

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

- CRT Fax PC Lotus 1-2-3
 Calculator PBX System Typewriter Wordperfect

Production/Mobile Machinery (list): _____

Other (list): _____

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT answer this question unless you have been informed about the requirements of the job for which you are applying.

**Are you capable of performing in a reasonable manner,
with or without a reasonable accommodation, the activities
involved in the job or occupation for which you have applied?** Yes No

References:

1. _____
(Name) Phone #

(Address)

2. _____
(Name) Phone #

(Address)

3. _____
(Name) Phone #

(Address)

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 foster homes licensed by DSS, a copy of the form should be submitted with DCI and FBI fingerprint cards to the Office of Child Protection Services, 700 Governors Drive, Pierre, SD 57501-2291.

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

Name: _____

Soc Sec #: _____; Birthdate: _____

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

The following is a complete history of military service for: _____

Branch of Service	Date of Service	(Name) 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.

Signed this _____ day of _____, 20_____.

Agency Return Address

(Signature)

SKY RANCH FOR BOYS
(Agency Name)

Street Address and/or PO Box Number

SKY RANCH LANE
Street Address and/or PO Box Number

City State Zip

SKY RANCH SD 57724
City State Zip

INSTRUCTIONS FOR COMPLETING PERMISSION FORM

1. Each applicant and all other required persons age 10 years or older must complete and sign a Permission to Screen for Reports of Abuse or Neglect form.
2. From choices listed, mark correct Box to indicate the appropriate facility/provider type. If an application has been filed, but the license/registration has not yet been issued, mark two boxes – application filed and facility type.
3. List on the first blank line of this form the type of license or registration or employment position for which you have applied. (This will vary for each person.) Examples are but are not limited to:

Family Day Care Applicant	Adoption Applicant	Child to applicant	Volunteer
Facility Program Administrator	Foster Care Applicant	Site assistant	Facility Cook
Secondary Child Care Worker	Spouse of Applicant	Site Coordinator	Facility Director
Other household member	Youth Care Worker	Teacher	Facility Driver
GFDC Operator			

4. List your full name on the appropriate line. This would be your current legal first, middle, and last name. The listing of your date of birth must include the month, day, and year you were born.
5. List your maiden name on the appropriate line. If this section does not apply to you, write N/A (meaning not applicable) in this area.
6. List any other names you have used on the appropriate line. Examples of such names would be nicknames; any abbreviated versions of your full name (i.e. William/Bob or Edward/Ed); previously married names; a birth name; or any other names that have been used.
7. List your social security number, or X appropriate Male/Female blank, and list your race.
8. List all addresses from any place you have lived **SINCE BIRTH** on the appropriate lines. All information is important but if you are not able to remember the complete address for a previous living location, **you must always include the City and State**. Always include the **Beginning and Ending Dates** for each address location.
9. List the full name and date of birth for all of your own children (even if the children do not live with you now). Do not list the names of other people's children for whom you provide care (i.e. daycare children, foster children).
10. **SIGN your name** at the bottom of the form. If the screening is for a person under 18 years of age, this person's parent or legal guardian must sign the form. **Include** your current mailing address at the bottom of the form.
11. Complete the Agency Information by listing the agency's name as it appears on their license, agency complete mailing address and telephone number, and the agency's license number as it appears on their license. If the agency has applied for a license but has not yet received it's beginning license, mark where indicated.
12. Return you completed permission form to the appropriate agency.

If any information is found which would prohibit the issuance of a child welfare license or registration or prohibit employment with a licensed or registered child welfare agency, the individual will be notified of the screening results and be informed of their right to request a hearing on the matter. Once proper notification has been accomplished, the Department will notify the licensed or registered agency of the screening results.

Failure to list all information or complete all questions will delay the screening process.

Check box that corresponds with facility type for this request. →

- Residential Treatment Center
 - Adoption
 - Family Day Care Home
 - Independent Living Prep Program
 - Day Care Center
 - Group Family Day Care Home
 - Group Care Center for Minors
 - Relative Placement
 - Before & After School Center
 - Child Placement Agency
 - Head Start Program
 - License/Registration Application filed
 - Foster Home
- Also mark corresponding facility type

PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT

In connection with my application 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 birth. My signature authorizes the South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information relating to reports and investigations of abuse or neglect. My signature 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 South Dakota Department of Social Services.

Full Legal Name: _____

Date of Birth: _____ Maiden Name: _____

Other Names Used: _____

Social Security #: _____ Male: _____ Female: _____ Race: _____

List All Prior Addresses: (Since Birth)

Street Address	City	County	State	Dates

List Full Name (first, last, birth) and Date of Birth for ALL you OWN Children:

(Do not list other people's children for whom you might provide daycare)

Name	Date of Birth	Name	Date of Birth

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.

Signed: _____ Date: _____

Address: _____

EMPLOYMENT WITH LICENSED/REGISTERED CHILD WELFARE AGENCY

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.

Agency Name & Phone Number
SKY RANCH FOR BOYS
(605) 797-4422

Agency Mailing Address
SKY RANCH LANE
SKY RANCH, SD 57724

Agency License Number
97,326

- N/A – DSS field office/Head Start
- N/A – license not yet issued