

**PROCEDURES FOR COMPLETING  
HEAD START  
JOB APPLICATION FORMS**

The Cheyenne River Head Start Program has specific guidelines that must be followed when accepting job applications from the public:

- (1)** All persons seeking employment with the Head Start Program must complete a Cheyenne River Sioux Tribe Head Start job application form. The form includes Specific areas for: **(1)** History of having a child enrolled in the Head Start Program; **(2)** Volunteer hours/donation to the program; **(3)** Special talents, training and/or skills, etc. if a position calls for specific qualifications, the applicant must have written attachments with the application form. Documentation includes: **(a)** High School Diploma or GED Certificate; **(b)** Copy of college transcripts; **(c)** special workshops, training, vo-tech certificates; **(d)** Volunteer awards(s) with hours attached by a Head Start staff member. All applications must be submitted with a minimum of three (3) written references to be considered for the position. **(e)** Indian Preference Form (BIA Form 4432) **(f)** Form DD214 to receive points for Veterans Preference (Honorable or Under Honorable Conditions Only)

**ANY APPLICATIONS THAT ARE INCOMPLETE BY THE DATE THAT THE POSITION CLOSES WILL NOT BE CONSIDERED FOR THAT POSITION.**

- (2)** All job applications shall be screened for **(a)** Alcohol/Substance Abuse; **(b)** Arrests and/or convictions or crimes; **(c)** Suspected or proven charges of child abuse/neglect, molestation and/or abandonment, and **(d)** Character reputation. Applicants with a history in any of the items listed above shall be automatically ineligible for employment with the program. In the event that these problem areas are not discovered at the time of the screening and the applicant is hired, should information surface on the above areas, the person shall be dismissed for "cause." Falsifying application forms or lying during the interview process shall also be cause for immediate dismissal.
- (3)** Screened applications shall be given points for: **(a)** Head Start parent involvement and volunteer hours per center; **(b)** documentation for qualification per job category; **(c)** three written reference letters; **(d)** experience and job history; **(e)** special qualification, skills and talents appropriate per job category, **(f)** results of the written and oral interview; **(g)** education, training, etc., pertinent to the job; **(h)** locality and Indian Preference; **(i)** Indian Preference Form (BIA Form 4432) **(j)** Form DD214 to receive points for Veterans Preference (Honorable or Under Honorable Conditions Only) **(k)** income status and head of household; **(l)** age requirement by job description; and **(m)** access to or owning a vehicle.
- (4)** Screened applicants shall be scheduled for a written and oral interview with the Head Start Personnel Selection Committee for each job advertised. The interview process shall be identified and ranked accordingly and the top applicant preliminarily approved for a position.
- (5)** All eligible job applicants shall be ranked according to the points earned per area on the Head Start point system. The top three eligible qualified candidates shall be identified and ranked accordingly and the top candidate shall be preliminarily approved for a position.
- (6)** The Head Start Personnel Selection Committee shall refer their top selection to the Parent Policy Council for approval before the decision to hire is finalized.
- (7)** All applicants will be notified by letter whether they are hired or not.

In order for all applicants to have an equal opportunity for employment with the Cheyenne River Head Start Program, it is imperative that you adhere to the following procedures: MAKE CERTAIN THAT THE APPLICATION IS COMPLETE, DATED AND SIGNED, DOCUMENTS THAT MUST BE ATTACHED FOR POINTS ARE: High School Diploma/GED Certificate (when required); Three written reference letters for the current year for character, education and employment; College degree/current transcripts (when required); Certificates with hours for workshops; and Head Start volunteer hours.

APPLICATION FOR EMPLOYMENT WITH: CHEYENNE RIVER HEAD START PROGRAM

P.O. BOX 180

EAGLE BUTTE, SD 57625

PERSONAL:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

Social Security Number: \_\_\_\_\_

If you are a Tribal member, state which Tribe: \_\_\_\_\_

Are you a U.S. Citizen: YES NO (Please enclose two documents with your application to verify citizenship – drivers license, birth certificate, etc.)

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Head of Household: YES NO

Family Income Range: LOW MIDDLE HIGH Number in Household: \_\_\_\_\_

Do you presently have a child enrolled in our program? YES NO

Have you previously had a child enrolled in our program? YES NO

Are you related to anyone in our employ? YES NO

If yes, please state name of person(s) and relationship:

\_\_\_\_\_  
(Name of Person) (Relationship)

Do you have transportation or your own vehicle? YES NO Make: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Insurance? YES NO Which company are you insured through: \_\_\_\_\_

POSITION YOU ARE APPLYING FOR: \_\_\_\_\_

APPLICANT PLEASE NOTE: In order to be considered “eligible” for Head Start employment, our National Head Start policies require that you complete the following form. It must be understood that all information disclosed will be subject to verification by our program.

ALL INFORMATION WILL BE SCREENED AND SHALL BE KEPT CONFIDENTIAL.

**RECORD OF EDUCATION:**

A High School Diploma, GED Certificate and all pertinent transcripts **MUST** be attached to your application in order to be counted.

SCHOOL	NAME & LOCATION	NO. YEARS COMPLETED				GRADUATE	DEGREE ATTAINED
ELEMENTARY	_____	5	6	7	8	YES	
	_____					NO	
	_____						
HIGH SCHOOL OR GED	_____	9	10	11	12	YES	YEAR GRADUATED
	_____					NO	
	_____						
COLLEGE OR COURSE OF STUDY	_____	1	2	3	4	YES	LAST YEAR ATTENDED
	_____					NO	
	_____						
OTHER (Specify)	_____	List type of workshops, training, in hours. (Attach Documentation)					
	_____						
	_____						

PLEASE COMPLETE ALL ITEMS REGARDING PRESENT AND PAST EMPLOYMENT, BEGINNING WITH THE MOST RECENT. USE ADDITIONAL SHEETS IF NEEDED.

Name and Address of Company and type of Business _____ _____ _____ _____	Date Employed: Mo Yr    Date Separated _____    Position Held _____
	Starting Salary _____    Last Salary _____    Reason for leaving _____
	_____    Immediate Supervisor _____
	Description of Duties: _____
	_____
Telephone No. _____	
Name and Address of Company and type of Business _____ _____ _____ _____	Date Employed: Mo Yr    Date Separated _____    Position Held _____
	Starting Salary _____    Last Salary _____    Reason for leaving _____
	_____    Immediate Supervisor _____
	Description of Duties: _____
	_____
Telephone No. _____	
Name and Address of Company and type of Business _____ _____ _____ _____	Date Employed: Mo Yr    Date Separated _____    Position Held _____
	Starting Salary _____    Last Salary _____    Reason for leaving _____
	_____    Immediate Supervisor _____
	Description of Duties: _____
	_____
Telephone No. _____	

PHYSICAL RECORD: Have you any defects in:

HEARING: YES NO HEARING: YES NO SPEECH: YES NO

Do you have any physical defects/handicaps that would prevent you from working competently with three and four year old children? YES NO

In case of an emergency notify: \_\_\_\_\_

I can be reached at the following phone number to be contacted for my job interview: \_\_\_\_\_

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CENTER VOLUNTEER WORK:

Have you ever volunteered at one of our centers? YES NO If yes, please complete the following:

Year(s) Volunteered: \_\_\_\_\_

Center: \_\_\_\_\_

Teacher: \_\_\_\_\_

Number of hours donated to Center: \_\_\_\_\_

Please attach documentation to verify all hours claimed or they will not be counted.

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REFERENCES: List the names of three people not related to you whom you have known at least one year.

Written references must be attached for all persons listed. References must be for the current year.

	NAME	TELEPHONE NO.	ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BRIEFLY EXPLAIN WHY YOU WANT TO WORK FOR HEAD START:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

My signature affixed to this application guarantees that all information is true and no pertinent facts have been omitted. I understand that any misrepresentation of the facts will result in my application being disregarded in being considered for employment with the Head Start Program.

CHEYENNE RIVER HEAD START DECLARATION FORM FOR PROSPECTIVE EMPLOYEES

For use by Head Start agencies to comply with 45 CFR, Part 1301, Subpart D. Head Start Grants Administration, Personnel Policies, Section 1201.31 (c) and (d)

Name of Prospective employee: \_\_\_\_\_

Federal policies now require that Head Start agencies require all prospective employees to sign a declaration **prior** to employment which lists:

- (1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- (2) Convictions related to other forms of child abuse and/or neglect; and
- (3) All convictions of violent felonies

The declarations may exclude:

Any offense, other than any offense related to child abuse and/or child abuse or violent felonies committed before the prospective employee's 18<sup>th</sup> birthday, which was finally adjudicated in a juvenile court or under a youth offender law.

Any conviction for which the record has been expunged under Federal or State law, and

Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Individuals who declare through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

Please provide your signature in the appropriate category below:

I **have not been** arrested, charged and/or convicted on one ore more of the three types of offenses listed above.

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

I **have been** arrested, charged and/or convicted on one or more of the three types of offenses listed above.

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

If so, please attach information listing the offense(s), the date(s) of the arrest, charge and/or conviction, and other relevant information.

NOTE: All information shall be held in the strictest of confidence.