

Circle of Life Academy
32533 Mission Road, White Earth, MN 56591
APPLICATION FOR EMPLOYMENT

In compliance with Federal and Tribal equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, marital status, or the presence of non job-related medical conditions or handicap. Indian Preference in employment is considered by the Circle of Life Academy School Board.

POSITION APPLIED FOR: _____ DATE OF APPLICATION: _____

NAME: _____ SOCIAL SECURITY NO: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 STREET P.O. BOX CITY STATE ZIP CODE

TELEPHONE: (HOME) _____ (WORK) _____ (CELL) _____

EMAIL ADDRESS: _____

ARE YOU KNOWN BY ANOTHER NAME TO SCHOOLS AND REFERENCES? YES NO
IF YES, BY WHAT NAME? _____

WERE YOU PREVIOUSLY EMPLOYED AT THE CIRCLE OF LIFE ACADEMY?
 YES NO IF YES, DATES OF EMPLOYMENT AND POSITION HELD _____

HOW DID YOU LEARN OF THIS POSITION? _____

DO YOU WISH TO WORK: FULL-TIME PART-TIME IF PART-TIME: HOURS: FROM _____ TO _____

IF EMPLOYED, WHEN WILL YOU BE AVAILABLE TO WORK? _____

ARE YOU CLAIMING INDIAN PREFERENCE? YES NO If yes, submit documentation.

ARE YOU CLAIMING VETERANS PREFERENCE? YES NO If yes, submit DD214.

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR INVOLVING CRIMES OF VIOLENCE; SEXUAL ASSAULT, MOLESTATION, EXPLOITATION, CONTACT OR PROSTITUTION; CRIMES AGAINST PERSONS; OR OFFENSES COMMITTED AGAINST CHILDREN? YES NO
IF YES, PLEASE EXPLAIN _____

ARE YOU CURRENTLY ON PROBATION OR PAROLE OR RECENTLY RELEASED FROM PRISON?
 YES NO IF YES, PLEASE EXPLAIN _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL ADDRESS _____

GRADUATED: YES NO GED YEAR: _____

COLLEGE OR UNIVERSITY* / ADDRESS MAJOR DEGREE/YR NO. CREDITS

TRADE SCHOOL*/OTHER*/ADDRESS FIELD GRADUATED: YES NO YEAR: _____

***To complete application, transcripts must accompany the application form.**

EMPLOYMENT EXPERIENCE

Please complete the following information for each job that you have held, starting with your present or most recent job. It is very important that you complete all information requested in order for Circle of Life Academy to be able to properly assess your job experience. For administration or contract positions list 10 years previous employment. Attach additional sheets, if necessary. Resume may be attached.

NAME OF EMPLOYER: _____ SUPERVISOR: _____
 ADDRESS: _____ TELEPHONE: _____
 JOB TITLE: _____ SALARY: _____
 STARTING DATE: _____ ENDING DATE: _____ REASON FOR LEAVING: _____
 DESCRIBE DUTIES:

NAME OF EMPLOYER: _____ SUPERVISOR: _____
 ADDRESS: _____ TELEPHONE: _____
 JOB TITLE: _____ SALARY: _____
 STARTING DATE: _____ ENDING DATE: _____ REASON FOR LEAVING: _____
 DESCRIBE DUTIES:

NAME OF EMPLOYER: _____ SUPERVISOR: _____
 ADDRESS: _____ TELEPHONE: _____
 JOB TITLE: _____ SALARY: _____
 STARTING DATE: _____ ENDING DATE: _____ REASON FOR LEAVING: _____
 DESCRIBE DUTIES:

REFERENCES

NAME:	OCCUPATION/TITLE:	ADDRESS:	TELEPHONE:	YRS. KNOW:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

***Three letters of reference are required to be submitted with this application.**

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge and hereby authorize designated Circle of Life Academy staff to conduct follow-up consultation regarding my previous employment and other information as may be necessary in arriving at an employment decision. I authorize a criminal records background check and fingerprinting. I also understand that if employed I will be subject to drug testing. I hereby release the Circle of Life Academy and their designated staff from all liability for other employers' or individuals' responses to inquiries in connection with this application for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. **APPLICATION PROCESS: SUBMIT COMPLETED APPLICATION WITH REQUIRED DOCUMENTATION (TRANSCRIPTS, THREE (3) LETTERS OF REFERENCE, DEGREE OF INDIAN BLOOD; if claiming Indian Preference) MAIL TO: Circle of Life Academy, Human Resource Office, 32533 Mission Road, White Earth, MN 56591.**

Applicant Signature

Date



Circle of Life Academy
 Information contained in this questionnaire is for official use only.
Questionnaire/Application for a Child Care Position

Notice to Applicant: The Indian Child Protection and Family Violence Prevention Act Public Law 101-630 and the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment.

1. Full Name				2. Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
3. Other Names Used - Maiden name, from a former marriage, alias(s), or nickname(s).				4. Your Telephone No.		
				()		
5. Place of Birth			6. Social Security Number			
City	County		State			
7. 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 in your list For administration and contract positions list 10 years residence						
Month/Year 1) To	Street Address		City		State	Zip Code
Month/Year 2) To	Street Address		City		State	Zip Code
Month/Year 3) To	Street Address		City		State	Zip Code
Month/Year 4) To	Street Address		City		State	Zip Code
8. Residence on an Indian Reservation - List any Indian Reservations in which you have lived or worked in the last 10 years.						
9. Education - List the schools you have attended, beginning with the most recent and working back 10 years. Use item 18, if more space is needed.						
Month/Year To	Name of School			Degree/Diploma/Other		Month/Year Awarded
Street Address and City of School					State	Zip Code
10. Employment - List your employment activities, beginning with the present and working back 5 years. The 5 year period must be accounted for without breaks. For administration or contract positions list 10 years. For periods of unemployment, list dates and "unemployed" or "attending school."						
Month/Year 1) To	Employer Name			Position Title		
Employer Street Address			City		State	Zip Code
Supervisor's Name	Telephone Number ()		Other Employer Reference		Telephone Number ()	
Reason You Left						

Information contained in this questionnaire is for official use only.

Application Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
Employment Continued -				
Month/Year 2) To	Month/Year	Employer Name	Position Title	
Employer Street Address			City	State Zip Code
Supervisor's Name	Telephone Number ()	Other Employer Reference	Telephone Number ()	
Reason You Left				

Month/Year 3) To	Month/Year	Employer Name	Position Title	
Employer Street Address			City	State Zip Code
Supervisor's Name	Telephone Number ()	Other Employer Reference	Telephone Number ()	
Reason You Left				

Month/Year 4) To	Month/Year	Employer Name	Position Title	
Employer Street Address			City	State Zip Code
Supervisor's Name	Telephone Number ()	Other Employer Reference	Telephone Number ()	
Reason You Left				

Month/Year 5) To	Month/Year	Employer Name	Position Title	
Employer Street Address			City	State Zip Code
Supervisor's Name	Telephone Number ()	Other Employer Reference	Telephone Number ()	
Reason You Left				

Drivers License Number	State
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Application Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
11. Personal references - List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Try not to list relatives or anyone who is listed elsewhere else on this application.				
1. Name	Dates Known Month/Year Month/Year To		Telephone Number Day () Night ()	
Home or Work Address	City	State	Zip Code	
1. Name	Dates Known Month/Year Month/Year To		Telephone Number Day () Night ()	
Home or Work Address	City	State	Zip Code	
1. Name	Dates Known Month/Year Month/Year To		Telephone Number Day () Night ()	
Home or Work Address	City	State	Zip Code	

Background Information - For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.		
<p>12. In the last 5 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$15.00).</p> <p>If "YES", use item 20 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>13. Have you been convicted by a military court-martial in the past 5 years?</p> <p>If "YES", use item 20 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>14. Are you now under charges for any violation of law?</p> <p>If "YES", use item 20 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>15. During the last 5 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 jobs by mutual agreement because of specific problems?</p> <p>If "YES", use item 20 to provide the date, explanation of the problem, reason for leaving, and the employer's name and address.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>16. Have you ever been arrested for or charged with a crime involving a child?</p> <p>If "YES", use item 20 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>



**Circle of Life Academy
Authorization for Release of Information**

Information contained in this questionnaire is for official use only.

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Circle of Life Academy, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me from the reporting agency.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by Circle of Life Academy only for the purposes of determining my suitability for employment with the Circle of Life Academy.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Circle of Life Academy, whichever is sooner.

Signature	Printed Name	Date Signed
Other Names Used	Date of Birth	Social Security Number
Current Address	City/State	Zip Code
Contact Number		

Please Print and sign application then mail to Circle of Life Academy, Human Resource Office, 32533 Mission Road, White Earth, MN 56591 or email to HR@col.pvt.k12.mn.us.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page

REFERENCE QUESTIONNAIRE

Circle Life of Academy

The named candidate is applying for a position at the Circle of Life Academy (COLA) and has listed you as a reference. As a part of the application process and BIE requirement, we are required to have the candidate return this form back to us with the application. Please answer the questions below to the best of your knowledge.

Candidate Name: _____

Reference Name: _____

How long have you known the candidate? _____

What can you tell me about the candidate's personality? _____

What can you tell me about the candidate's work ethic? _____

How reliable is the candidate? _____

What can you tell me about the candidate's ability to get along with peers & supervisors? _____

What are the candidate's strengths? _____

What are the candidate's weaknesses? _____

What is your relationship with the candidate? _____

What else can you tell me about the candidate that would be beneficial to their application process?

Signature of reference: _____

Date: _____

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