

**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: 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 award(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 THE POSITION
- (2)** All job applications shall be screened for **(a)** Drug and Alcohol 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 and/or volunteer ; **(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).
- (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 if 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
PO BOX 590
PERSONAL: EAGLE BUTTE, SD 57625

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 Veteran? YES NO

Are you a U.S. Citizen? YES NO

Do you or did you have a child in the CRST Head Start Center Program? YES NO

Have you volunteered at one of our Head Start Centers? YES NO
(If yes please provide documentation)

Are you related to anyone in our employment? YES NO

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

(Name of Person) (Relationship)

(Name of Person) (Relationship)

POSITION YOU ARE APPLYING FOR: _____

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
HIGH SCHOOL _____ OR _____ GED _____	_____	9 10 11 12	YES NO	YEAR GRADUATED
COLLEGE OR COURSE OF STUDY _____ _____	_____	1 2 3 4	YES NO	LAST YEAR ATTENDED

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

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

Other numbers I can be reached at: _____

REFERENCES: List the names of three people not related to you whom you have known at least one year.
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 PROSPETIVE 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 18th 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 or more of the three types of offenses listed above.

Signature: _____ Date: _____

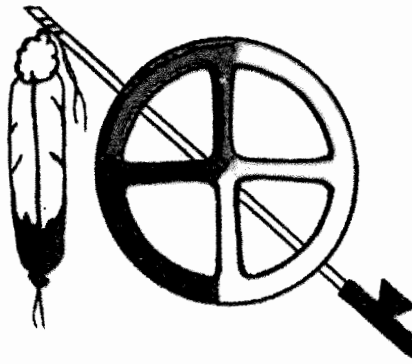
I have been arrested, charged and/or convicted on one or more of the three types of offenses listed above.

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.

CHEYENNE RIVER HEAD START PROGRAM
PO Box 590
Eagle Butte South Dakota 57625
605-964-8710
Fax: 605-964-8705



EDUCATION
LITERACY
NUTRITION
HEALTH/MENTAL HEALTH
FAMILY SERVICES
PROGRAM GOVERNANCE
TRANSITION
DISABILITIES
CULTURAL
TRANSPORTATION

Cheyenne River Head Start Program Health Record

Physical Exam for all Head Start Staff

Date: _____

Name: _____ Job Title: _____

Address: _____

Phone #: _____ Birthdate: _____

Results

LUNGS – Tuberculin Test or X-Ray Results: _____ Date Checked: _____

HEARING: _____ URINALYSIS: _____ HEMATOCRIT: _____

VISION: _____ BLOOD PRESSURE: _____ BONES/JOINTS/MUCLES: _____

CAN INDIVIDUAL LIFT 50LBS OR OVER: YES NO

CAN INDIVIDUAL MOVE QUICKLY – RUN OR WALK FAST: YES NO

HAS INDIVIDUAL HAD THE HEPATITIS B SERIES? YES NO (IF NO, INDIVIDUAL IS
REQUIRED TO START THE HEPATITIS B SERIES. NEED DOCUMENTATION OF COMPLETION)

REMARKS: _____

REFERRAL TO: _____

Signature of Doctor/P.A

Location of Clinic