record check by contacting the local jurisdiction that submitted the information to the FBI or by writing to FBI CJIS Division – Record Request (Use “FBI CJIS Division – Correspondence Group” for challenge); 1000 Custer Hollow Road; Clarksburg, West Virginia 26306 as outlined in 28 CFR 16.34.

Signed this _____ day of _____, 20____

Agency Return Address

_____ (Signature)	DSS – Division of Child Protection; Nicole LeBeau P.A.- I (Agency & Contact Person Name)
_____ Street Address and/or PO Box Number	700 Governors Drive Street Address and/or PO Box Number
_____ City State Zip	Pierre SD 57501 City State Zip

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.

FULL Legal Name: Date of Birth:

Maiden Name: Other Names Used:

Social Security #: Sex: Race: Resource #:

Table with 2 columns: List All Prior City, State and Years lived since age 10; Use additional blank sheet of paper if necessary. Columns include City, State, Date.

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)

Table with 2 columns for child information. Columns include First, Middle, Last, and DOB(MM/DD/YY).

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:

Agency Contact Person Phone Number & E-mail, Agency Name & Address, Provider/Agency License Number. Includes Julie Wright, McCrossan Boys Ranch, 47135 260th Street, Sioux Falls, SD 57107.

Enrollment or Degree/Diploma Verification Request Form

Full Legal Name: _____

Maiden Name (if applicable): _____

Other Names Used: _____

Date of Birth: _____

Social Security #: _____

Please send, e-mail, or fax my enrollment or degree/diploma verification to:

McCossan Boys Ranch
47135 260th Street
Sioux Falls, SD 57107-6428
Phone: (605) 339-1203+
E-mail: julie.wright@mccrossan.org
Fax: (605) 339-3144

By signing this form, I authorize the release of my enrollment or degree/diploma information to the company listed above for the purpose of employment.

Signature: _____ Date: _____

McCrossan Boys Ranch Business Reference

TO BE COMPLETED BY APPLICANT

I hereby grant permission for the requested information listed below to be released to McCrossan Boys Ranch for purposes of employment as required by Sections 67:42:07:07 of South Dakota Administrative Rules. I understand this information will never be shared with me, but will be kept in confidence between the two agencies/employers. I hereby waive any privilege or any other provision of law or regulation, which could otherwise prevent disclosure of the information as to which permission for release is hereby granted.

Applicant Signature _____ Date _____

Printed Name _____

TO BE COMPLETED BY FORMER EMPLOYER

Company Name _____ Name & Title of Person Providing Information _____

Employed from _____ to _____ as _____

Duties _____

Reason for leaving _____

Is he/she eligible for rehire? _____ Yes _____ No If no, why? _____

Summary of Performance	Superior	Good	Average	Poor	No Opinion
Attendance/Dependability					
Ability to be a team player					
Adaptability					
Timeliness of paperwork					
Use of supervision					
Communication skills-written/oral					
Trustworthiness					
Work attitude					
Job knowledge					
Overall job performance					

Remarks/Comments:

Signature/Title _____ Date _____

E-mail or fax completed form to:
McCrossan Boys Ranch
 E-mail: julie.wright@mccrossan.org
 Fax: (605) 339-3144

OR
 Call (605) 339-1203 to provide a reference or employment verification over the phone.

OFFICE USE ONLY

McCrossan Staff Signature (if information provided over the phone) _____ Date _____

McCrossan Boys Ranch Professional Reference

TO BE COMPLETED BY APPLICANT

I hereby grant permission for the requested information listed below to be released to McCrossan Boys Ranch for purposes of employment as required by Sections 67:42:07:07 of South Dakota Administrative Rules. I understand this information will never be shared with me, but will be kept in confidence between parties. I hereby waive any privilege or any other provision of law or regulation, which could otherwise prevent disclosure of the information as to which permission for release is hereby granted.

Applicant Signature _____

Date _____

Printed Name _____

TO BE COMPLETED BY PERSON SUPPLYING REFERENCE

Name _____

Phone _____

Relationship to applicant (cannot be related to the applicant and must be something other than just a friend i.e. coworker, supervisor, teacher, pastor, spiritual advisor, etc.) _____

How long have you known the applicant? _____

Describe the applicant's character and competence _____

Is there any reason you would not recommend this person to work with youth? _____

Summary	Superior	Good	Average	Poor	No Opinion
Dependability					
Adaptability					
Communication Skills					
Trustworthiness					

Remarks/Comments:

Signature _____

Date _____

E-mail or fax completed form to:

McCrossan Boys Ranch

E-mail: julie.wright@mccrossan.org

Fax: (605) 339-3144

OR

Call (605) 339-1203 to provide a reference over the phone.

OFFICE USE ONLY

McCrossan Staff Signature (if information provided over the phone) _____

Date _____

McCrossan Boys Ranch Prison Rape Elimination Act (PREA) Information Request

TO BE COMPLETED BY APPLICANT

I hereby grant permission for the requested information listed below to be released to McCrossan Boys Ranch for purposes of employment as required by the Prison Rape Elimination Act (115.317 c3). I hereby waive any privilege or any other provision of law or regulation, which could otherwise prevent disclosure of the information as to which permission for release is hereby granted.

Applicant Signature _____

Date _____

Printed Name _____

TO BE COMPLETED BY PERSON SUPPLYING REFERENCE

Institution/Facility Name _____

Dates of Employment _____ Job Title _____

Pursuant to the Prison Rape Elimination Act (115.317 c3), answers to the following questions are sought in regard to the above named former or current employee of your institution/facility who is now seeking employment at our institution/facility:

1. Were there any substantiated allegations of sexual abuse against this person while employed at your institution? Yes No
If yes, please explain:

2. Did this person resign during a pending investigation of an allegation of sexual abuse? Yes No
If yes, please explain:

Signature of Person Completing Form _____ Date _____

Printed Name of Person Completing Form _____

Title of Person Completing Form _____ Phone Number _____

Thank you for answering these questions to the best of your knowledge and returning this form ASAP.

E-mail or fax completed form to:

McCrossan Boys Ranch

E-mail: julie.wright@mccrossan.org

Fax: (605) 339-3144

OR

Call (605) 339-1203 to provide information over the phone.

Affirmative Action Voluntary Information

Completion of this form is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with the applicable laws and regulations.

Please print.

Position (s) applied for _____ Date ____/____/____

Referral Source

Walk-in Government Employment Agency Private Employment Agency
 Employee Relative School
 Advertisement – Source _____

Name of person who referred you (if applicable) _____

APPLICANT INFORMATION

Name _____ Telephone # (____) _____
Last First Middle

Address _____
Street City State Zip Code

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

American Indian/Alaskan Native Hispanic/Latino (white race only) Black/African American
 Native Hawaiian/Other Pacific Islander Hispanic/Latino (all other races) White Asian

For Administrative Use Only

Position (s) applied for Available Not Available Other

Other positions considered for _____

Hired: Yes No

Position hired for _____ Date of Hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

Officials and Managers Sales Workers Operatives (semi-skilled)
 Professionals Office and Clerical Workers Laborers (unskilled)
 Technicians Craft Workers (skilled) Service Workers

Notes _____

Completed by _____ Date ____/____/____

ANNUAL ASBESTOS NOTIFICATION TO PARENTS, STUDENTS, AND EMPLOYEES OF THE MCCROSSAN BOYS RANCH SCHOOL/SCHOOL DISTRICT

(Required by the Asbestos-Containing Materials in Schools Rule 763.84 (c) and 763.93 (g) (4))

Asbestos is a naturally-occurring fibrous mineral which, until about 1980, was commonly used in building construction. Asbestos will not burn, is an excellent insulator, has great tensile strength, is resistant to chemicals, is a nonconductor of electricity, and absorbs sound. Examples of *asbestos-containing building material (ACBM)* are vinyl floor tile, sprayed on acoustical ceiling material, pipe and boiler insulation, and roofing felt. As ACBM deteriorates over time, or is disturbed by maintenance, renovation, or demolition activities, it may become *friable*, i.e. it is capable of being reduced to powder by hand pressure. When ACBM becomes *friable*, asbestos fibers are released into the air. Inhalation of these airborne, microscopic asbestos fibers has been proven to cause such fatal diseases as lung cancer, mesothelioma (cancer of the lining of the lung or abdominal cavity), and asbestosis (scarring of lung tissues). Uncontrolled asbestos contamination in buildings has been, and remains, a significant environmental and public health issue. In 1986, Congress enacted the *Asbestos Hazard Emergency Response Act (AHERA)* to require public and private, secondary and elementary schools to identify ACBM in their school buildings and take appropriate actions to control the release of asbestos fibers. In 1987, the US Environmental Protection Agency finalized a regulatory program which enforces the AHERA mandate. These regulations are incorporated within the *Asbestos-Containing Materials in Schools Rule* (40 C.F.R. Part 763, Subpart E).

In compliance with the *Asbestos-Containing Materials in Schools Rule*, the McCrossan Boys Ranch School/School District had all campus buildings inspected by an asbestos inspector, accredited by the State of South Dakota. During that inspection, areas of suspect ACBM were identified outside of the school building. The type, condition and location of this ACBM was noted. Samples were taken of some or all of the suspect ACBM. Laboratory analysis of these samples confirmed the presence or absence of ACBM. Suspect ACBM not sampled and analyzed were assumed to contain asbestos. Confirmed and/or assumed ACBM currently remain in the mastic behind baseboards in cottages and on the outside of the ceiling of the chapel.

Upon confirmation of the presence of ACBM, an Asbestos Management Plan was developed for each of the campus buildings in the School/School District by an asbestos management planner, accredited by the State of South Dakota. *The Asbestos Management Plan includes a description of the measures currently being taken to ensure that the ACBM remaining in buildings on our campus is maintained in a condition that will not pose a threat to the health of our students and employees.* The Plan describes past response actions taken to abate ACBM, as well as response actions planned for the future. The Asbestos Management Plan provides information on the periodic monitoring of the condition of ACBM remaining on our campus through triennial reinspections, conducted by accredited asbestos inspectors, and through semiannual surveillance, conducted by trained ranch maintenance staff.

A copy of the Asbestos Management Plan is available for your review in the administrative office during regular business hours. Bill Kraemer is the designated Asbestos Program Coordinator for the School/School District. Please direct all inquiries regarding the Asbestos Management Plan to him by telephone at 605-339-1203.